

2024

Formulary / Formulario

*List of Covered Drugs /
Lista de Medicamentos
Cubiertos*



BCBSAZ Health Choice Pathway (HMO D-SNP)

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

This formulary was updated on . For more recent information or other questions, please contact BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **HealthChoicePathway.com**.

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.**

Este formulario se actualizó en . Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, BCBSAZ Health Choice Pathway al Departamento de Servicios para Miembros, al **1-800-656-8991** o para usuarios del servicio TTY al **711**, los 7 días de la semana de 8 a.m. a 8 p.m., hora local. O bien, visite **HealthChoicePathway.com**.



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Choice**

BCBSAZ Health Choice Pathway (HMO D-SNP)

2024 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00024144, Version Number 18

This formulary was updated on December 1, 2024. For more recent information or other questions, please contact BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **HealthChoicePathway.com**.

BCBSAZ Health Choice Pathway (HMO D-SNP)

Formulario de 2024

Lista de medicamentos cubiertos

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

ID de envío del archivo del formulario aprobado por el HPMS 00024144, Versión número 18

Este formulario se actualizó el diciembre 1, 2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para Miembros de BCBSAZ Health Choice Pathway al **1-800-656-8991** o los usuarios de TTY deben llamar al **711**, de 8 a. m. a 8 p. m., los 7 días d de la semana or visite a **HealthChoicePathway.com**.

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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 Health Choice Arizona, Inc. When it refers to “plan” or “our plan,” it means BCBSAZ Health Choice Pathway (HMO D-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of December 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the BCBSAZ Health Choice Pathway Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the BCBSAZ Health Choice Pathway's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2024. To get updated information about the drugs covered by BCBSAZ Health Choice Pathway please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes will be posted to our website at healthchoicepathway.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 7. 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 79. The Index provides an alphabetical list of all of the drugs included in this document. Both

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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?

BCBSAZ Health Choice Pathway covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** BCBSAZ Health Choice Pathway requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BCBSAZ Health Choice Pathway before you fill your prescriptions. If you don't get approval, BCBSAZ Health Choice Pathway may not cover the drug.
- **Quantity Limits:** For certain drugs, BCBSAZ Health Choice Pathway limits the amount of the drug that BCBSAZ Health Choice Pathway will cover. For example, BCBSAZ Health Choice Pathway provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BCBSAZ Health Choice Pathway 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, BCBSAZ Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BCBSAZ Health Choice Pathway 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 7. 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 BCBSAZ Health Choice Pathway 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 BCBSAZ Health Choice Pathway's formulary?" on page v for information about how to request an exception.

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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 Member Services and ask if your drug is covered.

If you learn that BCBSAZ Health Choice Pathway does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by BCBSAZ Health Choice Pathway. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BCBSAZ Health Choice Pathway.
- You can ask BCBSAZ Health Choice Pathway 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 BCBSAZ Health Choice Pathway's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, BCBSAZ Health Choice Pathway 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, BCBSAZ Health Choice Pathway will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will

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2024 Part D Formulary / Formulario de la Parte D para 2024

cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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.

For current BCBSAZ Health Choice Pathway members moving from one treatment setting to another, a transition fill of a Part D medication will be provided. Examples of these level of care changes include but are not limited to the following: beneficiary enters an LTC facility from a hospital, beneficiary is discharged from a hospital to a home, beneficiary ends a skilled nursing facility Medicare Part A stay and resumes using Part D benefits, beneficiary gives up hospice status and resumes using Part D benefits, or a beneficiary ends a LTC facility stay and returns to the community. Additionally, for beneficiaries admitted to or discharged from an LTC facility, early refill edits are by-passed to allow beneficiaries necessary access to their Part D benefit.

For more information

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

If you have questions about BCBSAZ Health Choice Pathway, 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>.

BCBSAZ Health Choice Pathway's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by BCBSAZ Health Choice Pathway. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

The information in the Requirements/Limits column tells you if BCBSAZ Health Choice Pathway has any

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List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA: Each.

NM: Non-Mail Order Drug. This prescription drug is not available through CVS Caremark Mail-Order Service Pharmacy. It may be available for mail order through CVS Specialty Pharmacy. For more information, call Member Services at **1-800-656-8991** or, for TTY users, **711**, 8 a.m. to 8 p.m., 7 days week.

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

QL: Quantity Limit. For certain drugs, BCBSAZ Health Choice Pathway limits the amount of the drug that BCBSAZ Health Choice Pathway will cover. For example, BCBSAZ Health Choice Pathway provides 30 tablets per prescription for zolpidem.

ST: Step Therapy. In some cases, BCBSAZ Health Choice Pathway 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, BCBSAZ Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BCBSAZ Health Choice Pathway will then cover Drug B.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-800-656-8991** or, for TTY users, **711**, 8:00 a.m. to 8:00 p.m., 7 days a week.

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Nota para los miembros actuales: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario se refiere a “nosotros”, “nos” o “nuestro(s)”, esto significa Health Choice Arizona, Inc. Cuando se refiere a “plan” o “nuestro plan”, esto significa C SA Health Choice Pathway (HMO D-SNP).

Este documento incluye la lista de medicamentos (formulario) de nuestro plan, que entrará en vigencia a partir del 1 de diciembre de 2024. Para obtener un formulario actualizado, 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.

Por lo general, debe usar las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguro pueden cambiar el 1 de enero de 2024 y de vez en cuando durante el año.

¿Qué es el formulario de BCBSAZ Health Choice Pathway?

Un formulario es una lista de medicamentos cubiertos seleccionados por BCBSAZ Health Choice Pathway en conjunto con un equipo de proveedores de atención médica que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, BCBSAZ Health Choice Pathway cubrirá los medicamentos que aparecen en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de BCBSAZ Health Choice Pathway y se sigan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero podemos agregar o quitar medicamentos de la Lista de medicamentos durante el año, cambiarlos a diferentes niveles de costo compartido o agregar restricciones nuevas. Debemos seguir las normas de Medicare para hacer estos cambios.

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

- **Nuevos medicamentos genéricos.** Es posible que eliminemos inmediatamente un medicamento de marca de nuestra lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en uno inferior y con las mismas o menos restricciones. Además, cuando se agrega el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra lista de medicamentos, pero lo cambiaremos inmediatamente a un nivel distinto de costo compartido o agregaremos restricciones nuevas. Si actualmente toma dicho medicamento de marca, es posible que no le informemos con anticipación sobre dicho cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos hecho.
 - Si hacemos dicho cambio, usted o su recetador pueden pedirnos que hagamos una excepción y sigamos con la cobertura del medicamento de marca para usted. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción, y usted puede encontrar la información en la sección más adelante titulada “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?”
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o si el fabricante retira el

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medicamento del mercado, eliminaremos inmediatamente dicho medicamento de nuestro formulario y les avisaremos a los miembros que toman dicho medicamento.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar uno de marca que aparece actualmente en el formulario o podemos agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel distinto de costo compartido o ambos. O podemos hacer cambios según las nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos una autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, debemos informar del cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigor o en el momento en que el miembro solicite un resurtido del medicamento, en cuyo caso recibirá un suministro para 31 días del medicamento.
 - Si hacemos estos cambios, usted o su recetador pueden pedirnos que hagamos una excepción y sigamos con la cobertura del medicamento de marca para usted. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar la información en la sección más adelante titulada “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?”

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si usted toma un medicamento que aparece en nuestro formulario de 2024 que estuvo cubierto al principio del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2024, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para los miembros que tomen los medicamentos durante el resto del año de cobertura. Este año no se le notificarán directamente los cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, esos cambios le afectarán y es importante revisar la lista de medicamentos para el nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto entrará en vigencia a partir del 1 de diciembre de 2024. Comuníquese con nosotros para obtener información actualizada sobre los medicamentos cubiertos por BCBSAZ Health Choice Pathway. Nuestra información de contacto aparece en la portada y contraportada. Los cambios a mitad de año relacionados con los medicamentos que no son de mantenimiento se publicarán en nuestro sitio web www.healthchoicepathway.com.

¿Cómo uso el formulario?

Hay dos formas de buscar un medicamento en el formulario:

Condición médica

El formulario comienza en la página 7. Los medicamentos en este formulario están agrupados en categorías según el tipo de afección para las que se usan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca aparecen en la categoría Cardiovascular. Si sabe para qué se usa el medicamento, busque el nombre de la categoría en la lista que comienza en la página 7. Luego, busque en la categoría, el nombre del medicamento.

Lista por orden alfabético

Si no está seguro en qué categoría buscar, debe buscar el medicamento en el Índice que comienza en la página 79. El Índice proporciona una lista por orden alfabético de todos los medicamentos que se incluyen en este documento. En el Índice aparecen los medicamentos de marca y los medicamentos genéricos. Busque su medicamento en el Índice. Al lado del nombre del medicamento, verá el número de

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página donde puede encontrar la información de cobertura. Vaya a la página que indica el Índice y busque el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

BCBSAZ Health Choice Pathway cubre los medicamentos de marca y los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) porque tiene los mismos ingredientes activos que el medicamento de marca. Por lo general, los medicamentos genéricos son más baratos que los medicamentos de marca.

¿Hay 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:** BCBSAZ Health Choice Pathway exige que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto quiere decir que deberá obtener la aprobación de BCBSAZ Health Choice Pathway antes de surtir sus recetas. Si no obtiene la aprobación, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, BCBSAZ Health Choice Pathway limita la cantidad del medicamento que cubrirá BCBSAZ Health Choice Pathway. Por ejemplo, BCBSAZ Health Choice Pathway proporciona 12 comprimidos por receta de Sumatriptán. Esto puede ser adicional al suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, BCBSAZ Health Choice Pathway exige que usted pruebe primero ciertos medicamentos para tratar su afección antes de cubrir otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le es eficaz, entonces BCBSAZ Health Choice Pathway cubrirá el medicamento B.

Para saber si su medicamento tiene algún requisito o límite adicional, busque en el formulario que comienza en la página 7. Además, puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos 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 pedir a BCBSAZ Health Choice Pathway que haga una excepción a estas restricciones o límites, o puede pedir una lista de otros medicamentos similares que pueden tratar su afección. Consulte la sección: “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?” en la página xi para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no aparece en el formulario?

Si su medicamento no aparece en este formulario (lista de medicamentos cubiertos, primero debe comunicarse con Servicios para Miembros y preguntar si su medicamento está cubierto.

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Si descubre que BCBSAZ Health Choice Pathway no cubre su medicamento, tiene dos opciones:

- Puede pedir a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por BCBSAZ Health Choice Pathway. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por BCBSAZ Health Choice Pathway.
- Puede pedir a BCBSAZ Health Choice Pathway que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?

Puede pedir a BCBSAZ Health Choice Pathway que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede pedirnos.

- Puede pedirnos cubrir un medicamento incluso si no está en nuestro formulario. Si se aprueba, cubriremos el medicamento a un nivel de costo compartido predeterminado y no podrá pedirnos que proporcionemos el medicamento a un nivel inferior de costo compartido.
- Puede pedirnos que no apliquemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, BCBSAZ Health Choice Pathway limita la cantidad del medicamento que cubriremos. Si el medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.

Por lo general, BCBSAZ Health Choice Pathway solo aprobará su solicitud de excepción si los medicamentos alternativos aparecen en el formulario del plan o si las restricciones de uso adicionales no serían tan eficaces para el tratamiento de su afección o provocarían efectos secundarios adversos.

Debe comunicarse con nosotros para pedirnos tomar una decisión de cobertura inicial para una excepción al formulario o a la restricción de uso. **Cuando solicita una excepción al formulario o a la restricción de uso, debe presentar una declaración de su recetador para respaldar su solicitud.** Por lo general, tomamos la decisión dentro de las 72 horas después de recibir la declaración de respaldo de su recetador. Puede solicitar una excepción acelerada (rápida si usted o su médico consideran que su salud podría estar en riesgo si espera hasta 72 horas por una decisión. Si se aprueba su solicitud para una excepción acelerada, debemos informarle nuestra decisión a más tardar 24 horas después de recibir la declaración de respaldo de su médico u otro recetador.

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

Como miembro nuevo o existente de nuestro plan, puede tomar medicamentos que no aparecen en nuestro formulario. O es posible que tome un medicamento que aparece en nuestro formulario pero su capacidad para adquirirlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de surtir su receta. Debería hablar con su médico para decidir si debe cambiar su medicamento por uno que cubramos o si debe solicitar una excepción al formulario para poder cubrir el medicamento que toma. Durante el tiempo que toma hablar con su médico para determinar el tratamiento adecuado para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en que es miembro del plan.

Para cada uno de sus medicamentos que no aparecen en nuestro formulario o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal para 31 días. Si su receta es por menos días, autorizaremos resurtidos para proporcionarle un suministro máximo para 31 días de medicamento. Después del suministro

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para los primeros 31 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no aparece en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de ese medicamento para 31 días mientras solicita una excepción al formulario.

Para miembros actuales de BCBSAZ Health Choice Pathway que cambian de un entorno de tratamiento a otro, se surtirá una receta de transición de un medicamento de la Parte D. Algunos ejemplos de cambios en este nivel de atención incluyen, entre otros, los siguientes: un beneficiario ingresa a un centro de atención a largo plazo desde un hospital, un beneficiario recibe el alta de un hospital a un hogar, un beneficiario finaliza una estancia en un centro de enfermería especializada de la Parte A de Medicare y reanuda el uso de los beneficios de la Parte D, un beneficiario renuncia al estado de cuidados paliativos y reanuda el uso de los beneficios de la Parte D, o un beneficiario finaliza una estancia en un centro de atención a largo plazo y vuelve a la comunidad. Además, para que los beneficiarios ingresen o reciban el alta de un centro de atención a largo plazo, se omiten las ediciones de resurtido anticipado para permitirles el acceso necesario a los beneficios de la Parte D.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de BCBSAZ Health Choice Pathway, revise su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre BCBSAZ Health Choice Pathway, 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 sobre 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 deben llamar al **1-877-486-2048**. O visite <http://www.medicare.gov>.

Formulario de BCBSAZ Health Choice Pathway

El formulario que comienza en la página siguiente proporciona información de la cobertura con respecto a los medicamentos cubiertos por BCBSAZ Health Choice Pathway. Si tiene algún problema para buscar su medicamento en la lista, vaya al Índice que comienza en la página 79.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca aparecen con mayúscula (por ejemplo, TRULICITY y los medicamentos genéricos aparecen con minúscula y en cursiva (por ejemplo, *Glipizide*).

La información en la columna Requisitos/Límites indica si BCBSAZ Health Choice Pathway tiene algún requisito especial de cobertura para su medicamento.

Lista de abreviaturas

B/D: Este medicamento recetado tiene un requisito de autorización previa administrativa de la parte B versus la parte D. Este medicamento puede estar cubierto por la parte B o la parte D de Medicare, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entorno donde se usará el medicamento para tomar una decisión.

EA: Cada uno.

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NM: Medicamento no pedido por correo. Este medicamento recetado no está disponible a través del pedido por correo de CVS Caremark Service Pharmacy. Puede estar disponible para pedido por correo a través de CVS Specialty Pharmacy. Para obtener más información, llame a Servicios para Miembros al **1-800-656-8991** o, para usuarios de TTY, al **711**, de 8 a. m. a 8 p. m, los 7 días de la semana.

PA: Autorización previa. BCBSAZ Health Choice Pathway exige que usted [o su médico] obtengan autorización previa para ciertos medicamentos. Esto quiere decir que deberá obtener la aprobación de BCBSAZ Health Choice Pathway antes de surtir sus recetas. Si no obtiene la aprobación, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento.

QL: Límite de cantidad. Para ciertos medicamentos, BCBSAZ Health Choice Pathway limita la cantidad del medicamento que cubrirá BCBSAZ Health Choice Pathway. Por ejemplo, BCBSAZ Health Choice Pathway proporciona 30 comprimidos por receta de zolpidem.

ST: Terapia escalonada. En algunos casos, BCBSAZ Health Choice Pathway exige que usted pruebe primero ciertos medicamentos para tratar su afección antes de cubrir otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le es eficaz, entonces BCBSAZ Health Choice Pathway cubrirá el medicamento B.

LA: Acceso limitado. Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios para Miembros al **1-800-656-8991** o, para usuarios de TTY, al **711**, de 8 a. m. a 8 p. m, los 7 días de la semana.

HCAZ_CY24_1T_SNP eff 12/01/2024

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

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

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	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	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	
<i>EMVERM CHEW 100mg</i>	1	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	
<i>pentamidine isethionate inh SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	1	
<i>praziquantel TABS 600mg</i>	1	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	1	
<i>streptomycin sulfate SOLR 1gm</i>	1	
<i>sulfadiazine TABS 500mg</i>	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	1	PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	1	QL (160 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

ANTIFUNGALS

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

ANTIMALARIALS

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

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg	1	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days)
EDURANT TABS 25mg	1	
<i>efavirenz</i> TABS 600mg	1	
<i>emtricitabine</i> CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	1	
<i>etravirine</i> TABS 100mg, 200mg	1	
<i>fosamprenavir calcium</i> TABS 700mg	1	
FUZEON SOLR 90mg	1	LA
INTELENCE TABS 25mg	1	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	
ISENTRESS HD TABS 600mg	1	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	
<i>maraviroc</i> TABS 150mg, 300mg	1	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	
NORVIR PACK 100mg	1	
PIFELTRO TABS 100mg	1	
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days)
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	1	
<i>ritonavir</i> TABS 100mg	1	
RUKOBIA TB12 600mg	1	
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	1	
SUNLENCA TBPK 300mg	1	LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	
TIVICAY TABS 10mg, 25mg, 50mg	1	
TIVICAY PD TBSO 5mg	1	
TROGARZO SOLN 200mg/1.33ml	1	LA
TYBOST TABS 150mg	1	
VIRACEPT TABS 250mg, 625mg	1	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
BIKTARVY TAB 30-120-15 MG	1	
BIKTARVY TAB 50-200-25 MG	1	
CIMDUO TAB 300-300	1	
COMPLERA TAB	1	
DELSTRIGO TAB	1	
DESCOVY TAB 120-15MG	1	
DESCOVY TAB 200/25MG	1	
DOVATO TAB 50-300MG	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
EVOTAZ TAB 300-150	1	
GENVOYA TAB	1	
JULUCA TAB 50-25MG	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
ODEFSEY TAB	1	
PREZCOBIX TAB 800-150	1	
STRIBILD TAB	1	
SYMTUZA TAB	1	
TRIUMEQ PD TAB	1	
TRIUMEQ TAB	1	
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	LA, PA
TRECTOR TABS 250mg	1	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	1	
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA PAK 150-37.5	1	PA
EPCLUSA PAK 200-50MG	1	PA
EPCLUSA TAB 200-50MG	1	PA
EPCLUSA TAB 400-100	1	PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	PA
HARVONI PAK 45-200MG	1	PA
HARVONI TAB 45-200MG	1	PA
HARVONI TAB 90-400MG	1	PA
<i>lamivudine (hbv)</i> TABS 100mg	1	
MAVYRET PAK 50-20MG	1	PA
MAVYRET TAB 100-40MG	1	PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSP 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	1	
VOSEVI TAB	1	PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
CEFAZOLIN INJ 3GM/150ML-4%	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
<i>CIPRO</i> SUSR 500mg/5ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate</i> chew tab 400-57 mg	1	
<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> tab 250-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 500-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 875-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam</i> sodium for inj 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam</i> sodium for inj 3 (2-1) gm	1	
<i>ampicillin & sulbactam</i> sodium for iv soln 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam</i> sodium for iv soln 3 (2-1) gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>PEN GK/DEXTR INJ 40000/ML</i>	1	
<i>PEN GK/DEXTR INJ 60000/ML</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	1	LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	PA
<i>tigecycline SOLR 50mg</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	1	B/D
<i>BENDEKA SOLN 100mg/4ml</i>	1	B/D, LA

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	
LEUKERAN TABS 2mg	1	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	1	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), LA, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), LA, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	LA
TABLOID TABS 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	QL (120 tabs / 30 days), PA
<i>abiraterone acetate</i> TABS 500mg	1	QL (60 tabs / 30 days), PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), LA, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), LA, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), LA, PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	PA
LYSODREN TABS 500mg	1	LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), LA, PA
ORGOVYX TABS 120mg	1	LA, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), LA, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), LA, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), LA, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), LA, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), LA, PA
REVLIMID CAPS 20mg, 25mg	1	QL (21 caps / 28 days), LA, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), LA, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), LA, PA
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), LA, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), LA, PA
KISQALI 200 PAK FEMARA	1	QL (49 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), PA
MATULANE CAPS 50mg	1	LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), LA, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), LA, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), LA, PA
ALUNBRIG PAK	1	QL (30 tabs / 30 days), LA, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), LA, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), LA, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	PA
<i>bortezomib</i> SOLR 3.5mg	1	PA
BOSULIF CAPS 50mg	1	QL (360 caps / 30 days), PA
BOSULIF CAPS 100mg	1	QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), LA, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	1	QL (60 caps / 30 days), LA, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), LA, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), LA, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), LA, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), LA, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), LA, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), LA, PA
<i>dasatinib</i> TABS 20mg	1	QL (90 tabs / 30 days), PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), LA, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), LA, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	1	QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), PA
<i>everolimus</i> TBSO 5mg	1	QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), LA, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), LA, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), LA, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), LA, PA
<i>gefitinib</i> TABS 250mg	1	QL (30 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
HERCEP HYLEC SOL 60-10000	1	LA, PA
HERCEPTIN SOLR 150mg	1	LA, PA
HERZUMA SOLR 150mg, 420mg	1	PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), LA, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), LA, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), LA, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), LA, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), LA, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), LA, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), LA, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, LA
KANJINTI SOLR 150mg, 420mg	1	LA, PA
KEYTRUDA SOLN 100mg/4ml	1	LA, PA
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), LA, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), LA, PA
LAZCLUZE TABS 240mg	1	QL (30 tabs / 30 days), LA, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), LA, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), LA, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), LA, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), LA, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), LA, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), LA, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), LA, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), LA, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), LA, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), LA, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), LA, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), LA, PA
MONJUVI SOLR 200mg	1	LA, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), LA, PA
NEXAVAR TABS 200mg	1	QL (120 tabs / 30 days), LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), LA, PA
OGIVRI SOLR 150mg, 420mg	1	LA, PA
OGSIVEO TABS 50mg	1	QL (180 tabs / 30 days), LA, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), LA, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), LA, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	LA, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), LA, PA
PHESGO SOL	1	LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), LA, PA
RETEVMO CAPS 40mg	1	QL (180 caps / 30 days), LA, PA
RETEVMO CAPS 80mg	1	QL (120 caps / 30 days), LA, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	QL (60 tabs / 30 days), LA, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), LA, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), LA, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), LA, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), LA, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), LA, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), LA, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), LA, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), LA, PA
VORANIGO TABS 10mg	1	QL (60 tabs / 30 days), LA, PA
VORANIGO TABS 40mg	1	QL (30 tabs / 30 days), LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	QL (120 caps / 30 days), LA, PA
XALKORI CPSP 20mg	1	QL (240 caps / 30 days), LA, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), LA, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	1	QL (4 tabs / 28 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	1	QL (8 tabs / 28 days), LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	1	QL (4 tabs / 28 days), LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	1	QL (24 tabs / 28 days), LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	1	QL (8 tabs / 28 days), LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	1	QL (32 tabs / 28 days), LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	QL (8 tabs / 28 days), LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), LA, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	LA, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), LA, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), LA, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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

ACE INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
<i>KERENDIA</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
NORPACE CR CP12 100mg, 150mg	1	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	PA
REPATHA SURECLICK SOAJ 140mg/ml	1	PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	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	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	QL (90 tabs / 30 days), LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), LA, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), LA, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine TABS 25mg, 50mg</i>	1	
<i>clozapine TABS 100mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), LA, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	

Drug Name	Drug Tier	Requirements/Limits
PERSERIS PRSY 90mg, 120mg	1	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), PA
ANTIEPILEPTIC AGENTS		
APTiom TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTiom TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), LA, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), LA, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), LA, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), LA, PA
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), LA, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), LA, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), LA, PA
<i>vigpoder</i> PACK 500mg	1	QL (180 packets / 30 days), LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA

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

HYPNOTICS

<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	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 CAPS 20mg</i>	1	QL (30 caps / 30 days), PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam CAPS 15mg</i>	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon CAPS 5mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 10mg	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	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	1	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

MISCELLANEOUS

<i>AUSTEDO</i> TABS 6mg	1	QL (60 tabs / 30 days), LA, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	1	QL (120 tabs / 30 days), LA, PA
<i>AUSTEDO XR</i> TB24 6mg	1	QL (90 tabs / 30 days), PA
<i>AUSTEDO XR</i> TB24 12mg	1	QL (120 tabs / 30 days), PA
<i>AUSTEDO XR</i> TB24 18mg, 24mg	1	QL (60 tabs / 30 days), PA

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

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), LA, PA
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), PA
<i> fingolimod hcl</i> CAPS .5mg	1	QL (30 caps / 30 days), PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), PA
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / year), LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	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	1	QL (90 tabs / 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
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	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	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	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	1	QL (60 tabs / 30 days)

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

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days)
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	PA
XGEVA SOLN 120mg/1.7ml	1	PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	1	PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	

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

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	PA

ESTROGENS

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
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Drug Name	Drug Tier	Requirements/Limits
<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	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	LA, PA
<i>betaine powder for oral solution</i>	1	LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	LA, PA
CERDELGA CAPS 84mg	1	LA, PA
CEREZYME SOLR 400unit	1	LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	1	LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	LA, PA
GENOTROPIN CART 5mg, 12mg	1	PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	PA
INCRELEX SOLN 40mg/4ml	1	LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	LA, PA
KORLYM TABS 300mg	1	LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	PA

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

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	QL (180 tabs / 30 days)

PROGESTINS

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

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), LA, PA
XIFAXAN TABS 550mg	1	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	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	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	PA
ZIEXTENZO SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), LA, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	

Drug Name	Drug Tier	Requirements/Limits
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	LA, PA
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), LA, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	QL (360 packets / 30 days), LA, PA
PROMACTA PACK 25mg	1	QL (180 packets / 30 days), LA, PA
PROMACTA TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days), LA, PA
PROMACTA TABS 50mg, 75mg	1	QL (60 tabs / 30 days), LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	QL (2 packs / year), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	QL (3 pens / 28 days), PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	QL (2 packs / year), PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	QL (2 packs / year), PA
INFLIXIMAB SOLR 100mg	1	LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	QL (2 pens / 28 days), PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	QL (2 syringes / 28 days), PA
OTEZLA TABS 20mg, 30mg	1	QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	1	QL (110 tabs / year), PA
OTEZLA TAB 10/20/30	1	QL (110 tabs / year), PA
REMICADE SOLR 100mg	1	LA, PA
RENFLEXIS SOLR 100mg	1	LA, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 45mg	1	QL (168 tabs / year), PA
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	1	QL (12 vials / 365 days), PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), LA, PA
STELARA SOLN 130mg/26ml	1	LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	QL (3 syringes / 28 days), LA, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	1	QL (1 syringe / 28 days), LA, PA
TREMFYA SOAJ 100mg/ml	1	QL (1 pen / 28 days), PA
TREMFYA SOSY 100mg/ml	1	QL (1 syringe / 28 days), PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	PA
BIVIGAM SOLN 5gm/50ml, 10%	1	LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	PA
GAMASTAN INJ	1	B/D, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	LA, PA
ARCALYST SOLR 220mg	1	LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	QL (8 syringes / 28 days), LA, PA
BENLYSTA SOLR 120mg, 400mg	1	LA, PA
cyclosporine CAPS 25mg, 100mg	1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	B/D
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D
mycophenolate sodium TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg	1	LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D5W/LYTES INJ #48	1
D10W/NACL INJ 0.2%	1
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	1
ISOLYTE-S INJ	1
ISOLYTE-S INJ PH 7.4	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	1	
<i>mg/ml soln</i>		

IV NUTRITION

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMVI SOLN .25%	1	LA, PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	

ANTIALLERGICS

<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	

Drug Name	Drug Tier	Requirements/Limits
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	LA, PA
CYSTARAN SOLN .44%	1	LA, PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetone (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTI HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	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	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	LA, PA
BRONCHITOL CAPS 40mg	1	QL (560 caps / 28 days), LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	LA, PA
FASENRA PEN SOAJ 30mg/ml	1	LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packs / 28 days), LA, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), LA, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), LA, PA
ORKAMBI GRA 75-94MG	1	QL (56 packs / 28 days), LA, PA
ORKAMBI GRA 100-125	1	QL (56 packs / 28 days), LA, PA
ORKAMBI GRA 150-188	1	QL (56 packs / 28 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), LA, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), LA, PA
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	1	LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), LA, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	LA, PA

NASAL STEROIDS

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

STEROID INHALANTS

ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
amnesteem CAPS 10mg, 20mg, 40mg	1	PA
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosphate (topical) GEL 1%	1	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
<i>TAZORAC</i> CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	1	QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

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

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<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	22
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	24

<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>medoxomil tab 5-20 mg</i>	24	<i>12.5 mg</i>	39
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>medoxomil tab 5-40 mg</i>	24	<i>15 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>160 mg</i>	24	<i>20 mg</i>	39
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>320 mg</i>	24	<i>30 mg</i>	40
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>160 mg</i>	24	<i>5 mg</i>	39
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>320 mg</i>	24	<i>7.5 mg</i>	39
<i>amnestem</i>	74	<i>amphotericin b</i>	5
<i>amoxapine</i>	31	<i>amphotericin b liposome</i>	5
<i>amoxicillin</i>	10	<i>ampicillin</i>	10
<i>amoxicillin & k clavulanate chew tab</i>		<i>ampicillin & sulbactam sodium for inj</i>	
<i>400-57 mg</i>	10	<i>1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>200-28.5 mg/5ml</i>	10	<i>(2-1) gm</i>	10
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for iv</i>	
<i>250-62.5 mg/5ml</i>	10	<i>soln 1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for iv</i>	
<i>400-57 mg/5ml</i>	10	<i>soln 15 (10-5) gm</i>	11
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for iv</i>	
<i>600-42.9 mg/5ml</i>	10	<i>soln 3 (2-1) gm</i>	10
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>ampicillin sodium</i>	11
<i>mg</i>	10	<i>anagrelide hcl</i>	60
<i>amoxicillin & k clavulanate tab 500-125</i>		<i>anastrozole</i>	13
<i>mg</i>	10	<i>ANORO ELLIPT AER 62.5-25</i>	71
<i>amoxicillin & k clavulanate tab 875-125</i>		<i>aprepitant</i>	56
<i>mg</i>	10	<i>aprepitant capsule therapy pack 80 &</i>	
<i>amoxicillin & k clavulanate tab er 12hr</i>		<i>125 mg</i>	56
<i>1000-62.5 mg</i>	10	<i>apri</i>	48
<i>amphetamine-dextroamphetamine cap</i>		<i>APTOM</i>	35
<i>er 24hr 10 mg</i>	39	<i>APTIVUS</i>	6
<i>amphetamine-dextroamphetamine cap</i>		<i>ARALAST NP</i>	72
<i>er 24hr 15 mg</i>	39	<i>aranelle</i>	48
<i>amphetamine-dextroamphetamine cap</i>		<i>ARCALYST</i>	64
<i>er 24hr 20 mg</i>	39	<i>AREXVY</i>	65
<i>amphetamine-dextroamphetamine cap</i>		<i>aripiprazole</i>	33
<i>er 24hr 25 mg</i>	39	<i>ARISTADA</i>	33
<i>amphetamine-dextroamphetamine cap</i>		<i>ARISTADA INITIO</i>	33
<i>er 24hr 30 mg</i>	39	<i>armodafinil</i>	43
<i>amphetamine-dextroamphetamine cap</i>		<i>ARNUITY ELLIPTA</i>	74
<i>er 24hr 5 mg</i>	39	<i>asenapine maleate</i>	33
<i>amphetamine-dextroamphetamine tab</i>		<i>ashlyna</i>	48
<i>10 mg</i>	39		

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	61
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<i>atazanavir sulfate</i>	6
<i>atenolol</i>	27
<i>atenolol & chlorthalidone tab 100-25 mg</i>	27
<i>atenolol & chlorthalidone tab 50-25 mg</i>	27
<i>atomoxetine hcl</i>	40
<i>atorvastatin calcium</i>	26
<i>atovaquone</i>	3
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5
ATROPINE SULFATE	70
<i>atropine sulfate (ophthalmic)</i>	70
ATROVENT HFA	71
<i>aubra eq</i>	48
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<i>aurovela 1/20</i>	48
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<i>azathioprine</i>	64
<i>azelastine hcl</i>	71
<i>azelastine hcl (ophth)</i>	69
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<i>aztreonam</i>	3
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<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	23
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<i>benztropine mesylate</i>	32
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<i>betamethasone dipropionate augmented</i>	76
<i>betamethasone valerate</i>	76
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<i>betaxolol hcl</i>	27
<i>betaxolol hcl (ophth)</i>	70
<i>bethanechol chloride</i>	59
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<i>bexarotene</i>	14
<i>bexarotene (topical)</i>	77
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<i>bicalutamide</i>	13
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<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	27

<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	27
<i>bisoprolol fumarate</i>	27
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<i>bosentan</i>	30
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<i>brimonidine tartrate</i>	70
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<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	43
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	43
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	43
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	43
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	43
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	43
<i>bupropion hcl</i>	31
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<i>calcitonin (salmon) spray</i>	47
<i>calcitrene</i>	75
<i>calcitriol</i>	56
<i>calcitriol (oral)</i>	56
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<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	24
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<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	23
<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	23
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	32
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	32
<i>carb/levo orally disintegrating tab 25-</i> <i>250mg</i>	32
<i>carbamazepine</i>	36
<i>carbidopa & levodopa tab 10-100 mg</i>	32
<i>carbidopa & levodopa tab 25-100 mg</i>	32
<i>carbidopa & levodopa tab 25-250 mg</i>	32

<i>carbidopa & levodopa tab er 25-100 mg</i>	32	<i>cevimeline hcl</i>	78
<i>carbidopa & levodopa tab er 50-200 mg</i>	32	<i>chateal eq</i>	48
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	33	CHEMET.....	48
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	33	<i>chlorhexidine gluconate (mouth-throat)</i>	78
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	33	<i>chloroquine phosphate</i>	5
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	33	<i>chlorpromazine hcl</i>	33
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	33	<i>chlorthalidone</i>	29
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	33	<i>cholestyramine</i>	26
<i>carboplatin</i>	12	<i>cholestyramine light</i>	26
<i>carglumic acid</i>	54	<i>ciclopirox olamine</i>	75
<i>carisoprodol</i>	42	<i>cilostazol</i>	61
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<i>cartia xt</i>	28	CIMDUO TAB 300-300	7
<i>carvedilol</i>	27	<i>cinacalcet hcl</i>	54
<i>caspofungin acetate</i>	5	CIPRO	10
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<i>cefaclor</i>	9	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
CEFACLOR ER.....	9	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	70
<i>cefadroxil</i>	9	<i>ciprofloxacin hcl</i>	10
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<i>cefazolin sodium</i>	9	<i>claravis</i>	74
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<i>cefdinir</i>	9	<i>clindamycin hcl</i>	3
<i>cefepime hcl</i>	9	<i>clindamycin palmitate hydrochloride</i> ...3	
<i>cefixime</i>	9	<i>clindamycin phosphate</i>	3
<i>cefoxitin sodium</i>	9	<i>clindamycin phosphate (topical)</i>	74
<i>cefpodoxime proxetil</i>	9	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3
<i>cefprozil</i>	9	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3
<i>ceftazidime</i>	9	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	3
<i>ceftriaxone sodium</i>	9	<i>clindamycin phosphate vaginal</i>	59
<i>cefuroxime axetil</i>	9	CLINDMYC/NAC INJ 300/50ML.....	3
<i>cefuroxime sodium</i>	9	CLINDMYC/NAC INJ 600/50ML.....	3
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CLINOLIPID EMU 20%	68	<i>cyclosporine</i>	64
<i>clobazam</i>	36	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate</i>	76	<i>microemulsion)</i>	64
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<i>clomipramine hcl</i>	31	<i>cyred eq</i>	49
<i>clonazepam</i>	36	CYSTADROPS	70
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<i>clopidogrel bisulfate</i>	61	<i>cytarabine</i>	12
<i>clorazepate dipotassium</i>	36	D	
<i>clotrimazole</i>	78	D10W/NACL INJ 0.2%	66
<i>clotrimazole (topical)</i>	75	D2.5W/NACL INJ 0.45%.....	66
<i>clotrimazole w/ betamethasone cream</i>		D5W/LYTES INJ #48.....	66
<i>1-0.05%</i>	75	<i>dabigatran etexilate mesylate</i>	60
<i>clozapine</i>	33, 34	<i>dalfampridine</i>	42
COARTEM TAB 20-120MG	5	<i>danazol</i>	52
<i>colchicine</i>	1	<i>dantrolene sodium</i>	43
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dapsone</i>	3
<i>mg</i>	1	DAPTACEL INJ	65
<i>colesevelam hcl</i>	27	<i>daptomycin</i>	3
<i>colestipol hcl</i>	27	DAPTOMYCIN	3
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<i>cromolyn sodium (mastocytosis)</i>	58	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium (ophth)</i>	69	<i>refrigerated</i>	54
<i>cryselle-28</i>	48	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cyclobenzaprine hcl</i>	42	<i>0.15-0.02/0.01 mg(21/5)</i>	49
<i>cyclophosphamide</i>	12	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
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<i>(ophth)</i>	69	<i>0.025 mg</i>	58
<i>dexmethylphenidate hcl</i>	40	<i>dipyridamole</i>	61
<i>dextrose</i>	68	<i>disopyramide phosphate</i>	26
<i>dextrose 10% w/ sodium chloride</i>		<i>disulfiram</i>	43
<i>0.45%</i>	66	<i>divalproex sodium</i>	36
<i>dextrose 2.5% w/ sodium chloride</i>		<i>docetaxel</i>	14
<i>0.45%</i>	66	DOCETAXEL	14
<i>dextrose 5% in lactated ringers</i>	66	<i>dofetilide</i>	26
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>donepezil hydrochloride</i>	30
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<i>0.225%</i>	66	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>soln 2-0.5%</i>	70
.....	66	<i>dotti</i>	52
<i>dextrose 5% w/ sodium chloride 0.45%</i>		DOVATO TAB 50-300MG	7
.....	66	<i>doxazosin mesylate</i>	24
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<i>diazepam</i>	36	<i>doxorubicin hcl liposomal</i>	12
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<i>diazepam inj</i>	36	<i>doxy 100</i>	11
<i>diazepam intensol</i>	36	<i>doxycycline (monohydrate)</i>	11
<i>diazoxide</i>	54	<i>doxycycline hyclate</i>	11
<i>diclofenac potassium</i>	1	DRIZALMA SPRINKLE.....	31
<i>diclofenac sodium</i>	1	<i>dronabinol</i>	56
<i>diclofenac sodium (ophth)</i>	69	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (topical)</i>	77	<i>0.02 mg</i>	49
<i>dicloxacillin sodium</i>	11	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicyclomine hcl</i>	57	<i>0.03 mg</i>	49
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<i>diflunisal</i>	1	<i>levomefolate tab 3-0.03-0.451 mg</i>	49
<i>difluprednate</i>	69	DROXIA	61
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<i>dihydroergotamine mesylate</i>	41	DULERA AER 100-5MCG	74
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<i>rosuvastatin calcium</i>	26		48
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ROTATEQ SOL	66	<i>17.5-3.13-1.6 gm/177ml</i>	58
<i>roweepra</i>	38	<i>solifenacin succinate</i>	59
ROZLYTREK.....	20	SOLQUA INJ 100/33	47
RUBRACA.....	20	SOLTAMOX.....	13
<i>rufinamide</i>	38	SOLU-CORTEF	54
RUKOBIA	6	SOMATULINE DEPOT	55
RYBELSUS.....	45	SOMAVERT.....	55
RYDAPT	20	<i>sorafenib tosylate</i>	20
S		<i>sorine</i>	26
<i>sajazir</i>	61	<i>sotalol hcl</i>	26
SANDIMMUNE.....	64	<i>sotalol hcl (afib/afl)</i>	26
SANTYL	77	<i>spironolactone</i>	24
<i>sapropterin dihydrochloride</i>	55	<i>spironolactone & hydrochlorothiazide</i>	
SCEMBLIX.....	20	<i>tab 25-25 mg</i>	29
<i>scopolamine</i>	57	<i>sprintec 28</i>	52
SECUADO	35	SPRITAM.....	38
<i>selegiline hcl</i>	33	SPRYCEL.....	20
<i>selenium sulfide</i>	75	<i>sps</i>	48
SELZENTRY.....	6	<i>sronyx</i>	52
SEREVENT DISKUS.....	72	<i>ssd</i>	75
<i>sertraline hcl</i>	32	STELARA.....	63
<i>setlakin</i>	52	STIVARGA.....	20
<i>sevelamer carbonate</i>	55	<i>streptomycin sulfate</i>	4
<i>sharobel</i>	52	STRIBILD TAB	7
SHINGRIX.....	66	<i>subvenite</i>	38

<i>sucralfate</i>	58
<i>sulfacetamide sodium (acne)</i>	75
<i>sulfacetamide sodium (ophth)</i>	69
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	68
<i>sulfadiazine</i>	4
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	4
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	4
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	4
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	4
SULFAMYLON	75
<i>sulfasalazine</i>	57
<i>sulindac</i>	1
<i>sumatriptan</i>	41
<i>sumatriptan succinate</i>	41
<i>sunitinib malate</i>	20
SUNLENCA.....	6
<i>syeda</i>	52
SYMDEKO TAB 100-150	73
SYMDEKO TAB 50-75MG	73
SYMPAZAN	38
SYMTUZA TAB	7
SYNAREL	52
SYNJARDY TAB 12.5-1000MG	45
SYNJARDY TAB 12.5-500.....	45
SYNJARDY TAB 5-1000MG.....	45
SYNJARDY TAB 5-500MG.....	45
SYNJARDY XR TAB 10-1000.....	45
SYNJARDY XR TAB 12.5-1000	45
SYNJARDY XR TAB 25-1000.....	45
SYNJARDY XR TAB 5-1000MG.....	45
SYNTHROID	56
T	
TABLOID.....	12
TABRECTA.....	20
<i>tacrolimus</i>	64
<i>tacrolimus (topical)</i>	77
TAFINLAR	20
TAGRISSO	20
TALTZ	63
TALZENNA	20
<i>tamoxifen citrate</i>	13
<i>tamsulosin hcl</i>	59

<i>tarina 24 fe</i>	52
<i>tarina fe 1/20 eq</i>	52
TASIGNA	20
<i>tasimelteon</i>	40
<i>tazarotene</i>	75
<i>tazicef</i>	9
TAZORAC.....	75
TAZVERIK	20
TDVAX INJ 2-2 LF	66
TECENTRIQ	20
TEFLARO	9
<i>telmisartan</i>	26
<i>telmisartan-amlodipine tab 40-10 mg</i>	25
<i>telmisartan-amlodipine tab 40-5 mg</i> .	25
<i>telmisartan-amlodipine tab 80-10 mg</i>	25
<i>telmisartan-amlodipine tab 80-5 mg</i> .	25
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	25
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	25
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	25
<i>temazepam</i>	40
TENIVAC INJ 5-2LF.....	66
<i>tenofovir disoproxil fumarate</i>	6
TEPMETKO	20
<i>terazosin hcl</i>	24
<i>terbinafine hcl</i>	5
<i>terbutaline sulfate</i>	72
<i>terconazole vaginal</i>	59
TERIPARATIDE.....	48
<i>testosterone</i>	44
<i>testosterone cypionate</i>	44
<i>testosterone enanthate</i>	44
<i>tetrabenazine</i>	42
<i>tetracycline hcl</i>	11
THALOMID	14
THEO-24.....	73
<i>theophylline</i>	73
<i>thioridazine hcl</i>	35
<i>thiothixene</i>	35
<i>tiadylt er</i>	28
<i>tiagabine hcl</i>	38
TIBSOVO	21
TICOVAC.....	66

<i>tigecycline</i>	11	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tilia fe</i>	52	37.5-25 mg	29
<i>timolol maleate</i>	28	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i>	70	37.5-25 mg	29
<i>tinidazole</i>	4	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY	6	75-50 mg	29
TIVICAY PD	6	<i>tridacaine ii</i>	77
<i>tizanidine hcl</i>	43	<i>trientine hcl</i>	48
TOBRADEX OIN 0.3-0.1%	68	<i>tri-estarylla</i>	52
TOBRADEX ST SUS 0.3-0.05.....	68	<i>trifluoperazine hcl</i>	35
<i>tobramycin</i>	4	<i>trifluridine</i>	69
<i>tobramycin (ophth)</i>	69	<i>trihexyphenidyl hcl</i>	33
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 10-5-	
0.3-0.1%	68	1000MG	45
<i>tobramycin sulfate</i>	4	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tolterodine tartrate</i>	59	1000MG	45
<i>topiramate</i>	38	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	13	1000MG	46
<i>torpenz</i>	21	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>torsemide</i>	29	1000MG	45
TOUJEO MAX SOLOSTAR	47	TRIKAFTA PAK 59.5MG	73
TOUJEO SOLOSTAR	47	TRIKAFTA PAK 75MG	73
TPN ELECTROL INJ	67	TRIKAFTA TAB 100-50-75MG & 150MG	
TRADJENTA	45		73
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>mg</i>	3		73
<i>tramadol hcl</i>	3	<i>tri-legest fe</i>	52
<i>trandolapril</i>	23	<i>tri-lynyah</i>	52
<i>tranexamic acid</i>	61	<i>tri-lo-estarylla</i>	52
<i>tranylcypromine sulfate</i>	32	<i>tri-lo-marzia</i>	52
TRAVASOL INJ 10%	68	<i>tri-lo-mili</i>	52
TRAZIMERA.....	21	<i>tri-lo-sprintec</i>	52
<i>trazodone hcl</i>	32	<i>trimethoprim</i>	4
TRECATOR	8	<i>tri-mili</i>	52
TRELEGY AER ELLIPTA 100-62.5-25		<i>trimipramine maleate</i>	32
MCG	71	TRINTELLIX.....	32
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-nymyo</i>	52
MCG	71	<i>tri-sprintec</i>	52
TREMFYA	63	TRIUMEQ PD TAB	7
<i>treprostinil</i>	30	TRIUMEQ TAB	7
TRESIBA	47	<i>trivora-28</i>	52
TRESIBA FLEXTOUCH	47	<i>tri-vylibra</i>	52
<i>tretinoin</i>	75	<i>tri-vylibra lo</i>	52
<i>tretinoin (chemotherapy)</i>	14	TROGARZO	6
<i>triamcinolone acetonide (mouth)</i>	78	TROPHAMINE INJ 10%.....	68
<i>triamcinolone acetonide (topical)</i>	76	<i>trospium chloride</i>	59
		TRULICITY	46

TRUMENBA INJ	66	VASCEPA	27
TRUQAP	21	VAXCHORA SUS	66
TRUXIMA	21	<i>velivet</i>	52
TUKYSA	21	VELPHORO	55
TURALIO	21	VELTASSA	48
<i>turqoz</i>	52	VEMLIDY	8
TWINRIX INJ	66	VENCLEXTA	21
TYBOST	6	VENCLEXTA TAB START PK	21
<i>tydemy</i>	52	<i>venlafaxine hcl</i>	32
TYPHIM VI	66	VENTAVIS	30
TYRVAYA	70	VENTOLIN HFA	72
U		VENTOLIN HFA (INSTITUTIONAL PACK)	72
UBRELVY	41	<i>verapamil hcl</i>	28
<i>unithroid</i>	56	VERQUVO	29
<i>ursodiol</i>	58	VERSACLOZ	35
V		VERZENIO	21
<i>valacyclovir hcl</i>	8	<i>vestura</i>	52
VALCHLOR	77	V-GO 20 KIT	47
<i>valganciclovir hcl</i>	8	V-GO 30 KIT	47
<i>valproate sodium</i>	38	V-GO 40 KIT	47
<i>valproic acid</i>	38	<i>vienna</i>	52
<i>valsartan</i>	26	<i>vigabatrin</i>	38, 39
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	25	<i>vigadrone</i>	39
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	25	VIGAFYDE	39
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	25	<i>vigpoder</i>	39
<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	25	<i>vilazodone hcl</i>	32
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	25	<i>vincristine sulfate</i>	15
VALTOCO 10 MG DOSE	38	<i>vinorelbine tartrate</i>	15
VALTOCO 15 MG DOSE	38	<i>violele</i>	52
VALTOCO 20 MG DOSE	38	VIRACEPT	6
VALTOCO 5 MG DOSE	38	VIREAD	6
<i>vancomycin hcl</i>	4, 5	VITRAKVI	21
VANCOMYCIN HYDROCHLORIDE	5	VIVITROL	44
VANCOMYCIN INJ 1 GM	5	VIZIMPRO	21
VANCOMYCIN INJ 500MG	5	VONJO	21
VANCOMYCIN INJ 750MG	5	VORANIGO	21
VANFLYTA	21	<i>voriconazole</i>	5
VAQTA	66	VOSEVI TAB	8
<i>varenicline tartrate</i>	44	VRAYLAR	35
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	44	VRAYLAR CAP 1.5-3MG	35
VARIVAX	66	<i>vyfemla</i>	52
		<i>vylibra</i>	52
		VYZULTA	70
		W	
		<i>warfarin sodium</i>	60

<i>water for irrigation, sterile irrigation</i>		<i>xulane</i>	52
<i>soln</i>	77	XULTOPHY INJ 100/3.6	47
WELIREG	14	Y	
<i>wera</i>	52	<i>yargesa</i>	55
<i>wixela inhub</i>	74	YF-VAX INJ	66
<i>wymzya fe</i>	52	<i>yuvaferm</i>	53
X		Z	
XALKORI	21	<i>zafemy</i>	52
XARELTO	60	<i>zafirlukast</i>	72
XARELTO STAR TAB 15/20MG	60	<i>zaleplon</i>	40, 41
XATMEP	63	ZARXIO	60
XCOPRI	39	ZEJULA	22
XCOPRI PAK 100-150	39	ZELBORAF	22
XCOPRI PAK 12.5-25	39	ZEMAIRA	73
XCOPRI PAK 150-200MG		<i>zenatane</i>	75
(MAINTENANCE)	39	ZENPEP CAP 10000UNT	58
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 15000UNT	58
.....	39	ZENPEP CAP 20000UNT	59
XCOPRI PAK 50-100MG	39	ZENPEP CAP 25000UNT	59
XDEMY	69	ZENPEP CAP 3000UNIT	58
XELJANZ	63	ZENPEP CAP 40000UNT	59
XELJANZ XR	63	ZENPEP CAP 5000UNIT	58
XERMELO	58	ZENPEP CAP 60000UNT	59
XGEVA	48	ZERVIAE	70
XHANCE	73	<i>zidovudine</i>	6
XIFAXAN	58	ZIEXTENZO	60
XIGDUO XR TAB 10-1000	46	<i>ziprasidone hcl</i>	35
XIGDUO XR TAB 10-500MG	46	<i>ziprasidone mesylate</i>	35
XIGDUO XR TAB 2.5-1000	46	ZIRABEV	22
XIGDUO XR TAB 5-1000MG	46	ZIRGAN	69
XIGDUO XR TAB 5-500MG	46	<i>zoledronic acid</i>	48
XIIDRA	70	ZOLINZA	22
XOFLUZA	8	<i>zolpidem tartrate</i>	41
XOLAIR	73	ZONISADE	39
XOSPATA	21	<i>zonisamide</i>	39
XPOVIO 100 MG ONCE WEEKLY	22	<i>zovia 1/35</i>	52
XPOVIO 40 MG ONCE WEEKLY	21	ZTALMY	39
XPOVIO 40 MG TWICE WEEKLY	22	<i>zumandimine</i>	52
XPOVIO 60 MG ONCE WEEKLY	22	ZURZUVAE	32
XPOVIO 60 MG TWICE WEEKLY	22	ZYDELIG	22
XPOVIO 80 MG ONCE WEEKLY	22	ZYKADIA	22
XPOVIO 80 MG TWICE WEEKLY	22	ZYLET SUS 0.5-0.3%	68
XTANDI	13	ZYPREXA RELPREVV	35

Notice of Non-Discrimination

In Compliance with Section 1557 of the Affordable Care Act



Health
Choice

Blue Cross® Blue Shield® of Arizona (BCBSAZ) Health Choice Pathway (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). BCBSAZ Health Choice Pathway does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

BCBSAZ Health Choice Pathway:

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

BCBSAZ Health Choice Pathway
Address: PO Box 52033
Phoenix, AZ 85072
Phone: 1-800-656-8991, TTY: 711
8 a.m. to 8 p.m., 7 days a week
Fax: 480-760-4739
Email: HCHComments@azblue.com

If you believe that BCBSAZ Health Choice Pathway has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance by mail, fax, or email to:

BCBSAZ Health Choice Pathway
Address: PO Box 52033
Phoenix, AZ 85072
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Email: HCH.GrievanceForms@azblue.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
hhs.gov/hipaa/filing-a-complaint/index.html.

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Aviso de No Discriminación

En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo



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Blue Cross® Blue Shield® of Arizona (BCBSAZ) Health Choice Pathway (HMO D-SNP) cumple con las leyes de derechos civiles federales vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). BCBSAZ Health Choice Pathway no excluye a las personas ni las trata de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

BCBSAZ Health Choice Pathway:

Ofrece material de ayuda y servicios sin cargo a las personas que tienen discapacidades que les impiden comunicarse de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Brinda servicios de idiomas sin cargo a las personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

BCBSAZ Health Choice Pathway

Dirección: PO Box 52033

Phoenix, AZ 85072

Teléfono: 1-800-656-8991, TTY: 711

de 8 a. m. a 8 p. m., los 7 días de la semana

Fax: 480-760-4739

Correo electrónico: HCHComments@azblue.com

Si considera que BCBSAZ Health Choice Pathway no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja formal por correo, fax o correo electrónico:

BCBSAZ Health Choice Pathway

Dirección: PO Box 52033

Phoenix, AZ 85072

Teléfono: 1-800-656-8991

Fax: 480-760-4739

TTY: 711

Correo electrónico:

HCH.GrievanceForms@azblue.com

Puede presentar una queja formal por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo o teléfono:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de queja están disponibles en **hhs.gov/hipaa/filing-a-complaint/index.html**.

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Multi-language Interpreter Services



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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 **1-800-656-8991**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-656-8991**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Navajo: T'áá hait'éego da ats'íis baa'áhayá doodago azee' aanídaa'níí nihinaaltsoos bee hadadít'éhígíí bągh na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jíik'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohj' **1-800-656-8991** nihich'í' hodílnih. T'áá háida Bilagáana Bizaad yee yáfti'ígíí ta' níká'iilyeed dooleet. Díí t'áá jíik'eh bee níká'iilyeed dooleet.

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 **1-800-656-8991**。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 **1-800-656-8991**。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 **1-800-656-8991**. 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 **1-800-656-8991**. 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 **1-800-656-8991** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-656-8991**. 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 **1-800-656-8991** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Multi-language Interpreter Services



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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 **1-800-656-8991**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سئلة تتعلق بالصحة وأ جدول لأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية **1-800-656-8991** ليسر. ليك سوى الاتصال بنظ لي.

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 **1-800-656-8991** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-656-8991**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-656-8991**. 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 **1-800-656-8991**. 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 **1-800-656-8991**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-656-8991** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Member Services / Departamento de Servicios para Miembros:

1-800-656-8991, TTY: 711

8 a.m. – 8 p.m., 7 days a week

Los 7 días de la semana, de 8 a.m. a 8 p.m.

HCHComments@azblue.com

Visit our website at / Visite nuestro sitio web en:

HealthChoicePathway.com

This formulary was updated on . For more recent information or other questions, please contact BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **HealthChoicePathway.com**.

Este formulario se actualizó en . Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, BCBSAZ Health Choice Pathway al Departamento de Servicios para Miembros, al **1-800-656-8991** o para usuarios del servicio TTY al **711**, los 7 días de la semana de 8 a.m. a 8 p.m., hora local. O bien, visite **HealthChoicePathway.com**.



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