2025 Essential Formulary Guide

Your Guide to Prescription Drug Benefits

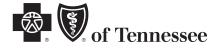
Please see the inside cover for a list of all the plans this formulary applies to. This document contains information about the drugs covered in your prescription drug benefit plan.



For information about your home delivery prescription, call **1-800-552-8159**.



Or visit: bcbst.com



The 2025 Essential Formulary applies to the following Small Group plans:

BlueCross Bronze 57	BlueCross Silver 191	BlueCross Gold 111
BlueCross Bronze 61	BlueCross Silver 192	BlueCross Gold 112
BlueCross Bronze 70	BlueCross Silver 193	BlueCross Gold 113
BlueCross Bronze 71	BlueCross Silver 194	BlueCross Gold 115
BlueCross Bronze 72	BlueCross Silver 195	BlueCross Gold 117
BlueCross Bronze 74	BlueCross Silver 196	BlueCross Gold 125
BlueCross Bronze 75	BlueCross Silver 197	BlueCross Gold 126
BlueCross Silver 147	BlueCross Silver 198	BlueCross Gold 130
BlueCross Silver 151	BlueCross Silver 199	BlueCross Gold 131
BlueCross Silver 162	BlueCross Silver 200	BlueCross Gold 136
BlueCross Silver 167	BlueCross Silver 201	BlueCross Gold 142
BlueCross Silver 171	BlueCross Silver 202	BlueCross Platinum 32
BlueCross Silver 176	BlueCross Gold 105	BlueCross Platinum 33
BlueCross Silver 180	BlueCross Gold 106	BlueCross Platinum 35
BlueCross Silver 184	BlueCross Gold 107	BlueCross Platinum 37
BlueCross Silver 187	BlueCross Gold 108	BlueCross Platinum 38
BlueCross Silver 189	BlueCross Gold 110	BlueCross Platinum 39

The 2025 Essential Formulary applies to the following Individual Marketplace plans:

BlueCross Bronze 07	BlueCross Silver 25	BlueCross Gold 06
BlueCross Bronze 15	BlueCross Silver 26	BlueCross Gold 08
BlueCross Bronze 16	BlueCross Silver 27	

BlueCross Silver 29

BlueCross Bronze 17

Important Contacts

For more information about your prescription drug coverage, call the Member Service number listed on your Member ID card. For information about your home delivery prescription, call **1-800-552-8159**.

Visit bcbst.com

- > Find a pharmacy in your network.
- Look up lower-cost prescription alternatives.
- Compare your pricing and options.

If You Want Us to Rethink Your Request

You or your doctor may ask to reconsider any of these things:

- A denial of a drug benefit
- Limits on a drug quantity
-) The details needed for prior authorization
-) Getting a non-covered drug approved

You'll need written reasons from your doctor about why we should rethink your situation.

We look at all reconsiderations on a caseby-case basis. Your Evidence of Coverage or member handbook has details on your rights to file reconsiderations.

Fax all information to **1-888-343-4232**. Or send a written request to:

Pharmacy Management
Reconsiderations
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-2555

Please provide the following information with your request:

- Patient name and cardholder ID number
- > Physician name and phone number
- Drug and diagnosis information

Understanding the Formulary Drug List

This formulary drug list will help you understand the drugs your plan covers. The drugs in this formulary are listed by common categories, then alphabetically. They're placed into cost levels known as tiers.

Some drugs have notes with letters next to them. The letters refer to certain pharmacy benefit programs. To make sure that prescriptions are used safely, some drugs have additional requirements you'll need to meet before we can cover your prescription. Those drugs will have an abbreviation next to the drug name to let you and your doctor know there are additional requirements.

For more information on how to fill your prescriptions, please refer to your Evidence of Coverage or member handbook on **bcbst.com** or call the Member Service number listed on your Member ID card. Some medications have legislative and/or regulatory requirements.

Abbreviation	Description
ACA	Affordable Care Act means drugs with the ACA indicator may be available to you at no out-of-pocket cost depending on your plan. Check your Evidence of Coverage or member handbook for plan details.
LD	Limited Distribution means drugs may only be available at certain pharmacies. For more information, please call us at the Member Service number on your Member ID card.
ММЕ	Morphine Milligram Equivalent Your plan measures how strong each medicine is compared to morphine and limits the combined total, or MME. Prior authorization is required for members who take greater than 120 mg equivalents of morphine a day. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
MT	Maintenance Matters drugs are drugs that treat certain long-term conditions like high blood pressure or high cholesterol. If your plan is enrolled in the Maintenance Matters program, you'll need to get 90-day supplies of drugs with the MT indicator.
ОТС	Over-the-counter. Requires a prescription to be considered eligible for coverage.
PA	Prior Authorization may be required for certain drugs. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
QL	Quantity Limit means you may have coverage for a limited amount of a specific drug.
ST	Step Therapy is a prior authorization program that requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232. Please refer to the list included on page iv for drugs that require step therapy.

What's a Drug Tier?

Tiers are the different cost levels you pay for a prescription drug. Each tier is assigned a cost (copay, deductible or coinsurance), your employer or health plan determines. This is how much you pay when you fill a prescription. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Check your Evidence of Coverage or member handbook for plan details.

Drug Tiers

Tier 1	Drugs on the Affordable Care Act (ACA) \$0 Copay Preventive List
Tier 2	Generic Drugs
Tier 3	Preferred Brand Drugs
Tier 4	Non-Preferred Brand Drugs
Tier 5	Specialty Drugs

Where to Get Your Prescriptions Filled

You'll need to show your Member ID card when you have a prescription filled. You may have to pay part of the cost for prescription medicines and supplies. Check your Evidence of Coverage or member handbook for specifics.

Network Pharmacies

Our pharmacy networks include many retail drug store chains and independent pharmacies across the country. If your medication isn't for managing a long-term condition, the prescription is typically written for less than a 30-day supply. (See the Retail 90 and Home Delivery Network sections for information on 90-day supplies).

It's important that you always use an in-network pharmacy. If you don't, you'll have to pay all of the costs for your prescription. If you're outside Tennessee, you can find a pharmacy in our nationwide network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

How to find a network pharmacy:

- Log in to your online account at bcbst.com/RXplan.
- Click on Find a Pharmacy.

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Call Member Service at the number on the back of your Member ID card.

Retail 90 Networks

Through Retail 90 Networks you can get up to a 90-day (three-month) supply of your prescriptions.*

- With a three-month supply, you're less likely to miss a dose, and you don't have to refill as often, which can save you time and money.
- If you use a pharmacy that's not part of your Retail 90 Network, you're limited to a 30-day (one-month) supply.
- These networks are made up of some local pharmacies and drug store chains. Ask your pharmacy if they're part of your Retail 90 Network.

Home Delivery

You can sign up for home delivery and have your prescription delivered right to your door. Home Delivery is for prescriptions with a 30-day (one-month) or a 90-day (three-month) supply.* Call 1-800-552-8159 to get started.

With home delivery you get:

- > FREE standard shipping**
- Access to a pharmacist 24/7
- Automatic refill reminders so you're less likely to miss a dose
- > Extended payment plan available

Specialty Pharmacies

Some serious medical conditions need specialty drugs. They may be given at the doctor's office or at home. Our specialty pharmacies are a special network of vendors, experienced in managing these specialty drugs and supporting you and your doctor. You and your doctor can find a list of specialty pharmacies at **bcbst.com**.

Specialty drugs:

- > Usually require a prior authorization
- > Usually are limited to a 30-day supply
- Are usually only available from specialty pharmacies in our network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

^{**} Standard shipping costs are included.



^{*} Your doctor will need to write your prescription for a 90-day supply.

Tips for Using Your Prescription Drug Benefits

Talk with your doctor.

Doctors are your partners, so discuss every aspect of your treatment, including the selection of drugs. The more you know, the better choices you can make.

- Ask your doctor to check the list of drugs your plan covers before prescribing a medicine.
- Give your doctor a list of all the medicines you take. Include medicines that don't need a prescription. This helps them choose medicines that work well together.
- Advertising, social media or the internet may not be your best source of information. Discuss all your concerns with your doctor.

Ask for generic drugs.

The U.S. Food and Drug Administration (FDA) requires generic drugs to meet the same standards for quality, strength and effectiveness as brand-name drugs. In this drug list, brand name drugs are capitalized (e.g. JANUMET) and generic drugs are lower-case (e.g. metformin).

- Generic drugs work the same as brand name drugs, but cost less.
- Talk to your doctor about the different kinds of generic drugs.
- The formulary drug list has different tiers (levels) of drugs that you can use (see "What's a Drug Tier?" on page iii).

- You pay less for generic drugs almost every time.
- Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you pay the cost difference between the generic and brand name drug. Check your Evidence of Coverage or member handbook to see if this applies to your plan.

Talk to your pharmacist.

Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.

- Have all of your family's prescriptions filled at the same pharmacy.
- By knowing all your prescriptions, your pharmacist can make sure all of your drugs work well together. This can help keep you and your family safe.

> Use over-the-counter (OTC) medicines to save money.

- > OTC medicines are sold without a prescription.
- Some prescription drugs may not be covered under your plan because there is an OTC available that works just as well.
- Don't switch from a prescription drug to an OTC without talking with your doctor.

Be safe with your prescriptions.

- Never share prescription drugs even if it's for a member of the family.
- Keep all medicines safe from children, out of sight and out of reach. Lock them away, if possible.
- Don't stop using a prescription without talking to the doctor.
- Follow up with the doctor about any side effects.

Some prescriptions need an approval for coverage.

- Some prescriptions require prior authorization or step therapy.
- Some drugs have limits on the amount of them that your plan will pay for.
- Network doctors usually know this and know how to get authorizations. However, you may want to show this formulary drug list to your doctor — especially if you use an out-ofnetwork doctor or a doctor outside Tennessee.



Effective 06/01/2025

Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS AMPHETAMINES

MPHETAMINES		
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	2	PA, QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	2	PA, QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	PA, QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	PA, QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	2	PA, QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	PA, QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	PA, QL (30 tabs every 30 days)
dextroamphetamine sulfate cp24 5mg, 10mg	2	PA, QL (120 caps every 30 days)
dextroamphetamine sulfate cp24 15mg	2	PA, QL (60 caps every 30 days)
dextroamphetamine sulfate soln 5mg/5ml	2	PA, QL (1200 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tabs 2.5mg, 5mg,	, 2	PA, QL (120 tabs every 30
7.5mg, 10mg		days)
dextroamphetamine sulfate tabs 15mg, 20mg	, 2	PA, QL (60 tabs every 30
		days)
dextroamphetamine sulfate tabs 30mg	2	PA, QL (30 tabs every 30
		days)
lisdexamfetamine dimesylate caps 10mg,	2	PA, QL (60 caps every 30
20mg, 30mg		days)
lisdexamfetamine dimesylate caps 40mg,	2	PA, QL (30 caps every 30
50mg, 60mg, 70mg		days)
lisdexamfetamine dimesylate chew 10mg,	2	PA, QL (60 tabs every 30
20mg, 30mg		days)
lisdexamfetamine dimesylate chew 40mg,	2	PA, QL (30 tabs every 30
50mg, 60mg		days)
methamphetamine hcl tabs 5mg	2	PA, QL (150 tabs every 30
		days)
procentra soln 5mg/5ml	2	PA, QL (1200 mL every 30
		days)
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg	2	PA, QL (120 tabs every 30
G. G. G.		days)
zenzedi tabs 15mg, 20mg	2	PA, QL (60 tabs every 30
<i>5, 5</i>		days)
zenzedi tabs 30mg	2	PA, QL (30 tabs every 30
· ·		days)
NALEPTICS		-
caffeine citrate soln 20mg/ml, 60mg/3ml	2	
TTENTION-DEFICIT/HYPERACTIVITY DIS	SORDER (AD	HD) AGENTS
atomoxetine hcl caps 10mg, 18mg, 25mg	2	QL (120 caps every 30
, 0. 0.		days)
atomovatina hal aona 10mm		
atomoxetine nci caps 40mg	2	OL (60 caps every 30
atomoxetine hcl caps 40mg	2	QL (60 caps every 30 days)
· •		days)
atomoxetine hcl caps 40mg, 80mg, 100mg	2	days) QL (30 caps every 30
atomoxetine hcl caps 60mg, 80mg, 100mg	2	days) QL (30 caps every 30 days)
· •		days) QL (30 caps every 30 days) QL (120 tabs every 30
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg	2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg,	2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg	2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg TIMULANTS - MISC.	2 2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days) QL (30 tabs every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg	2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days) QL (30 tabs every 30 days) PA, QL (60 tabs every 30
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg FIMULANTS - MISC. armodafinil tabs 50mg	2 2 2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days) QL (30 tabs every 30 days) PA, QL (60 tabs every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg TIMULANTS - MISC.	2 2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days) QL (30 tabs every 30 days) PA, QL (60 tabs every 30 days) PA, QL (30 tabs every 30
atomoxetine hcl caps 60mg, 80mg, 100mg clonidine hcl (adhd) tb12.1mg guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg FIMULANTS - MISC. armodafinil tabs 50mg	2 2 2	days) QL (30 caps every 30 days) QL (120 tabs every 30 days) QL (30 tabs every 30 days) PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cp24 25mg, 30mg,	2	PA, QL (30 caps every 30
35mg, 40mg		days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	2	PA, QL (120 tabs every 30
		days)
dexmethylphenidate hcl tabs 10mg	2	PA, QL (60 tabs every 30
		days)
methylphenidate ptch 10mg/9hr, 15mg/9hr,	2	PA, QL (30 patches every
20mg/9hr, 30mg/9hr		30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg;	2	PA, QL (180 tabs every 30
tabs 5mg, 10mg		days)
methylphenidate hcl cp24 10mg, 20mg, 30mg	; 2	PA, QL (60 caps every 30
cpcr 10mg, 20mg, 30mg		days)
methylphenidate hcl cp24 40mg, 60mg; cpcr	2	PA, QL (30 caps every 30
40mg, 50mg, 60mg		days)
methylphenidate hcl soln 5mg/5ml	2	PA, QL (1800 mL every 30
		days)
methylphenidate hcl soln 10mg/5ml	2	PA, QL (900 mL every 30
		days)
methylphenidate hcl tabs 20mg; tbcr 10mg,	2	PA, QL (90 tabs every 30
20mg		days)
methylphenidate hcl tb24 18mg, 27mg, 36mg;	2	PA, QL (60 tabs every 30
tbcr 18mg, 27mg, 36mg		days)
methylphenidate hcl tb24 54mg; tbcr 54mg	2	PA, QL (30 tabs every 30
		days)
modafinil tabs 100mg, 200mg	2	PA, QL (60 tabs every 30
		days)
QUILLICHEW ER CHER 20MG, 30MG	4	PA, QL (60 tabs every 30
		days)
QUILLICHEW ER CHER 40MG	4	PA, QL (30 tabs every 30
		days)
QUILLIVANT XR SRER 25MG/5ML	4	PA, QL (360 mL every 30
		days)
ERGENIC EXTRACTS/BIOLOGICALS MISC	•	
LLERGENIC EXTRACTS		
ODACTRA SUB	4	PA
PALFORZIA CAP 1-3YRS	5	PA
PALFORZIA CAP 4-17YRS	5	PA
PALFORZIA CAP ESCALAT	5	PA
PALFORZIA CAP LEVEL 3	5	PA
PALFORZIA CAP LEVEL 7	5	PA
PALFORZIA CAP LEVEL 8	5	PA
PALFORZIA CAP LEVEL 10	5	PA
PALFORZIA LEVEL 0 CSPK 1MG	5	PA
PALFORZIA LEVEL 1 CSPK 1MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 2 CSPK 1MG	5	PA
PALFORZIA LEVEL 4 CSPK 20MG	5	PA
PALFORZIA LEVEL 5 CSPK 20MG	5	PA
PALFORZIA LEVEL 6 CSPK 20MG	5	PA
PALFORZIA LEVEL 9 CSPK 100MG	5	PA
PALFORZIA LEVEL 11 (MAINT PACK 300MG	5	PA
PALFORZIA LEVEL 11 (TITRA PACK 300MG	5	PA
RAGWITEK SUBL 12AMBA1-U	4	PA
MINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUSP 590MG/8.4ML	5	PA; LD
neomycin sulfate tabs 500mg	2	·
tobramycin nebu 300mg/5ml	5	QL (280 mL every 28 days)
NALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBO	ODIES	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML;	5	PA, QL (4 syringes every
SOSY 40MG/0.4ML	· ·	28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML;	5	PA, QL (2 injections every
SOSY 10MG/0.1ML, 20MG/0.2ML	_	28 days)
HUMIRA PSKT 10MG/0.1ML, 20MG/0.2ML	5	PA, QL (2 injections every
,		28 days)
HUMIRA PSKT 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 injections every
		28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (2 injections every
		180 days)
HUMIRA PEDIATRIC CROHNS D PSKT	5	PA, QL (3 injections every
80MG/0.8ML		180 days)
HUMIRA PEN AJKT 40MG/0.4ML,	5	PA, QL (4 pens every 28
40MG/0.8ML		days)
HUMIRA PEN AJKT 80MG/0.8ML	5	PA, QL (2 pens every 28
		days)
HUMIRA PEN KIT PS/UV	5	PA, QL (3 pens every 180
		days)
HUMIRA PEN-CD/UC/HS START AJKT	5	PA, QL (6 pens every 180
40MG/0.8ML		days)
HUMIRA PEN-CD/UC/HS START AJKT	5	PA, QL (3 pens every 28
80MG/0.8ML		days)
HUMIRA PEN-PEDIATRIC UC S AJKT	5	PA, QL (3 pens every 180
80MG/0.8ML		days)
SIMLANDI PSKT 20MG/0.2ML, 80MG/0.8ML	. 5	PA, QL (2 injections every
CIMI ANDI DOLT 40140 /0 4141		28 days)
SIMLANDI PSKT 40MG/0.4ML	5	PA, QL (4 injections every
		28 days)

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML	5	PA, QL (4 injections every 28 days)
SIMLANDI 1-PEN KIT AJKT 80MG/0.8ML	5	PA, QL (2 injections every 28 days)
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	5	PA, QL (4 injections every 28 days)
NTIRHEUMATIC - ENZYME INHIBITORS		, ,
RINVOQ TB24 15MG, 30MG	5	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45MG	5	PA, QL (84 tabs every 180 days)
RINVOQ LQ SOLN 1MG/ML	5	PA, QL (360 mL every 30 days)
XELJANZ SOLN 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TABS 5MG, 10MG	5	PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11MG, 22MG	5	PA, QL (30 tabs every 30 days)
OLD COMPOUNDS		
AURANOFIN CAPS 3MG	4	MT
RIDAURA CAPS 3MG	4	MT
NTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220MG	5	PA; LD
NTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150MG/ML	5	PA; LD
ONSTEROIDAL ANTI-INFLAMMATORY AC	GENTS (NSA	·
celecoxib caps 50mg, 100mg, 200mg	2	MT
diclofenac potassium tabs 50mg	2	MT
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	2	MT
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	2	MT
fenoprofen calcium tabs 600mg	2	MT
flurbiprofen tabs 100mg	2	MT
ibu tabs 400mg, 600mg, 800mg	2	MT
ibuprofen susp 100mg/5ml, 200mg/10ml	2	
ibuprofen tabs 400mg, 600mg, 800mg	2	MT
indomethacin caps 25mg, 50mg; cpcr 75mg	2	MT
ketorolac tromethamine tabs 10mg	2	
lurbipr tabs 100mg	2	MT
meclofenamate sodium caps 50mg, 100mg	2	MT
mefenamic acid caps 250mg	2	MT
meloxicam susp 7.5mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
meloxicam tabs 7.5mg, 15mg	2	MT
nabumetone tabs 500mg, 750mg	2	MT
naproxen tabs 250mg, 375mg, 500mg	2	MT
oxaprozin tabs 600mg	2	MT
piroxicam caps 10mg, 20mg	2	MT
sulindac tabs 150mg, 200mg	2	MT
tolectin 600 tabs 600mg	2	MT
tolmetin sodium caps 400mg; tabs 600mg	2	MT
HOSPHODIESTERASE 4 (PDE4) INHIBITOR	S	
OTEZLA TABS 20MG, 30MG	5	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 180 days)
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 180 days)
YRIMIDINE SYNTHESIS INHIBITORS		, - ,
leflunomide tabs 10mg, 20mg	2	MT
OLUBLE TUMOR NECROSIS FACTOR RECEI	PTOR AGE	
ENBREL SOLN 25MG/0.5ML	5	PA, QL (4 vials every 28
ENDICE GOEN COME	· ·	days)
ENBREL SOSY 25MG/0.5ML	5	PA, QL (8 syringes every
	-	28 days)
ENBREL SOSY 50MG/ML	5	PA, QL (4 syringes every
		28 days)
ENBREL MINI SOCT 50MG/ML	5	PA, QL (4 injections ever
		28 days)
ENBREL SURECLICK SOAJ 50MG/ML	5	PA, QL (4 pens every 28
		days)
ALGESICS - NONNARCOTIC		
NALGESIC COMBINATIONS		
bac tab	2	QL (120 tabs every 30
		days)
bupap tab 50-300mg	2	QL (120 tabs every 30
		days)
butalbital-acetaminophen tab 50-300 mg	2	QL (120 tabs every 30
		days)
butalbital-acetaminophen tab 50-325 mg	2	QL (120 tabs every 30
		days)
butalbital-acetaminophen-caffeine cap 50-300-	- 2	QL (120 caps every 30
40 mg		days)
butalbital-acetaminophen-caffeine cap 50-325-	. 2	QL (120 caps every 30
40 mg		days)
butalbital-acetaminophen-caffeine tab 50-325-	2	QL (120 tabs every 30
40 mg		days)

Drug Name	Drug Tier	Requirements/Limits
butalbital-aspirin-caffeine cap 50-325-40 mg	2	QL (120 caps every 30 days)
esgic cap	2	QL (120 caps every 30 days)
tencon tab 50-325mg	2	QL (120 tabs every 30 days)
zebutal cap	2	QL (120 caps every 30 days)
ALICYLATES		• •
aspirin chew 81mg; tbec 81mg	1	QL (100 tabs every fill) OTC; ACA
diflunisal tabs 500mg	2	MT
salsalate tabs 500mg, 750mg	2	MT
ALGESICS - OPIOID		
PIOID AGONISTS		
CODEINE SULFATE TABS 15MG, 60MG	2	PA; MME
codeine sulfate tabs 30mg	2	PA; MME
fentanyl pt72 12mcg/hr, 25mcg/hr,	2	PA; MME
37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr,	,	
87.5mcg/hr, 100mcg/hr		
fentanyl citrate lpop 200mcg, 400mcg,	2	PA; MME
600mcg, 800mcg, 1200mcg, 1600mcg		
hydromorphone hcl liqd 1mg/ml; tabs 2mg,	2	PA; MME
4mg, 8mg		
levorphanol tartrate tabs 2mg	2	PA; MME
meperidine hcl soln 50mg/5ml; tabs 50mg	2	PA; MME
methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg	2	PA; MME
methadose tbso 40mg	2	PA; MME
morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg	2	PA; MME
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	PA; MME
NUCYNTA TABS 50MG, 75MG, 100MG	3	PA; MME
NUCYNTA ER TB12 50MG, 100MG, 150MG, 200MG, 250MG	3	PA; MME
oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg	2	PA; MME
oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	2	PA; MME

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl tabs 50mg; tb24 100mg, 200mg,	2	PA; MME
300mg		
XTAMPZA ER C12A 9MG, 13.5MG, 18MG,	3	PA; MME
27MG, 36MG		
PIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	PA; MME
acetaminophen w/ codeine tab 300-15 mg	2	PA; MME
acetaminophen w/ codeine tab 300-30 mg	2	PA; MME
acetaminophen w/ codeine tab 300-60 mg	2	PA; MME
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	2	PA; MME
ascomp/cod cap 30mg	2	PA; MME
butalbital-acetaminophen-caff w/ cod cap 50-	2	PA; MME
300-40-30 mg		•
butalbital-acetaminophen-caff w/ cod cap 50-	2	PA; MME
325-40-30 mg		
butalbital-aspirin-caff w/ codeine cap 50-325-	2	PA; MME
40-30 mg		
endocet tab 2.5-325	2	PA; MME
endocet tab 5-325mg	2	PA; MME
endocet tab 7.5-325	2	PA; MME
endocet tab 10-325mg	2	PA; MME
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	PA; MME
hydrocodone-acetaminophen soln 10-325 mg/15ml	2	PA; MME
hydrocodone-acetaminophen tab 2.5-325 mg	2	PA; MME
hydrocodone-acetaminophen tab 5-300 mg	2	PA; MME
hydrocodone-acetaminophen tab 5-325 mg	2	PA; MME
hydrocodone-acetaminophen tab 7.5-300 mg	2	PA; MME
hydrocodone-acetaminophen tab 7.5-325 mg	2	PA; MME
hydrocodone-acetaminophen tab 10-300 mg	2	PA; MME
hydrocodone-acetaminophen tab 10-325 mg	2	PA; MME
oxycodone w/ acetaminophen tab 2.5-325 mg	2	PA; MME
oxycodone w/ acetaminophen tab 5-325 mg	2	PA; MME
oxycodone w/ acetaminophen tab 7.5-325 mg	2	PA; MME
oxycodone w/ acetaminophen tab 10-325 mg	2	PA; MME
tramadol-acetaminophen tab 37.5-325 mg	2	PA; MME
trezix cap	2	PA; MME
PIOID PARTIAL AGONISTS	-	,
BELBUCA FILM 75MCG, 150MCG, 300MCG,	3	PA, QL (60 films every 30
450MCG, 600MCG, 750MCG, 900MCG	3	days); MME
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr,	2	PA, QL (4 patches every 2
10mcg/hr, 15mcg/hr, 20mcg/hr	_	days); MME

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl soln .3mg/ml	2	PA, QL (4 mL every 30
		days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	2	QL (90 films every 30
(base equiv)		days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg	2	QL (90 films every 30
(base equiv)		days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg	2	QL (90 films every 30
(base equiv)	2	days) QL (90 films every 30
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	۷	days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	2	QL (90 tabs every 30 days)
(base equiv)	2	QL (90 tabs every 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg	2	QL (90 tabs every 30 days)
(base equiv)	2	QL (90 tabs every 30 days)
butorphanol tartrate soln 10mg/ml	2	PA; MME
pentazocine w/ naloxone hcl tab 50-0.5 mg	2	PA; MME
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (60 tabs every 30 days)
ROGENS-ANABOLIC		<u> </u>
NDROGENS		
danazol caps 50mg, 100mg, 200mg	2	
depo-testosterone soln 100mg/ml, 200mg/ml	2	PA
methitest tabs 10mg	2	PA, QL (600 tabs every 30
		days)
methyltestosterone caps 10mg	2	PA, QL (600 caps every 30
		days)
testosterone gel 1%, 25mg/2.5gm, 50mg/5gm	2	PA, QL (300 gm every 30
		days)
testosterone gel 1.62%, 10mg/act,	2	PA, QL (150 gm every 30
40.5mg/2.5gm		days)
testosterone gel 20.25mg/1.25gm	2	PA, QL (37.5 gm every 30
		days)
testosterone cypionate soln 100mg/ml,	2	PA
200mg/ml		
PRECTAL AND RELATED PRODUCTS		
TRARECTAL STEROIDS hydrocortisone (intrarectal) enem 100mg/60ml	2	
ECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal	2	
cream 1-1%	_	

Drug Name ECTAL STEROIDS	Drug Tier	Requirements/Limits
hydrocortisone (rectal) crea 1%, 2.5%	2	
procto-med hc crea 2.5%	2	
proctocort crea 1%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
HELMINTICS		
NTHELMINTICS		
albendazole tabs 200mg	2	QL (336 tabs every 365 days)
EMVERM CHEW 100MG	4	QL (12 tabs every 365 days)
ivermectin tabs 3mg	2	
praziquantel tabs 600mg	2	QL (24 tabs every 365 days)
I-INFECTIVE AGENTS - MISC. NTI-INFECTIVE AGENTS - MISC.		
metronidazole caps 375mg; tabs 250mg,	2	
500mg		
pentamidine isethionate solr 300mg	2	
tinidazole tabs 250mg, 500mg	2	
trimethoprim tabs 100mg	2	
XIFAXAN TABS 200MG	3	PA, QL (9 tabs every 30 days)
XIFAXAN TABS 550MG	3	PA, QL (90 tabs every 30 days)
NTI-INFECTIVE MISC COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 n	ng 2	
sulfamethoxazole-trimethoprim tab 800-160	2	
mg		
sulfatrim pd sus 200-40/5	2	
NTIPROTOZOAL AGENTS		
ALINIA SUSR 100MG/5ML	4	
atovaquone susp 750mg/5ml	2	
nitazoxanide tabs 500mg	2	QL (14 tabs every 30 days
LYCOPEPTIDES		
vancomycin hcl caps 125mg, 250mg	2	QL (120 caps every 30 days)
vancomycin hcl solr 25mg/ml	2	QL (900 mL every 30 day
vancomycin hcl solr 50mg/ml, 250mg/5ml	2	QL (1350 mL every 30

Drug Name LEPROSTATICS	Drug Tier	Requirements/Limits
dapsone tabs 25mg, 100mg	2	
LINCOSAMIDES		
clindamycin hcl caps 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride solr 75mg/5ml	2	
MONOBACTAMS		
CAYSTON SOLR 75MG	5	PA, QL (90 vials every 30 days); LD
OXAZOLIDINONES		
linezolid susr 100mg/5ml; tabs 600mg	2	QL (14 days supply every 30 days)
JRINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	2	
methenamine hippurate tabs 1gm	2	
methenamine mandelate tabs .5gm, 1gm	2	
nitrofurantoin susp 25mg/5ml, 50mg/10ml	2	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	2	
nitrofurantoin monohyd macro caps 100mg	2	
TIANGINAL AGENTS INTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	2	MT
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg	2	MT
ISOSORBIDE MONONITRATE TABS 10MG, 20MG	2	MT
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	2	MT
NITRO-BID OINT 2%	4	MT
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	2	MT
TIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	2	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
meprobamate tabs 200mg	2	QL (360 tabs every 30 days)
meprobamate tabs 400mg	2	QL (180 tabs every 30 days)
ENZODIAZEPINES		, .,
alprazolam tabs 2mg; tbdp 2mg	2	QL (150 tabs every 30 days)
alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg	2	QL (90 tabs every 30 day
alprazolam tb24 .5mg, 1mg, 2mg, 3mg	2	QL (60 tabs every 30 day
ALPRAZOLAM INTENSOL CONC 1MG/ML	4	QL (90 mL every 30 days)
alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg	2	QL (60 tabs every 30 day
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	2	QL (120 caps every 30 days)
clorazepate dipotassium tabs 3.75mg, 7.5mg	2	QL (90 tabs every 30 days
clorazepate dipotassium tabs 15mg	2	QL (180 tabs every 30 days)
diazepam conc 5mg/ml	2	QL (120 mL every 30 days
diazepam soln 5mg/5ml	2	QL (600 mL every 30 day
diazepam tabs 2mg, 5mg, 10mg	2	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	2	QL (120 mL every 30 days
lorazepam tabs 2mg	2	QL (150 tabs every 30 days)
lorazepam tabs .5mg, 1mg	2	QL (90 tabs every 30 day
lorazepam intensol conc 2mg/ml	2	QL (150 mL every 30 days
oxazepam caps 10mg, 15mg, 30mg	2	QL (120 caps every 30 days)
IARRHYTHMICS VTIARRHYTHMICS TYPE I-A		
disopyramide phosphate caps 100mg, 150mg	2	MT
NORPACE CR CP12 100MG, 150MG	4	MT
quinidine gluconate tbcr 324mg	2	MT
quinidine sulfate tabs 200mg, 300mg	2	MT
NTIARRHYTHMICS TYPE I-B		
mexiletine hcl caps 150mg, 200mg, 250mg	2	MT
NTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	2	MT
propafenone hcl cp12 225mg, 325mg, 425mg;	2	MT
tabs 150mg, 225mg, 300mg	_	
NTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	2	MT
dofetilide caps 125mcg, 250mcg, 500mcg	2	****

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TABS 400MG	4	MT
pacerone tabs 100mg, 200mg, 400mg	2	MT
TIASTHMATIC AND BRONCHODILATOR	AGENTS	
NTI-INFLAMMATORY AGENTS		
cromolyn sodium nebu 20mg/2ml	2	MT
NTIASTHMATIC - MONOCLONAL ANTIB	RODIES	
NUCALA SOAJ 100MG/ML	5	PA, QL (3 injections every 28 days); LD
NUCALA SOLR 100MG	5	PA, QL (3 vials every 28 days); LD
NUCALA SOSY 40MG/0.4ML	5	PA, QL (1 syringe every 28 days); LD
NUCALA SOSY 100MG/ML	5	PA, QL (3 syringes every 28 days); LD
RONCHODILATORS - ANTICHOLINERGI	cs	, ,,
ATROVENT HFA AERS 17MCG/ACT	4	QL (2 inhalers every 30 days); MT
ipratropium bromide soln .02%	2	MT
LONHALA MAGNAIR STARTER K SOLN 25MCG/ML	3	QL (60 mL every 30 days
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
tiotropium bromide monohydrate caps 18mo	eg 2	QL (90 caps every 30 days); MT
YUPELRI SOLN 175MCG/3ML	4	QL (90 mL every 30 days
EUKOTRIENE MODULATORS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	2	MT
zafirlukast tabs 10mg, 20mg	2	MT
zileuton tb12 600mg	2	MT
ELECTIVE PHOSPHODIESTERASE 4 (PDI	E4) INHIBITO	RS
roflumilast tabs 250mcg	2	MT
roflumilast tabs 500mcg	2	
TEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT,	3	QL (1 inhaler every 30
ASMANEX TWISTHALER 14 MET AEPB	3	days); MT QL (2 inhalers every 30
220MCG/INH	3	days); MT QL (4 inhalers every 30
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH		days); MT

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 120 ME AEPB	3	
220MCG/INH	3	QL (1 inhaler every 30 days); MT
budesonide (inhalation) susp .25mg/2ml,	2	MT
.5mg/2ml, 1mg/2ml	_	1911
QVAR REDIHALER AERB 40MCG/ACT	3	QL (1 inhaler every 30
OVAD DEDUKALED AEDD SOMCO /ACT	3	days); MT
QVAR REDIHALER AERB 80MCG/ACT	<u>.</u>	QL (2 inhalers every 30 days); MT
/MPATHOMIMETICS		
albuterol sulfate aers 108mcg/act	2	QL (2 inhalers every 30 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	
albuterol sulfate syrp 2mg/5ml, 8mg/20ml; tabs 2mg, 4mg	2	MT
arformoterol tartrate nebu 15mcg/2ml	2	MT
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters every 30
BRES EEEN TANKINGS EGWIGG	· ·	days); MT
BREO ELLIPTA INH 100-25	3	QL (60 blisters every 30
		days); MT
BREO ELLIPTA INH 200-25	3	QL (60 blisters every 30
		days); MT
breyna aer 80/4.5	2	QL (1 inhaler every 30
		days); MT
breyna aer 160/4.5	2	QL (1 inhaler every 30
		days); MT
BREZTRI AERO AER SPHERE	3	QL (1 inhaler every 30
		days); MT
budesonide-formoterol fumarate dihyd aerosol	2	QL (1 inhaler every 30
80-4.5 mcg/act		days); MT
budesonide-formoterol fumarate dihyd aerosol	2	QL (1 inhaler every 30
160-4.5 mcg/act		days); MT
COMBIVENT AER 20-100	3	QL (1 inhaler every 30
		days); MT
DULERA AER 50-5MCG	3	QL (1 inhaler every 30
		days); MT
DULERA AER 100-5MCG	3	QL (1 inhaler every 30
		days); MT
DULERA AER 200-5MCG	3	QL (1 inhaler every 30
		days); MT
fluticasone-salmeterol aer powder ba 100-50	2	QL (60 inhalations every
mcg/act		30 days); MT

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (60 inhalations every 30 days); MT
fluticasone-salmeterol aer powder ba 500-50	2	QL (60 inhalations every 30 days); MT
mcg/act formoterol fumarate nebu 20mcg/2ml	2	MT
ipratropium-albuterol nebu soln 0.5-2.5(3)	2	MT
mg/3ml		IVI I
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 inhalations every 30 days); MT
STIOLTO AER 2.5-2.5	3	QL (1 inhaler every 30 days); MT
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
terbutaline sulfate soln 1mg/ml	2	uays), Wii
terbutaline sulfate tabs 2.5mg, 5mg	2	MT
TRELEGY AER 100MCG	3	QL (1 inhaler every 30 days); MT
TRELEGY AER 200MCG	3	QL (1 inhaler every 30 days); MT
VENTOLIN HFA AERS 108MCG/ACT	3	QL (2 inhalers every 30 days)
wixela inhub aer 100/50	2	QL (60 inhalations every 30 days); MT
wixela inhub aer 250/50	2	QL (60 inhalations every 30 days); MT
wixela inhub aer 500/50	2	QL (60 inhalations every 30 days); MT
ANTHINES		
elixophyllin elix 80mg/15ml	2	MT
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24	2	MT
400mg, 600mg		
FICOAGULANTS		
OUMARIN ANTICOAGULANTS		
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg,	2	MT
5mg, 6mg, 7.5mg, 10mg		
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg,	2	MT
4mg, 5mg, 6mg, 7.5mg, 10mg		
IRECT FACTOR XA INHIBITORS		
ELIQUIS TABS 2.5MG, 5MG	3	MT

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TBPK 5MG	3	
XARELTO SUSR 1MG/ML	3	
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	3	MT
XARELTO STAR TAB 15/20MG	3	
EPARINS AND HEPARINOID-LIKE AGENTS		
bd heparin posiflush soln 10unit/ml, 100unit/ml	2	
enoxaparin sodium soln 300mg/3ml; sosy	2	
30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml,		
80mg/0.8ml, 100mg/ml, 120mg/0.8ml,		
150mg/ml		
fondaparinux sodium soln 2.5mg/0.5ml,	2	
5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml		
FRAGMIN SOLN 10000UNIT/4ML,	4	
95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML,		
5000UNIT/0.2ML, 7500UNIT/0.3ML,		
10000UNIT/ML, 12500UNIT/0.5ML,		
15000UNIT/0.6ML, 18000UNT/0.72ML		
HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY	3	
5000UNIT/0.5ML		
heparin sodium (porcine) soln 1000unit/ml,	2	
5000unit/0.5ml, 5000unit/ml, 10000unit/ml,		
20000unit/ml		
heparin sodium (porcine) lock flush soln	2	
1unit/ml, 10unit/ml, 100unit/ml		
ICONVULSANTS		
MPA GLUTAMATE RECEPTOR ANTAGONIS	STS	
FYCOMPA TABS 2MG, 4MG, 6MG, 8MG,	4	
10MG, 12MG		
NTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	2	
clonazepam tabs .5mg, 1mg, 2mg; tbdp	2	
.125mg, .25mg, .5mg, 1mg, 2mg		
diazepam (anticonvulsant) gel 2.5mg, 10mg,	2	
20mg		
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	4	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	4	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	4	
NTICONVULSANTS - MISC.		
APTIOM TABS 200MG, 400MG, 600MG,	4	MT
800MG	7	1711
BRIVIACT SOLN 10MG/ML; TABS 10MG,	4	
25MG, 50MG, 75MG, 100MG	-	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine chew 100mg; cp12 100mg,	2	MT
200mg, 300mg; tabs 200mg; tb12 100mg,		
200mg, 400mg		
carbidopa & levodopa tab 25-250 mg	2	
DIACOMIT CAPS 250MG, 500MG; PACK	5	PA; LD
250MG, 500MG		
EPIDIOLEX SOLN 100MG/ML	5	PA; LD
epitol tabs 200mg	2	MT
gabapentin caps 100mg, 300mg, 400mg	2	PA, QL (180 caps every 30 days)
gabapentin soln 250mg/5ml, 300mg/6ml	2	PA, QL (2160 mL every 30 days)
gabapentin tabs 600mg	2	PA, QL (180 tabs every 30 days)
gabapentin tabs 800mg	2	PA, QL (120 tabs every 30 days)
lacosamide soln 10mg/ml, 50mg/5ml; tabs	2	- ·
50mg, 100mg, 150mg, 200mg		
LAMICTAL XR KIT	4	
lamotrigine chew 5mg, 25mg; tabs 25mg,	2	MT
100mg, 150mg, 200mg; tb24 25mg, 50mg,		
100mg, 200mg, 250mg, 300mg; tbdp 25mg,		
50mg, 100mg, 200mg		
lamotrigine kit 25mg	2	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	r 2	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	2	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	2	
lamotrigine tab disint 25 (14) & 50 mg (14) & 10 mg (7) kit	0 2	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	2	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	2	MT
oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg; tb24 150mg, 300mg, 600mg	2	MT
OXTELLAR XR TB24 150MG, 300MG, 600MG	3	MT
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	2	PA, QL (90 caps every 30 days)
pregabalin caps 225mg, 300mg	2	PA, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin soln 20mg/ml	2	PA, QL (900 mL every 30
		days)
primidone tabs 50mg, 250mg	2	MT
roweepra tabs 500mg	2	MT
rufinamide susp 40mg/ml; tabs 200mg, 400mg	2	MT
subvenite tabs 25mg, 100mg, 150mg, 200mg	2	MT
subvenite kit start 49	2	
subvenite kit start 98	2	
subvenite starter kit/blu kit 25mg	2	
topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg	2	MT
ZONISADE SUSP 100MG/5ML	4	MT
zonisamide caps 25mg, 50mg, 100mg	2	MT
ZTALMY SUSP 50MG/ML	5	PA; LD
ARBAMATES		
felbamate susp 600mg/5ml; tabs 400mg, 600mg	2	MT
ABA MODULATORS		
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	2	MT
vigabatrin pack 500mg	5	QL (180 packets every 30 days)
vigabatrin tabs 500mg	5	QL (180 tabs every 30 days)
vigadrone pack 500mg	5	QL (180 packets every 30 days)
vigadrone tabs 500mg	5	QL (180 tabs every 30 days)
VIGAFYDE SOLN 100MG/ML	5	LD
vigpoder pack 500mg	5	QL (180 packets every 30 days)
IYDANTOINS		
DILANTIN CAPS 30MG	3	MT
phenytek caps 200mg, 300mg	2	MT
phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml	2	MT
phenytoin sodium extended caps 100mg, 200mg, 300mg	2	MT
CUCCINIMIDES		
ethosuximide caps 250mg; soln 250mg/5ml	2	MT
methsuximide caps 300mg	2	MT
ALPROIC ACID	<u>-</u>	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
valproate sodium soln 250mg/5ml,	2	MT
500mg/10ml		
valproic acid caps 250mg	2	MT
IDEPRESSANTS		
LPHA-2 RECEPTOR ANTAGONISTS (TETRA	CYCLICS)	
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg;	2	MT
tbdp 15mg, 30mg, 45mg		
NTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg,	2	MT
150mg, 200mg; tb24 150mg, 300mg		
ONOAMINE OXIDASE INHIBITORS (MAOIS	5)	
EMSAM PT24 6MG/24HR, 9MG/24HR,	4	MT
12MG/24HR		
MARPLAN TABS 10MG	4	MT
phenelzine sulfate tabs 15mg	2	MT
tranylcypromine sulfate tabs 10mg	2	MT
LECTIVE SEROTONIN REUPTAKE INHIBIT	ORS (SSRI	S)
citalopram hydrobromide soln 10mg/5ml,	2	MT
20mg/10ml; tabs 10mg, 20mg, 40mg		
escitalopram oxalate soln 5mg/5ml,	2	MT
10mg/10ml; tabs 5mg, 10mg, 20mg		
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr	2	MT
90mg; soln 20mg/5ml		
fluvoxamine maleate cp24 100mg, 150mg; tabs	2	MT
25mg, 50mg, 100mg		
paroxetine hcl susp 10mg/5ml; tabs 10mg,	2	MT
20mg, 30mg, 40mg; tb24 12.5mg, 25mg,		
37.5mg		
sertraline hcl conc 20mg/ml; tabs 25mg,	2	MT
50mg, 100mg		
ROTONIN MODULATORS		
nefazodone hcl tabs 50mg, 100mg, 150mg,	2	MT
200mg, 250mg		
trazodone hcl tabs 50mg, 100mg, 150mg,	2	MT
300mg		
TRINTELLIX TABS 5MG, 10MG, 20MG	3	MT
vilazodone hcl tabs 10mg, 20mg, 40mg	2	MT
ROTONIN-NOREPINEPHRINE REUPTAKE I		
desvenlafaxine succinate tb24 25mg, 50mg,	2	MT
100mg		
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg		MT
venlafaxine hcl cp24 37.5mg, 75mg, 150mg;	2	MT

Drug Name RICYCLIC AGENTS	Drug Tier	Requirements/Limits
amitriptyline hcl tabs 10mg, 25mg, 50mg,	2	MT
75mg, 100mg, 150mg	_	
amoxapine tabs 25mg, 50mg, 100mg, 150mg	2	MT
clomipramine hcl caps 25mg, 50mg, 75mg	2	MT
desipramine hcl tabs 10mg, 25mg, 50mg,	2	MT
75mg, 100mg, 150mg		
doxepin hcl caps 10mg, 25mg, 50mg, 75mg,	2	MT
100mg, 150mg; conc 10mg/ml		
imipramine hcl tabs 10mg, 25mg, 50mg	2	MT
imipramine pamoate caps 75mg, 100mg,	2	MT
125mg, 150mg		
nortriptyline hcl caps 10mg, 25mg, 50mg,	2	MT
75mg; soln 10mg/5ml		
protriptyline hcl tabs 5mg, 10mg	2	MT
trimipramine maleate caps 25mg, 50mg,	2	MT
100mg		
IDIABETICS		
PHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg	2	QL (360 tabs every 30
-		days); MT
acarbose tabs 50mg	2	QL (180 tabs every 30
		days); MT
acarbose tabs 100mg	2	QL (90 tabs every 30
		days); MT
miglitol tabs 25mg	2	QL (360 tabs every 30
		days); MT
miglitol tabs 50mg	2	QL (180 tabs every 30
		days); MT
miglitol tabs 100mg	2	QL (90 tabs every 30
		days); MT
NTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	4	QL (6 mL every 30 days) MT
SYMLINPEN 120 SOPN 2700MCG/2.7ML	4	QL (10.8 mL every 30 days); MT
NTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	2	QL (240 tabs every 30
3 /2		days); MT
glipizide-metformin hcl tab 2.5-500 mg	2	QL (120 tabs every 30
<u>.</u>	_	days); MT
glipizide-metformin hcl tab 5-500 mg	2	QL (120 tabs every 30
<u> </u>		days); MT
glyburide-metformin tab 1.25-250 mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tab 2.5-500 mg	2	MT
glyburide-metformin tab 5-500 mg	2	MT
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs every 30
		days); MT
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs every 30
		days); MT
JANUMET TAB 50-500MG	3	QL (60 tabs every 30
		days); MT
JANUMET TAB 50-1000	3	QL (60 tabs every 30
		days); MT
JANUMET XR TAB 50-500MG	3	QL (30 tabs every 30
		days); MT
JANUMET XR TAB 50-1000	3	QL (60 tabs every 30
		days); MT
JANUMET XR TAB 100-1000	3	QL (30 tabs every 30
		days); MT
pioglitazone hcl-glimepiride tab 30-2 mg	2	QL (30 tabs every 30
		days); MT
pioglitazone hcl-glimepiride tab 30-4 mg	2	QL (30 tabs every 30
		days); MT
pioglitazone hcl-metformin hcl tab 15-500 mg	2	QL (90 tabs every 30
		days); MT
pioglitazone hcl-metformin hcl tab 15-850 mg	2	QL (90 tabs every 30
		days); MT
SOLIQUA INJ 100/33	3	QL (15 mL every 25 days);
		MT
SYNJARDY TAB	3	QL (60 tabs every 30
		days); MT
SYNJARDY TAB 5-500MG	3	QL (120 tabs every 30
		days); MT
SYNJARDY TAB 5-1000MG	3	QL (60 tabs every 30
		days); MT
SYNJARDY TAB 12.5-500	3	QL (60 tabs every 30
		days); MT
SYNJARDY XR TAB	3	QL (60 tabs every 30
0/4/14 PB// VP TAB T 1000140		days); MT
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs every 30
OVALIA DDV VD TA D 40 4000		days); MT
SYNJARDY XR TAB 10-1000	3	QL (60 tabs every 30
CVALIA DDV VD TA D OF 1000		days); MT
SYNJARDY XR TAB 25-1000	3	QL (30 tabs every 30
TOUR DOWN TAR		days); MT
TRIJARDY XR TAB	3	QL (30 tabs every 30
		days); MT

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB	3	QL (60 tabs every 30
		days); MT
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs every 30
		days); MT
XIGDUO XR TAB 5-500MG	3	QL (60 tabs every 30
		days); MT
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs every 30
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		days); MT
XIGDUO XR TAB 10-500MG	3	QL (60 tabs every 30
VIORIJO VR TAR 40 4000		days); MT
XIGDUO XR TAB 10-1000	3	QL (30 tabs every 30
XULTOPHY INJ 100/3.6		days); MT
XULTOPHY INJ 100/3.6	3	QL (15 mL every 30 days); MT
GUANIDES		
metformin hcl soln 500mg/5ml	2	QL (765 mL every 30
		days); MT
metformin hcl tabs 500mg	2	QL (150 tabs every 30
		days); MT
metformin hcl tabs 850mg	1	QL (90 tabs every 30
		days); ACA; MT
metformin hcl tabs 1000mg; tb24 750mg	2	QL (75 tabs every 30 days) MT
metformin hcl tb24 500mg	2	QL (120 tabs every 30
		days); MT
IABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	2	MT
GLUCAGEN HYPOKIT SOLR 1MG	3	
glucagon (rdna) kit 1mg	2	
GLUCAGON EMERGENCY KIT FO SOLR	3	
1MG/ML		
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML,	3	
1MG/0.2ML		
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML,	3	
1MG/0.2ML		
GVOKE KIT SOLN 1MG/0.2ML	3	
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	3	
mifepristone (hyperglycemia) tabs 300mg	5	PA
IPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBIT		
JANUVIA TABS 25MG, 50MG, 100MG	3	QL (30 tabs every 30 days); MT

Drug Name Dr OPAMINE RECEPTOR AGONISTS - ANTIDIAB	ug Tier ETIC	Requirements/Limits
CYCLOSET TABS .8MG	4	QL (180 tabs every 30 days); MT
ICRETIN MIMETIC AGENTS		
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	3	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	3	PA, QL (1 pen every 28 days)
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	3	PA, QL (30 tabs every 30 days); MT
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	PA, QL (4 pens every 28 days)
ISULIN		
FIASP SOLN 100UNIT/ML	3	QL (90 mL every 30 days MT
FIASP FLEXTOUCH SOPN 100UNIT/ML	3	QL (60 mL every 30 days MT
FIASP PENFILL SOCT 100UNIT/ML	3	QL (60mL every 30 days MT
FIASP PUMPCART SOCT 100UNIT/ML	3	QL (60mL every 30 days MT
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	3	QL (40 mL every 30 days MT
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	3	QL (18 mL every 30 days MT
LANTUS SOLN 100UNIT/ML	3	QL (60 mL every 30 days MT
LANTUS SOLOSTAR SOPN 100UNIT/ML	3	QL (30mL every 30 days MT
LEVEMIR SOLN 100UNIT/ML	3	QL (60 mL every 30 days MT
LEVEMIR FLEXPEN SOPN 100UNIT/ML	3	QL (30 mL every 30 days MT
NOVOLIN70/30 INJ RELION	3	QL (90 mL every 30 days OTC; MT
NOVOLIN INJ 70/30	3	QL (90 mL every 30 days OTC; MT
NOVOLIN INJ 70/30 FP	3	QL (60 mL every 30 days OTC; MT
NOVOLIN N SUSP 100UNIT/ML	3	QL (90 mL every 30 days OTC; MT
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	3	QL (60 mL every 30 days OTC; MT

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N RELION SUSP 100UNIT/ML	3	QL (90 mL every 30 days OTC; MT
NOVOLIN R SOLN 100UNIT/ML	3	QL (90 mL every 30 days OTC; MT
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	3	QL (60 mL every 30 days OTC; MT
NOVOLIN R RELION SOLN 100UNIT/ML	3	QL (90 mL every 30 days OTC; MT
NOVOLOG SOLN 100UNIT/ML	3	QL (9 vials every 30 days MT
NOVOLOG FLEXPEN SOPN 100UNIT/ML	3	QL (60mL every 30 days MT
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	3	QL (60mL every 30 days MT
NOVOLOG MIX INJ 70/30	3	QL (90 mL every 30 days MT
NOVOLOG MIX INJ FLEX REL	3	QL (60 mL every 30 days MT
NOVOLOG MIX INJ FLEXPEN	3	QL (60 mL every 30 days MT
NOVOLOG PENFILL SOCT 100UNIT/ML	3	QL (60 mL every 30 days MT
NOVOLOG RELI INJ 70/30	3	QL (90 mL every 30 days MT
NOVOLOG RELION SOLN 100UNIT/ML	3	QL (9 vials every 30 days MT
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	. 3	QL (18mL every 30 days) MT
TOUJEO SOLOSTAR SOPN 300UNIT/ML	3	QL (13.5 mL every 30 days); MT
TRESIBA SOLN 100UNIT/ML	3	QL (30 mL every 30 days MT
TRESIBA FLEXTOUCH SOPN 100UNIT/ML	3	QL (30 mL every 30 days
TRESIBA FLEXTOUCH SOPN 200UNIT/ML	3	QL (18mL every 30 days) MT
SULIN SENSITIZING AGENTS		
pioglitazone hcl tabs 15mg, 30mg, 45mg	2	QL (30 tabs every 30 days); MT
EGLITINIDE ANALOGUES		
nateglinide tabs 60mg, 120mg	2	MT
repaglinide tabs 2mg	2	QL (240 tabs every 30 days); MT

2 6GLT2) INH 3 3 3	QL (120 tabs every 30 days); MT BITORS QL (60 tabs every 30 days); MT QL (30 tabs every 30 days); MT
3	QL (60 tabs every 30 days); MT QL (30 tabs every 30
3	days); MT QL (30 tabs every 30
	QL (30 tabs every 30
	• •
3	days); MT
3	
	QL (30 tabs every 30
	days); MT
	01 (040 1 1 00
2	QL (240 tabs every 30 days); MT
2	QL (120 tabs every 30
_	days); MT
2	QL (60 tabs every 30
	days); MT
2	QL (240 tabs every 30
	days); MT
2	QL (120 tabs every 30
	days); MT
2	QL (60 tabs every 30
	days); MT
2	QL (240 tabs every 30
	days); MT QL (120 tabs every 30
۷	days); MT
2	QL (60 tabs every 30
	days); MT
2	MT
2	MT
nl 2	
2	
2	
5	
5	LD
5	LD
	2 2 2 2 2 2 2 5 5

Drug Name PIOID ANTAGONISTS	Drug Tier	Requirements/Limits
ft naloxone hydrochloride liqd 4mg/0.1ml	2	QL (2 sprays every 30 days), OTC
KLOXXADO LIQD 8MG/0.1ML	4	QL (2 sprays every 30 days)
naloxone hcl liqd 4mg/0.1ml	2	QL (2 sprays every 30 days)
naloxone hcl liqd 4mg/0.1ml	2	QL (2 sprays every 30 days), OTC
naloxone hcl soct .4mg/ml; sosy .4mg/ml	2	QL (2 injections every 30 days)
naloxone hcl soln 4mg/10ml	2	QL (1 vial every 30 days)
naloxone hcl soln .4mg/ml	2	QL (2 vials every 30 days
naloxone hcl sosy 2mg/2ml	2	QL (2 syringes every 30 days)
naltrexone hcl tabs 50mg	2	
NARCAN LIQD 4MG/0.1ML	4	QL (2 sprays every 30 days)
ZIMHI SOSY 5MG/0.5ML	4	QL (2 injections every 30 days)
HT3 RECEPTOR ANTAGONISTS ANZEMET TABS 50MG	4	
granisetron hcl tabs 1mg	2	
ondansetron tbdp 4mg, 8mg	2	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg		
NTIEMETICS - ANTICHOLINERGIC		
MTIEMETICS - ANTICHOLINERGIC meclizine hcl tabs 12.5mg, 25mg	2	
	2 2	
meclizine hcl tabs 12.5mg, 25mg		
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days	2	
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg	2	
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS	2	
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS dronabinol caps 2.5mg, 5mg, 10mg	2 2 2 4	GONISTS
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS dronabinol caps 2.5mg, 5mg, 10mg SYNDROS SOLN 5MG/ML	2 2 2 4	GONISTS
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS dronabinol caps 2.5mg, 5mg, 10mg SYNDROS SOLN 5MG/ML IBSTANCE P/NEUROKININ 1 (NK1) RECEPT	2 2 2 4 TOR ANTA	GONISTS
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS dronabinol caps 2.5mg, 5mg, 10mg SYNDROS SOLN 5MG/ML IBSTANCE P/NEUROKININ 1 (NK1) RECEPT aprepitant caps 40mg, 80mg, 125mg	2 2 2 4 TOR ANTA (GONISTS
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS dronabinol caps 2.5mg, 5mg, 10mg SYNDROS SOLN 5MG/ML IBSTANCE P/NEUROKININ 1 (NK1) RECEPT aprepitant caps 40mg, 80mg, 125mg aprepitant capsule therapy pack 80 & 125 mg IFUNGALS	2 2 2 4 TOR ANTA (GONISTS
meclizine hcl tabs 12.5mg, 25mg scopolamine pt72 1mg/3days trimethobenzamide hcl caps 300mg NTIEMETICS - MISCELLANEOUS dronabinol caps 2.5mg, 5mg, 10mg SYNDROS SOLN 5MG/ML IBSTANCE P/NEUROKININ 1 (NK1) RECEPT aprepitant caps 40mg, 80mg, 125mg aprepitant capsule therapy pack 80 & 125 mg IFUNGALS NTIFUNGALS griseofulvin microsize susp 125mg/5ml; tabs	2 2 4 TOR ANTA 2 2	GONISTS

Drug Name	Drug Tier	Requirements/Limits
terbinafine hcl tabs 250mg	2	
IIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susr 10mg/ml, 40mg/ml; tabs	2	
50mg, 100mg, 150mg, 200mg		
itraconazole caps 100mg	2	QL (120 caps every 30
		days)
itraconazole soln 10mg/ml	2	
ketoconazole tabs 200mg	2	
posaconazole susp 40mg/ml	2	QL (630 mL every 30 days
posaconazole thec 100mg	2	QL (93 tabs every 30 days
voriconazole susr 40mg/ml	2	QL (600 mL every 30 days
voriconazole tabs 50mg	2	QL (480 tabs every 30 days)
voriconazole tabs 200mg	2	QL (120 tabs every 30 days)
IHISTAMINES		
NTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4mg/5ml; tabs	2	
4mg		
clemastine fumarate tabs 2.68mg	2	
clemasz tabs 2.68mg	2	
diphenhydramine hcl soln 50mg/ml	2	
NTIHISTAMINES - NON-SEDATING		
desloratadine tabs 5mg	2	
NTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl soln 6.25mg/5ml,	2	
12.5mg/10ml; supp 12.5mg, 25mg; tabs 12.5mg,		
25mg, 50mg		
promethegan supp 12.5mg, 25mg, 50mg	2	
NTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	2	
IHYPERLIPIDEMICS		
NTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl caps .5gm, 1gm	2	MT
omega-3-acid ethyl esters cap 1 gm	2	MT
VASCEPA CAPS .5GM, 1GM	3	MT
LE ACID SEQUESTRANTS		
cholestyramine pack 4gm; powd 4gm/dose	2	MT
cholestyramine light pack 4gm; powd	2	MT
4gm/dose	_	IVII
colesevelam hcl pack 3.75gm; tabs 625mg	2	MT
prevalite pack 4gm; powd 4gm/dose	2	MT

Drug Name BRIC ACID DERIVATIVES	Drug Tier	Requirements/Limits
fenofibrate tabs 48mg, 54mg, 145mg, 160mg	2	MT
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	2	MT
fenofibric acid tabs 35mg, 105mg	2	MT
gemfibrozil tabs 600mg	2	MT
MG COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	ACA; MT
atorvastatin calcium tabs 40mg, 80mg	2	MT
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	1	ACA; MT
lovastatin tabs 10mg, 20mg, 40mg	1	ACA; MT
pitavastatin calcium tabs 1mg, 2mg, 4mg	1	ACA; MT
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	1	ACA; MT
rosuvastatin calcium tabs 5mg, 10mg	1	ACA; MT
rosuvastatin calcium tabs 20mg, 40mg	2	MT
simvastatin tabs 5mg, 10mg, 20mg, 40mg	1	ACA; MT
simvastatin tabs 80mg	2	MT
ITESTINAL CHOLESTEROL ABSORPTION	INHIBITORS	
ezetimibe tabs 10mg	2	MT
ICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tabs 500mg	2	
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	2	MT
niacor tabs 500mg	2	
ROPROTEIN CONVERTASE SUBTILISIN/KI	EXIN TYPE S	9 INHIBITORS
REPATHA SOSY 140MG/ML	3	QL (2 pens every 28 days MT
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	3	QL (1 cartridge every 28 days); MT
REPATHA SURECLICK SOAJ 140MG/ML	3	QL (2 syr. every 28 days); MT
THYPERTENSIVES CE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	2	MT
	2	MT MT
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg captopril tabs 12.5mg, 25mg, 50mg, 100mg enalapril maleate tabs 2.5mg, 5mg, 10mg,	2	MT
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg captopril tabs 12.5mg, 25mg, 50mg, 100mg enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	2 2 2	MT MT

	Drug Tier	Requirements/Limits
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	2	MT
trandolapril tabs 1mg, 2mg, 4mg	2	MT
GENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl caps 10mg	2	
NGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg,	2	MT
32mg		
irbesartan tabs 75mg, 150mg, 300mg	2	MT
losartan potassium tabs 25mg, 50mg, 100mg	2	MT
olmesartan medoxomil tabs 5mg, 20mg, 40mg	2	MT
telmisartan tabs 20mg, 40mg, 80mg	2	MT
valsartan tabs 40mg, 80mg, 160mg, 320mg	2	MT
NTIADRENERGIC ANTIHYPERTENSIVES		
clonidine ptwk .1mg/24hr, .2mg/24hr,	2	MT
.3mg/24hr		
clonidine hcl tabs .1mg, .2mg, .3mg	2	MT
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	MT
guanfacine hcl tabs 1mg, 2mg	2	MT
methyldopa tabs 250mg, 500mg	2	
prazosin hcl caps 1mg, 2mg, 5mg	2	MT
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	2	MT
NTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10	2	MT
mg	_	
amlodipine besylate-benazepril hcl cap 5-10 mg	2	MT
amlodipine besylate-benazepril hcl cap 5-20	2	MT
mg		
amlodipine besylate-benazepril hcl cap 5-40	2	MT
mg		
amlodipine besylate-benazepril hcl cap 10-20	2	MT
mg		
amlodipine besylate-benazepril hcl cap 10-40	2	MT
mg		
amlodipine besylate-olmesartan medoxomil tab	2	MT
5-20 mg		
amlodipine besylate-olmesartan medoxomil tab	2	MT
5-40 mg		
amlodipine besylate-olmesartan medoxomil tab	2	MT
10-20 mg		
amlodipine besylate-olmesartan medoxomil tab	2	MT
10-40 mg		
amlodipine besylate-valsartan tab 5-160 mg	2	MT
amlodipine besylate-valsartan tab 5-320 mg	2	MT
amlodipine besylate-valsartan tab 10-160 mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-valsartan tab 10-320 mg	2	MT
amlodipine-valsartan-hydrochlorothiazide tab	2	MT
5-160-12.5 mg		
amlodipine-valsartan-hydrochlorothiazide tab	2	MT
5-160-25 mg		
amlodipine-valsartan-hydrochlorothiazide tab	2	MT
10-160-12.5 mg		
amlodipine-valsartan-hydrochlorothiazide tab	2	MT
10-160-25 mg		
amlodipine-valsartan-hydrochlorothiazide tab	2	MT
10-320-25 mg		
atenolol & chlorthalidone tab 50-25 mg	2	MT
atenolol & chlorthalidone tab 100-25 mg	2	MT
benazepril & hydrochlorothiazide tab 5-6.25 mg	, 2	MT
benazepril & hydrochlorothiazide tab 10-12.5	2	MT
mg		
benazepril & hydrochlorothiazide tab 20-12.5	2	MT
mg		
benazepril & hydrochlorothiazide tab 20-25 mg	2	MT
bisoprolol & hydrochlorothiazide tab 2.5-6.25	2	MT
mg		
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	MT
bisoprolol & hydrochlorothiazide tab 10-6.25	2	MT
mg		
candesartan cilexetil-hydrochlorothiazide tab	2	MT
16-12.5 mg		
candesartan cilexetil-hydrochlorothiazide tab	2	MT
32-12.5 mg		
candesartan cilexetil-hydrochlorothiazide tab	2	MT
32-25 mg		
captopril & hydrochlorothiazide tab 25-15 mg	2	MT
captopril & hydrochlorothiazide tab 25-25 mg	2	MT
captopril & hydrochlorothiazide tab 50-15 mg	2	MT
captopril & hydrochlorothiazide tab 50-25 mg	2	MT
enalapril maleate & hydrochlorothiazide tab 5-	2	MT
12.5 mg		
enalapril maleate & hydrochlorothiazide tab 10-	2	MT
25 mg		
fosinopril sodium & hydrochlorothiazide tab 10-	2	MT
12.5 mg		
fosinopril sodium & hydrochlorothiazide tab 20-	. 2	MT
12.5 mg		
irbesartan-hydrochlorothiazide tab 150-12.5 mg		MT
irbesartan-hydrochlorothiazide tab 300-12.5 mg	g 2	MT

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg	2	MT
lisinopril & hydrochlorothiazide tab 20-12.5 mg	2	MT
lisinopril & hydrochlorothiazide tab 20-25 mg	2	MT
losartan potassium & hydrochlorothiazide tab	2	MT
50-12.5 mg		
losartan potassium & hydrochlorothiazide tab	2	MT
100-12.5 mg		
losartan potassium & hydrochlorothiazide tab	2	MT
100-25 mg		
metoprolol & hydrochlorothiazide tab 50-25 mg	2	MT
metoprolol & hydrochlorothiazide tab 100-25	2	MT
mg		
metoprolol & hydrochlorothiazide tab 100-50	2	MT
mg		
olmesartan medoxomil-hydrochlorothiazide tab	2	MT
20-12.5 mg		
olmesartan medoxomil-hydrochlorothiazide tab	2	MT
40-12.5 mg		
olmesartan medoxomil-hydrochlorothiazide tab	2	MT
40-25 mg		
olmesartan-amlodipine-hydrochlorothiazide tab	2	MT
20-5-12.5 mg		
olmesartan-amlodipine-hydrochlorothiazide tab	2	MT
40-5-12.5 mg		
olmesartan-amlodipine-hydrochlorothiazide tab	2	MT
40-5-25 mg		
olmesartan-amlodipine-hydrochlorothiazide tab	2	MT
40-10-12.5 mg		
olmesartan-amlodipine-hydrochlorothiazide tab	2	MT
40-10-25 mg		
quinapril-hydrochlorothiazide tab 10-12.5 mg	2	MT
quinapril-hydrochlorothiazide tab 20-12.5 mg	2	MT
quinapril-hydrochlorothiazide tab 20-25 mg	2	MT
telmisartan-amlodipine tab 40-5 mg	2	MT
telmisartan-amlodipine tab 40-10 mg	2	MT
telmisartan-amlodipine tab 80-5 mg	2	MT
telmisartan-amlodipine tab 80-10 mg	2	MT
telmisartan-hydrochlorothiazide tab 40-12.5 mg		MT
telmisartan-hydrochlorothiazide tab 80-12.5 mg		MT
telmisartan-hydrochlorothiazide tab 80-25 mg	2	MT
trandolapril-verapamil hcl tab er 1-240 mg	2	MT
trandolapril-verapamil hel tab er 2-180 mg	2	MT
trandolapril-verapamil hel tab er 2-240 mg	2	MT
trandolapril-verapamil hel tab er 4-240 mg	2	MT
Tanadaphi vorapanii noi tab 61 4-240 mg		IVII

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	MT
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	MT
valsartan-hydrochlorothiazide tab 160-25 mg	2	MT
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	MT
valsartan-hydrochlorothiazide tab 320-25 mg	2	MT
RECT RENIN INHIBITORS		
aliskiren fumarate tabs 150mg, 300mg	2	MT
ELECTIVE ALDOSTERONE RECEPTOR ANT	AGONISTS	(SARAS)
eplerenone tabs 25mg, 50mg	2	MT
ASODILATORS		
hydralazine hcl tabs 10mg, 25mg, 50mg,	2	MT
100mg		
minoxidil tabs 2.5mg, 10mg	2	MT
IMALARIALS		
NTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
COARTEM TAB 20-120MG		
NTIMALARIALS		
ARAKODA TABS 100MG	4	
chloroquine phosphate tabs 250mg, 500mg	2	
hydroxychloroquine sulfate tabs 200mg	2	
KRINTAFEL TABS 150MG	4	
mefloquine hcl tabs 250mg	2	
primaquine phosphate tabs 26.3mg	2	
pyrimethamine tabs 25mg	 5	PA
quinine sulfate caps 324mg	2	
IMYASTHENIC/CHOLINERGIC AGENTS		
NTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10MG	5	PA; LD
pyridostigmine bromide soln 60mg/5ml; tabs	2	171, 20
60mg; tbcr 180mg	_	
IMYCOBACTERIAL AGENTS		
NTIMYCOBACTERIAL AGENTS		
cycloserine caps 250mg	2	
ethambutol hcl tabs 100mg, 400mg	2	
isoniazid syrp 50mg/5ml; tabs 100mg, 300mg	2	
PRETOMANID TABS 200MG	4	
PRIFTIN TABS 150MG	4	
pyrazinamide tabs 500mg	2	
rifabutin caps 150mg	2	
rifampin caps 150mg, 300mg	2	
าแลเทมแบ เสมราวบทเน. วบบทเน	_	

Drug Name	Drug Tier	Requirements/Limits
TRECATOR TABS 250MG	4	
TINEOPLASTICS AND ADJUNCTIVE THER/	APIES	
LKYLATING AGENTS		
cyclophosphamide caps 25mg, 50mg	2	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	4	
GLEOSTINE CAPS 10MG, 40MG, 100MG	4	
LEUKERAN TABS 2MG	4	
temozolomide caps 5mg, 20mg, 100mg,	5	PA
140mg, 180mg, 250mg		
NTIMETABOLITES		
capecitabine tabs 150mg, 500mg	5	
mercaptopurine tabs 50mg	2	
methotrexate sodium soln 1gm/40ml,	2	
50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg		
NTINEOPLASTIC - ANGIOGENESIS INHIBIT	TORS	
FRUZAQLA CAPS 1MG	5	PA, QL (84 caps every 28
•		days); LD
FRUZAQLA CAPS 5MG	5	PA, QL (21 caps every 28
•		days); LD
INLYTA TABS 1MG	5	PA, QL (240 tabs every 3
		days); LD
INLYTA TABS 5MG	5	PA, QL (120 tabs every 3
		days); LD
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA, QL (30 caps every 30
		days); LD
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA, QL (60 caps every 3
		days); LD
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA, QL (30 caps every 30
		days); LD
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA, QL (90 caps every 3
		days); LD
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA, QL (60 caps every 3
		days); LD
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 3
		days); LD
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30
		days); LD
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30
		days); LD
NTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50MG, 150MG	5	PA; LD
NTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg	5	PA, QL (60 tabs every 30
		days)

Drug Tier	Requirements/Limits
5	PA, QL (30 tabs every 30
	days)
5	PA, QL (60 tabs every 30
	days)
5	PA, QL (30 tabs every 30
	days)
5	PA, QL (30 tabs every 30
	days); LD
/ INHIBITOR	' S
5	PA, QL (28 caps every 28
	days); LD
ATED AGENT	rs
5	PA, QL (120 tabs every 30
	days)
5	PA, QL (60 tabs every 30
	days)
5	PA, QL (120 tabs every 30
	days)
5	PA, QL (60 tabs every 30
	days); LD
5	PA, QL (60 tabs every 30
	days); LD
1	ACA; MT
2	
4	
5	PA, QL (120 tabs every 30
	days); LD
5	PA, QL (30 tabs every 30
	days); LD
1	ACA; MT
2	MT
5	
5	LD
2	
j	
5	PA, QL (120 tabs every 30
	days); LD
5	PA, QL (90 tabs every 30
	days); LD
5	
5	PA, QL (30 tabs every 30 days); LD
5	PA, QL (30 tabs every 30
	PA, QL (30 tabs every 30 days); LD
	5 5 7 INHIBITOR 5 5 5 5 5 5 5 1 2 4 5 5 1 2 5 5 2 1

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPS 40MG	5	PA, QL (120 caps every 30
		days); LD
XTANDI TABS 40MG	5	PA, QL (120 tabs every 30
		days); LD
XTANDI TABS 80MG	5	PA, QL (60 tabs every 30
		days); LD
NTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	PA, QL (21 caps every 28
		days); LD
NTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TABS 25MG	5	PA, QL (240 tabs every 30
		days)
REVUFORJ TABS 110MG	5	PA, QL (120 tabs every 30
		days)
REVUFORJ TABS 160MG	5	PA, QL (60 tabs every 30
		days)
NTINEOPLASTIC - PDGFR-ALPHA INHIBIT	ORS	
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG,	, 5	PA, QL (30 tabs every 30
300MG		days); LD
NTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	5	PA, QL (49 tabs every 28
		days)
KISQALI 400 PAK FEMARA	5	PA, QL (70 tabs every 28
		days)
KISQALI 600 PAK FEMARA	5	PA, QL (91 tabs every 28
		days)
LONSURF TAB 15-6.14	5	PA; LD
LONSURF TAB 20-8.19	5	PA; LD
NTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150MG	5	PA, QL (240 caps every 3
		days); LD
AUGTYRO CAPS 40MG	5	PA, QL (240 caps every 3
		days); LD
AUGTYRO CAPS 160MG	5	PA, QL (60 caps every 30
		days)
BOSULIF CAPS 50MG	5	PA, QL (30 caps every 30
		days)
BOSULIF CAPS 100MG	5	PA, QL (180 caps every 30
		days)
BOSULIF TABS 100MG	5	PA, QL (90 tabs every 30
		days)
BOSULIF TABS 400MG, 500MG	5	PA, QL (30 tabs every 30
		days)

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAPS 80MG	5	PA, QL (120 caps every 30
		days); LD
CABOMETYX TABS 20MG, 40MG, 60MG	5	PA, QL (30 tabs every 30
		days); LD
CALQUENCE TABS 100MG	5	PA, QL (60 tabs every 30
•		days); LD
dasatinib tabs 20mg	5	PA, QL (90 tabs every 30
•		days)
dasatinib tabs 50mg, 70mg, 80mg, 100mg,	5	PA, QL (30 tabs every 30
140mg		days)
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg	5	PA, QL (28 tabs every 28
		days)
everolimus tbso 2mg, 5mg	5	PA, QL (56 tabs every 28
		days)
everolimus tbso 3mg	5	PA, QL (84 tabs every 28
-		days)
GAVRETO CAPS 100MG	5	PA, QL (120 caps every 30
		days); LD
IBRANCE CAPS 75MG, 100MG, 125MG	5	PA, QL (21 caps every 28
		days); LD
IBRANCE TABS 75MG, 100MG, 125MG	5	PA, QL (21 tabs every 28
		days); LD
IDHIFA TABS 50MG, 100MG	5	PA, QL (30 tabs every 30
		days); LD
imatinib mesylate tabs 100mg	5	PA, QL (90 tabs every 30
		days)
imatinib mesylate tabs 400mg	5	PA, QL (60 tabs every 30
		days)
IMBRUVICA CAPS 70MG	5	PA, QL (28 caps every 28
		days); LD
IMBRUVICA CAPS 140MG	5	PA, QL (90 caps every 30
		days); LD
IMBRUVICA SUSP 70MG/ML	5	PA, QL (324 mL every 30
		days); LD
IMBRUVICA TABS 140MG, 280MG, 420MG	5	PA, QL (28 tabs every 28
		days); LD
IMKELDI SOLN 80MG/ML	5	PA, QL (280 mL every 28
		days)
ITOVEBI TABS 3MG	5	PA, QL (56 tabs every 28
		days)
ITOVEBI TABS 9MG	5	PA, QL (28 tabs every 28
		days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	G 5	PA, QL (60 tabs every 30
		days); LD

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 50MG, 100MG	5	PA, QL (90 tabs every 30
		days); LD
KISQALI 200 MG DAILY DOSE TBPK 200MG	5	PA, QL (21 tabs every 28
		days)
KISQALI 400 MG DAILY DOSE TBPK 200MG	5	PA, QL (42 tabs every 28
		days)
KISQALI 600 MG DAILY DOSE TBPK 200MG	5	PA, QL (63 tabs every 28
		days)
KRAZATI TABS 200MG	5	PA, QL (180 tabs every 30
		days); LD
lapatinib ditosylate tabs 250mg	5	PA, QL (180 tabs every 30
		days)
LUMAKRAS TABS 120MG	5	PA, QL (240 tabs every 30
		days); LD
LUMAKRAS TABS 240MG	5	PA, QL (120 tabs every 30
		days)
LUMAKRAS TABS 320MG	5	PA, QL (90 tabs every 30
		days); LD
LYNPARZA TABS 100MG, 150MG	5	PA, QL (120 tabs every 30
		days); LD
MEKINIST SOLR .05MG/ML	5	PA; LD
MEKINIST TABS 2MG	5	PA, QL (30 tabs every 30
		days); LD
MEKINIST TABS.5MG	5	PA, QL (90 tabs every 30
		days); LD
OGSIVEO TABS 50MG	5	PA, QL (180 tabs every 30
		days); LD
OGSIVEO TABS 100MG, 150MG	5	PA, QL (60 tabs every 30
		days); LD
OJEMDA SUSR 25MG/ML	5	PA; LD
OJEMDA TABS 100MG	5	PA, QL (24 tabs per 28
		days); LD
OJJAARA TABS 100MG, 150MG, 200MG	5	PA, QL (30 tabs every 30
		days); LD
pazopanib hcl tabs 200mg	5	PA, QL (120 tabs every 30
		days); LD
REZLIDHIA CAPS 150MG	5	PA, QL (60 caps every 30
		days); LD
RUBRACA TABS 200MG, 250MG, 300MG	5	PA, QL (120 tabs every 30
		days); LD
sorafenib tosylate tabs 200mg	5	PA, QL (120 tabs every 30
		days)
SPRYCEL TABS 20MG	5	PA, QL (90 tabs every 30
		days)

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG,	5	PA, QL (30 tabs every 30
140MG		days)
STIVARGA TABS 40MG	5	PA, QL (84 tabs every 28
		days); LD
sunitinib malate caps 12.5mg, 25mg, 37.5mg,	5	PA, QL (28 caps every 28
50mg		days)
TAFINLAR CAPS 50MG, 75MG	5	PA, QL (120 caps every 30
		days); LD
TAFINLAR TBSO 10MG	5	PA; LD
TIBSOVO TABS 250MG	5	PA, QL (60 tabs every 30
		days); LD
torpenz tabs 2.5mg, 5mg, 7.5mg, 10mg	5	PA, QL (28 tabs every 28
		days)
TRUQAP TABS 160MG, 200MG	5	PA, QL (64 tabs every 28
TRUCAR TRRUCACONO COCCAS		days); LD
TRUQAP TBPK 160MG, 200MG	5	PA, QL (64 tabs every 28
VED TENIO TARO FOLMO 4000 40 4500 4500 4500 4500 4500 4500		days)
VERZENIO TABS 50MG, 100MG, 150MG,	5	PA, QL (56 tabs every 28
200MG		days); LD
VITRAKVI CAPS 25MG	5	PA, QL (180 caps every 30
VITRALOU CARCACONAC		days); LD
VITRAKVI CAPS 100MG	5	PA, QL (60 caps every 30
VITRAKVI SOLN 20MG/ML		days); LD
VITRAKVI SOLIN ZOMG/ML	5	PA, QL (300 mL every 30 days); LD
VONJO CAPS 100MG	5	PA, QL (120 caps every 30
VONJO CAPS IOUVIG	5	days); LD
VORANIGO TABS 10MG	5	PA, QL (60 tabs every 30
VORANIGO TABS IOWIG	3	days)
VORANIGO TABS 40MG	5	PA, QL (30 tabs every 30
VOICAIVIGO TABO FOIVIG	3	days)
XALKORI CAPS 200MG, 250MG	5	PA, QL (120 caps every 30
7. C.	Ü	days); LD
XALKORI CPSP 20MG, 50MG	5	PA, QL (240 caps every 30
		days); LD
XALKORI CPSP 150MG	5	PA, QL (180 caps every 30
		days); LD
ZEJULA TABS 100MG, 200MG, 300MG	5	PA, QL (30 tabs every 30
		days); LD
ZOLINZA CAPS 100MG	5	
ZYDELIG TABS 100MG, 150MG	5	PA, QL (60 tabs every 30
•		days); LD
TINEOPLASTICS MISC.		
ACTIMMUNE SOLN 100MCG/0.5ML	5	LD

Drug Name	Drug Tier	Requirements/Limits
BESREMI SOSY 500MCG/ML	5	PA; LD
bexarotene caps 75mg	5	
hydroxyurea caps 500mg	2	
tretinoin (chemotherapy) caps 10mg	2	
HEMOTHERAPY RESCUE/ANTIDOTE/PR	OTECTIVE A	GENTS
IWILFIN TABS 192MG	5	PA, QL (240 tabs every 30 days); LD
leucovorin calcium tabs 5mg, 10mg, 15mg,	2	
25mg		
mesna tabs 400mg	2	
MESNEX TABS 400MG	4	
ITOTIC INHIBITORS		
etoposide caps 50mg	2	
OPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	5	
IPARKINSON AND RELATED THERAPY	AGENTS	
NTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	2	MT
NOURIANZ TABS 20MG, 40MG	 5	
NTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	2	MT
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg,	2	MT
5mg	_	
NTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	2	MT
tolcapone tabs 100mg	2	MT
NTIPARKINSON DOPAMINERGICS		1411
amantadine hcl caps 100mg; soln 50mg/5ml,	. 2	MT
tabs 100mg	. 2	IVII
APOKYN SOCT 30MG/3ML	5	
apomorphine hydrochloride soct 30mg/3ml	5	
bromocriptine mesylate caps 5mg; tabs 2.5m		MT
carbamazepine chew 200mg	2	
carbamazepine susp 100mg/5ml, 200mg/10i		MT
carbidopa & levodopa orally disintegrating tal		
10-100 mg	_	
carbidopa & levodopa orally disintegrating tal	b 2	
25-100 mg	_	
carbidopa & levodopa orally disintegrating tal	b 2	
25-250 mg		
	2	
carbidopa & levodopa tab 10-100 mg	_	
carbidopa & levodopa tab 10-100 mg carbidopa & levodopa tab 25-100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-	2	MT
200 mg		
carbidopa-levodopa-entacapone tabs 18.75-75-	- 2	MT
200 mg		
carbidopa-levodopa-entacapone tabs 25-100-	2	MT
200 mg		
carbidopa-levodopa-entacapone tabs 31.25-	2	MT
125-200 mg		
carbidopa-levodopa-entacapone tabs 37.5-150-	- 2	MT
200 mg		
carbidopa-levodopa-entacapone tabs 50-200-	2	MT
200 mg		
DUOPA SUS 4.63-20	5	LD
KYNMOBI FILM 10MG, 15MG, 20MG, 25MG,	5	
30MG		N 4T
NEUPRO PT24 1MG/24HR, 2MG/24HR,	4	MT
3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR		
	2	MT
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg,	2	IVI I
.75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg		
ropinirole hydrochloride tabs .25mg, .5mg,	2	MT
1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg,	2	IVI I
6mg, 8mg, 12mg		
topiramate cpsp 50mg	2	MT
NTIPARKINSON MONOAMINE OXIDASE IN		1411
rasagiline mesylate tabs .5mg, 1mg	2	MT
selegiline hcl caps 5mg; tabs 5mg	2	MT
IPSYCHOTICS/ANTIMANIC AGENTS		IVII
NTIMANIC AGENTS		
lithium soln 8meq/5ml	2	
lithium carbonate caps 150mg, 300mg,	2	
600mg; tabs 300mg; tbcr 300mg, 450mg		
NTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg,	2	PA
120mg	_	DALLD
NUPLAZID CAPS 34MG; TABS 10MG	5	PA; LD
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	3	PA
ziprasidone hcl caps 20mg, 40mg, 60mg,	2	PA
80mg		

Drug Name	Drug Tier	Requirements/Limits
ENZISOXAZOLES		
FANAPT TABS 1MG, 2MG, 4MG, 6MG, 8MG,	4	PA
10MG, 12MG		
FANAPT PAK	4	PA
INVEGA HAFYERA SUSY 1092MG/3.5ML,	4	
1560MG/5ML		
INVEGA SUSTENNA SUSY 39MG/0.25ML,	4	
78MG/0.5ML, 117MG/0.75ML, 156MG/ML,		
234MG/1.5ML		
INVEGA TRINZA SUSY 273MG/0.88ML,	4	
410MG/1.32ML, 546MG/1.75ML,		
819MG/2.63ML		
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	2	PA
PERSERIS PRSY 90MG, 120MG	3	
risperidone soln 1mg/ml; tabs .25mg, .5mg,	2	PA
1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg,		
2mg, 3mg, 4mg		
risperidone microspheres srer 12.5mg, 25mg,	2	
37.5mg, 50mg		
RYKINDO SRER 25MG, 37.5MG, 50MG	4	
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML,	4	
100MG/0.28ML, 125MG/0.35ML,		
150MG/0.42ML, 200MG/0.56ML,		
250MG/0.7ML		
UTYROPHENONES		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg,	2	
20mg		
haloperidol lactate conc 2mg/ml	2	
IBENZAPINES		
asenapine maleate subl 2.5mg, 5mg, 10mg	2	PA
clozapine tabs 25mg, 50mg, 100mg, 200mg;	2	PA
tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg		
loxapine succinate caps 5mg, 10mg, 25mg,	2	
50mg	_	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg,	2	PA
15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	_	-
quetiapine fumarate tabs 25mg, 50mg, 100mg,	2	PA
150mg, 200mg, 300mg, 400mg; tb24 50mg,	_	-
150mg, 200mg, 300mg, 400mg		
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR,	4	PA
7.6MG/24HR	-	
ZYPREXA RELPREVV SUSR 210MG, 300MG,	4	
405MG	-	

Drug Name DIHYDROINDOLONES	Drug Tier	Requirements/Limits
molindone hcl tabs 5mg, 10mg, 25mg	2	
PHENOTHIAZINES		
chlorpromazine hcl conc 30mg/ml, 100mg/ml;	2	
tabs 10mg, 25mg, 50mg, 100mg, 200mg		
compro supp 25mg	2	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml	; 2	
tabs 1mg, 2.5mg, 5mg, 10mg	•	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	2	
prochlorperazine supp 25mg	2	
prochlorperazine maleate tabs 5mg, 10mg	2	
thioridazine hcl tabs 10mg, 25mg, 50mg,	2	
100mg		
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	2	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML,	4	
960MG/3.2ML		
ABILIFY MAINTENA PRSY 300MG, 400MG;	3	
SRER 300MG, 400MG		
aripiprazole soln 1mg/ml; tabs 2mg, 5mg,	2	PA
10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg		
ARISTADA PRSY 441MG/1.6ML,	3	
662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	_	
ARISTADA INITIO PRSY 675MG/2.4ML	3	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG,	4	PA
4MG		
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	2	
ITIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20mg/ml	5	QL (960 mL every 30 day
abacavir sulfate tabs 300mg	5	QL (60 tabs every 30 day
abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tabs every 30 day
APRETUDE SUER 600MG/3ML	1	QL (6 mL every 90 days);
		ACA; LD
APTIVUS CAPS 250MG	5	QL (120 caps every 30
		days)
atazanavir sulfate caps 150mg, 200mg	5	QL (60 caps every 30
		days)
atazanavir sulfate caps 300mg	5	QL (30 caps every 30
,		days)
BIKTARVY TAB	5	QL (30 tabs every 30 day
CIMDUO TAB 300-300	5	QL (30 tabs every 30 day
darunavir tabs 600mg	5	QL (60 tabs every 30 day

Drug Name	Drug Tier	Requirements/Limits
darunavir tabs 800mg	5	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	5	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	1	QL (30 tabs every 30
		days); ACA; \$0 copay
		when used for
		preexposure prevention of
		HIV infection. Specialty
		copay applies when used
		for HIV treatment
DOVATO TAB 50-300MG	5	QL (30 tabs every 30 days)
EDURANT TABS 25MG	5	QL (30 tabs every 30 days)
efavirenz caps 50mg	5	QL (480 caps every 30
		days)
efavirenz caps 200mg	5	QL (120 caps every 30
ofovirona tobo 600mg		days)
efavirenz tabs 600mg efavirenz-emtricitabine-tenofovir df tab 600-	<u> </u>	QL (30 tabs every 30 days) QL (30 tabs every 30 days)
200-300 mg	5	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300)- 4	QL (30 tabs every 30 days)
300 mg		, , , , ,
efavirenz-lamivudine-tenofovir df tab 600-300)- 5	QL (30 tabs every 30 days)
300 mg		
emtricitabine caps 200mg	5	QL (30 caps every 30
		days)
emtricitabine-tenofovir disoproxil fumarate tab	5	QL (30 tabs every 30 days)
100-150 mg		Ol (20 taba ayanı 20 daya)
emtricitabine-tenofovir disoproxil fumarate tab	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab	5	QL (30 tabs every 30 days)
167-250 mg	, 3	QL (50 tabs every 50 days)
emtricitabine-tenofovir disoproxil fumarate tab	5	QL (30 tabs every 30
200-300 mg		days); ACA
EMTRIVA SOLN 10MG/ML	5	QL (680 mL every 28 day)
etravirine tabs 100mg	5	QL (120 tabs every 30
		days)
etravirine tabs 200mg	5	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	5	QL (30 tabs every 30 days)
fosamprenavir calcium tabs 700mg	5	QL (120 tabs every 30
		days)
FUZEON SOLR 90MG	5	QL (60 vials every 30
		days); LD
GENVOYA TAB	5	QL (30 tabs every 30 days)
INTELENCE TABS 25MG	5	QL (120 tabs every 30
		days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25MG, 100MG	5	QL (180 tabs every 30
		days)
ISENTRESS PACK 100MG	5	QL (300 packets every 30
		days)
ISENTRESS TABS 400MG	5	QL (120 tabs every 30
		days)
ISENTRESS HD TABS 600MG	5	QL (60 tabs every 30 days)
KALETRA SOL	5	QL (320 mL every 24 days)
lamivudine soln 10mg/ml, 300mg/30ml	5	QL (900 mL every 30 days)
lamivudine tabs 150mg	5	QL (60 tabs every 30 days)
lamivudine tabs 300mg	5	QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	5	QL (60 tabs every 30 days)
LEXIVA SUSP 50MG/ML	5	QL (1575 mL every 28
		days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20	5	QL (320 mL every 24 days)
mg/ml)		
lopinavir-ritonavir tab 100-25 mg	5	QL (300 tabs every 30
		days)
lopinavir-ritonavir tab 200-50 mg	5	QL (150 tabs every 30
		days)
maraviroc tabs 150mg	5	QL (240 tabs every 30
		days)
maraviroc tabs 300mg	5	QL (120 tabs every 30
		days)
nevirapine susp 50mg/5ml	5	QL (1200 mL every 30
		days)
nevirapine tabs 200mg	5	QL (60 tabs every 30 days)
nevirapine tb24 100mg	5	QL (120 tabs every 30
		days)
nevirapine tb24 400mg	5	QL (30 tabs every 30 days)
NORVIR PACK 100MG	5	QL (360 packets every 30
		days)
ODEFSEY TAB	5	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	5	QL (30 tabs every 30 days)
PREZISTA SUSP 100MG/ML	5	QL (360 mL every 30 days)
PREZISTA TABS 75MG	5	QL (480 tabs every 30
		days)
PREZISTA TABS 150MG	5	QL (240 tabs every 30
		days)
REYATAZ PACK 50MG	5	QL (180 packets every 30
		days)
ritonavir tabs 100mg	5	QL (360 tabs every 30
		days)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN 20MG/ML	5	QL (1800 mL every 30
		days)
SELZENTRY TABS 25MG	5	QL (240 tabs every 30
		days)
SELZENTRY TABS 75MG	5	QL (120 tabs every 30
		days)
stavudine caps 15mg, 20mg	5	QL (120 caps every 30
		days)
stavudine caps 30mg, 40mg	5	QL (60 caps every 30
		days)
SUNLENCA TAB THERAPY PACK 4 X 300 MG	5	QL (8 tabs every year); LD
TBPK 300MG		
SUNLENCA TAB THERAPY PACK 5 X 300 MG	5	QL (10 tabs every year); LI
TBPK 300MG		
tenofovir disoproxil fumarate tabs 300mg	5	QL (30 tabs every 30 days
TIVICAY TABS 10MG, 25MG, 50MG	5	QL (60 tabs every 30 days
TIVICAY PD TBSO 5MG	5	QL (180 tabs every 30
		days)
TRIUMEQ PD TAB	5	QL (180 tabs every 30
		days)
TRIUMEQ TAB	5	QL (30 tabs every 30 days
TRIZIVIR TAB	5	QL (60 tabs every 30 days
TYBOST TABS 150MG	5	QL (30 tabs every 30 days
VIRACEPT TABS 250MG	5	QL (300 tabs every 30
		days)
VIRACEPT TABS 625MG	5	QL (120 tabs every 30
		days)
VIREAD POWD 40MG/GM	5	QL (240 gm every 30 days
VIREAD TABS 150MG, 200MG, 250MG	5	QL (30 tabs every 30 days
zidovudine caps 100mg	5	QL (180 caps every 30
, ,		days)
zidovudine syrp 50mg/5ml	5	QL (1680 mL every 28
, ,		days)
zidovudine tabs 300mg	5	QL (60 tabs every 30 days
NTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	4	QL (20 tabs every 5 days)
PAXLOVID TAB 300-100	4	QL (30 tabs every 5 days)
MV AGENTS	<u> </u>	\{ \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
valganciclovir hcl solr 50mg/ml; tabs 450mg	2	
EPATITIS AGENTS		
adefovir dipivoxil tabs 10mg	2	
BARACLUDE SOLN .05MG/ML	4	
entecavir tabs .5mg, 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 150-37.5	3	PA, QL (30 packets every
		30 days)
EPCLUSA PAK 200-50MG	3	PA, QL (60 packets every
		30 days)
EPCLUSA TAB 200-50MG	3	PA, QL (60 tabs every 30
		days)
EPCLUSA TAB 400-100	3	PA, QL (30 tabs every 30
		days)
HARVONI PAK	3	PA, QL (30 packets every
		30 days)
HARVONI PAK 45-200MG	3	PA, QL (30 packets every
		30 days)
HARVONI TAB 45-200MG	3	PA, QL (30 tabs every 30
		days)
HARVONI TAB 90-400MG	3	PA, QL (30 tabs every 30
		days)
lamivudine (hbv) tabs 100mg	2	
LEDIP-SOFOSB TAB 90-400MG	3	PA, QL (30 tabs every 30
		days)
PEGASYS SOLN 180MCG/ML; SOSY	5	LD
180MCG/0.5ML		
ribavirin (hepatitis c) caps 200mg; tabs 200mg	5	
SOFOS/VELPAT TAB 400-100	3	PA, QL (30 tabs every 30
		days)
VEMLIDY TABS 25MG	5	
VOSEVI TAB	3	PA, QL (30 tabs every 30
		days)
ERPES AGENTS		
acyclovir caps 200mg; susp 200mg/5ml,	2	
800mg/20ml; tabs 400mg, 800mg		
famciclovir tabs 125mg, 250mg, 500mg	2	
valacyclovir hcl tabs 1gm, 500mg	2	
FLUENZA AGENTS		
oseltamivir phosphate_caps 30mg	2	QL (20 caps every 180
, , , , , , , , , , , , , , , , , , , ,	_	days)
oseltamivir phosphate caps 45mg, 75mg	2	QL (10 caps every 180
,,	_	days)
oseltamivir phosphate susr 6mg/ml	2	QL (180 mL every 180
	_	days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (1 inhaler every 180
	•	days)
rimantadine hydrochloride tabs 100mg	2	
XOFLUZA TBPK 40MG, 80MG	4	QL (2 tabs every 180 days
ACT LOZA TOTAL TOTAL, CONTA		QL (Z tabs every 100 days

Drug Name MISC. ANTIVIRALS	Drug Tier	Requirements/Limits
LAGEVRIO CAPS 200MG	4	QL (40 caps every 5 days
TA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tabs 3.125mg, 6.25mg, 12.5mg,	2	MT
_25mg		
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	2	MT
labetalol hcl tabs 100mg, 200mg, 300mg	2	MT
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl caps 200mg, 400mg	2	MT
atenolol tabs 25mg, 50mg, 100mg	2	MT
betaxolol hcl tabs 10mg, 20mg	2	MT
bisoprolol fumarate tabs 5mg, 10mg	2	MT
metoprolol succinate tb24 25mg, 50mg,	2	MT
100mg, 200mg		
metoprolol tartrate tabs 25mg, 37.5mg, 50mg,	2	MT
75mg, 100mg		
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	2	MT
BETA BLOCKERS NON-SELECTIVE		
nadolol tabs 20mg, 40mg, 80mg	2	MT
pindolol tabs 5mg, 10mg	2	MT
propranolol hcl soln 20mg/5ml, 40mg/5ml;	2	MT
tabs 10mg, 20mg, 40mg, 60mg, 80mg		
sorine tabs 80mg, 120mg, 160mg, 240mg	2	MT
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	2	MT
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	2	MT
SOTYLIZE SOLN 5MG/ML	4	MT
timolol maleate tabs 5mg, 10mg, 20mg	2	MT
LCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	2	MT
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	MT
dilt-xr cp24 120mg, 180mg, 240mg	2	MT
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24	2	MT
120mg, 180mg, 240mg; tabs 30mg, 60mg,		
90mg, 120mg		
diltiazem hcl tb24 120mg, 180mg, 240mg,	2	
240mg/24hr, 300mg, 300mg/24hr, 360mg,		
420mg		
diltiazem hcl coated beads cp24 120mg,	2	MT
180mg, 240mg, 300mg, 360mg		

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cp24	2	MT
120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine tb24 2.5mg, 5mg, 10mg	2	MT
isradipine caps 2.5mg, 5mg	2	MT
matzim la tb24 180mg, 240mg, 300mg,	2	
360mg, 420mg		
nicardipine hcl caps 20mg, 30mg	2	MT
nifedipine caps 10mg, 20mg; tb24 30mg,	2	MT
60mg, 90mg		
nimodipine caps 30mg	2	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg,	2	MT
30mg, 34mg, 40mg		
taztia xt cp24 120mg, 180mg, 240mg, 300mg,	2	MT
360mg		
tiadylt er cp24 120mg, 180mg, 240mg, 300mg,	2	MT
360mg, 420mg		
verapamil hcl cp24 100mg, 120mg, 180mg,	2	MT
200mg, 240mg, 300mg, 360mg; tabs 40mg,		
80mg, 120mg; tbcr 120mg, 180mg, 240mg		
RDIOTONICS		
ARDIAC GLYCOSIDES		
digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg,	2	MT
250mcg		
RDIOVASCULAR AGENTS - MISC.		
ARDIAC MYOSIN INHIBITORS		
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	5	PA, QL (30 caps every 30
		days); LD
ARDIOVASCULAR AGENTS MISC COMBI	NATIONS	
amlodipine besylate-atorvastatin calcium tab	2	MT
2.5-10 mg		
amlodipine besylate-atorvastatin calcium tab	2	MT
2.5-20 mg		
amlodipine besylate-atorvastatin calcium tab	2	MT
2.5-40 mg		
amlodipine besylate-atorvastatin calcium tab 5-	2	MT
10 mg		
amlodipine besylate-atorvastatin calcium tab 5-	2	MT
20 mg		
amlodipine besylate-atorvastatin calcium tab 5-	2	MT
40 mg		
amlodipine besylate-atorvastatin calcium tab 5-	2	MT
80 mg		
amlodipine besylate-atorvastatin calcium tab	2	MT
10-10 mg		

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab	2	MT
10-20 mg		
amlodipine besylate-atorvastatin calcium tab	2	MT
10-40 mg		
amlodipine besylate-atorvastatin calcium tab	2	MT
10-80 mg		
ENTRESTO CAP 6-6MG	3	MT
ENTRESTO CAP 15-16MG	3	MT
ENTRESTO TAB 24-26MG	3	MT
ENTRESTO TAB 49-51MG	3	MT
ENTRESTO TAB 97-103MG	3	MT
isosorbide dinitrate-hydralazine hcl tab 20-37.5	5 2	
mg		
ROSTAGLANDIN VASODILATORS		
alprostadil soln 500mcg/ml	2	
epoprostenol sodium solr .5mg, 1.5mg	5	PA; LD
ORENITRAM TBCR .125MG, .25MG, 1MG,	5	PA; LD
2.5MG, 5MG		
ORENITRAM TAB MONTH 1	5	PA; LD
ORENITRAM TAB MONTH 2	5	PA; LD
ORENITRAM TAB MONTH 3	5	PA; LD
treprostinil soln 20mg/20ml, 50mg/20ml,	5	PA; LD
100mg/20ml, 200mg/20ml		
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	PA; LD
ULMONARY HYPERTENSION - ENDOTHEL	IN RECEPT	OR ANTAGONISTS
ambrisentan tabs 5mg, 10mg	5	PA
bosentan tabs 62.5mg, 125mg	5	PA; LD
OPSUMIT TABS 10MG	5	PA; LD
TRACLEER TBSO 32MG	5	PA; LD
ULMONARY HYPERTENSION - PHOSPHOL	DIESTERAS	
alyq tabs 20mg	5	PA, QL (60 tabs every 30
alyq tabb zomg	· ·	days)
sildenafil citrate (pulmonary hypertension) solr	n 5	PA
10mg/12.5ml		
sildenafil citrate (pulmonary hypertension) susa	r 5	PA, QL (180 mL every 30
10mg/ml	_	days)
sildenafil citrate (pulmonary hypertension) tabs	s 5	PA, QL (360 tabs every 30
20mg	-	days)
tadalafil (pulmonary hypertension) tabs 20mg	5	PA, QL (60 tabs every 30
, , , , , , , , , , , , , , , , , , , ,	-	days)
ULMONARY HYPERTENSION - SOL GUAN	YLATE CYC	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA; LD

Drug Name SINUS NODE INHIBITORS	Drug Tier	Requirements/Limits
CORLANOR SOLN 5MG/5ML	3	MT
ivabradine hcl tabs 5mg, 7.5mg	2	MT
VASOACTIVE SOLUBLE GUANYLATE CYCLA	ASE STIMUL	LATOR (SGC)
VERQUVO TABS 2.5MG, 5MG, 10MG	3	MT
EPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml,	2	
500mg/5ml; tabs 1gm		
cephalexin caps 250mg, 500mg; susr	2	
125mg/5ml, 250mg/5ml; tabs 250mg, 500mg		
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 125mg/5m	!, 2	
250mg/5ml, 375mg/5ml		
cefprozil susr 125mg/5ml, 250mg/5ml; tabs	2	
250mg, 500mg		
cefuroxime axetil tabs 250mg, 500mg	2	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml,	2	
250mg/5ml		
cefixime caps 400mg; susr 100mg/5ml,	2	
200mg/5ml		
cefpodoxime proxetil susr 50mg/5ml,	2	
100mg/5ml; tabs 100mg, 200mg		
ONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	1	ACA; MT
altavera tab	1	ACA; MT
alyacen tab 1/35	1	ACA; MT
alyacen tab 7/7/7	1	ACA; MT
amethia tab	1	ACA; MT
amethyst tab 90-20mcg	1	ACA; MT
apri tab	1	ACA; MT
aranelle tab	1	ACA; MT
ashlyna tab	1	ACA; MT
aubra eq tab 0.1-0.02	1	ACA; MT
aurovela 24 tab fe 1/20	1	ACA; MT
aurovela fe tab 1.5/30	1	ACA; MT
aurovela fe tab 1/20	1	ACA; MT
aurovela tab 1.5/30	1	ACA; MT
aurovela tab 1/20	1	ACA; MT
aviane tab	1	ACA; MT
ayuna tab	1	ACA; MT

Drug Name	Drug Tier	Requirements/Limits
azurette tab	1	ACA; MT
balziva tab	1	ACA; MT
blisovi 24 tab fe 1/20	1	ACA; MT
blisovi fe tab 1.5/30	1	ACA; MT
blisovi fe tab 1/20	1	ACA; MT
briellyn tab	1	ACA; MT
camrese lo tab	1	ACA; MT
camrese tab	1	ACA; MT
charlotte 24 chw fe 1/20	1	ACA; MT
chateal eq tab 0.15/30	1	ACA; MT
cryselle-28 tab 28 tabs	1	ACA; MT
cyred eq tab	1	ACA; MT
dasetta tab 1/35	1	ACA; MT
dasetta tab 7/7/7	1	ACA; MT
daysee tab	1	ACA; MT
delyla tab 0.1-0.02	1	ACA; MT
desogest-eth estrad & eth estrad tab 0.15-	1	ACA; MT
0.02/0.01 mg(21/5)		,
dolishale tab 90-20mcg	1	ACA; MT
drospirenone-ethinyl estrad-levomefolate tab	1	ACA; MT
3-0.02-0.451 mg		,
drospirenone-ethinyl estrad-levomefolate tab	1	ACA; MT
3-0.03-0.451 mg		,
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	ACA; MT
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	ACA; MT
elinest tab	1	ACA; MT
enpresse-28 tab	1	ACA; MT
enskyce tab	1	ACA; MT
estarylla tab 0.25-35	1	ACA; MT
ethynodiol diacetate & ethinyl estradiol tab 1	1	ACA; MT
mg-35 mcg		,
ethynodiol diacetate & ethinyl estradiol tab 1	1	ACA; MT
mg-50 mcg		,
falmina tab	1	ACA; MT
feirza tab 1.5/30	1	ACA; MT
feirza tab 1/20	1	ACA; MT
FEMLYV TAB 1/0.02MG	1	ACA; MT
finzala chw fe 1/20	1	ACA; MT
gemmily cap 1/20	1	ACA; MT
hailey 24 tab fe	1	ACA; MT
hailey fe tab 1.5/30	1	ACA; MT
hailey fe tab 1/20	<u>.</u>	ACA; MT
hailey tab 1.5/30	1	ACA; MT
iclevia tab	1	ACA; MT

Drug Name	Drug Tier	Requirements/Limits
introvale tab	1	ACA; MT
isibloom tab	1	ACA; MT
jaimiess tab	1	ACA; MT
jasmiel tab 3-0.02mg	1	ACA; MT
jolessa tab	1	ACA; MT
joyeaux tab 0.1-20	1	ACA; MT
juleber tab	1	ACA; MT
junel 1.5/30 tab	1	ACA; MT
junel 1/20 tab	1	ACA; MT
junel fe 24 tab 1/20	1	ACA; MT
junel fe tab 1.5/30	1	ACA; MT
junel fe tab 1/20	1	ACA; MT
kaitlib fe chw	1	ACA; MT
kalliga tab	1	ACA; MT
kariva tab 28 day	1	ACA; MT
kelnor 1/50 tab	1	ACA; MT
kelnor tab 1/35	1	ACA; MT
kurvelo tab 0.15/30	1	ACA; MT
larin 24 tab fe 1/20	1	ACA; MT
larin fe tab 1.5/30	1	ACA; MT
larin fe tab 1/20	1	ACA; MT
larin tab 1.5/30	1	ACA; MT
larin tab 1/20	1	ACA; MT
layolis fe chw	1	ACA; MT
leena tab	1	ACA; MT
lessina tab	1	ACA; MT
levonest tab	1	ACA; MT
levonor-eth est tab 0.15-0.02/0.025/0.03 mg	1	ACA; MT
ð est 0.01 mg		·
levonorg-eth est tab 0.1-0.02mg(84) & eth est	1	ACA; MT
tab 0.01mg(7)		
levonorg-eth est tab 0.15-0.03mg(84) & eth est	1	ACA; MT
tab 0.01mg(7)		
levonorgestrel & ethinyl estradiol (91-day) tab	1	ACA; MT
0.15-0.03 mg		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20	1	ACA; MT
mcg		
levonorgestrel & ethinyl estradiol tab 0.15 mg-	1	ACA; MT
30 mcg		
levonorgestrel-eth estra tab 0.05-30/0.075-	1	ACA; MT
40/0.125-30mg-mcg		
levonorgestrel-ethinyl estradiol (continuous)	1	ACA; MT
tab 90-20 mcg		

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-	1	ACA; MT
20 mcg (21)		
levora-28 tab 0.15/30	1	ACA; MT
LO LOESTRIN TAB 1-10-10	1	ACA; MT
lo-zumandimi tab 3-0.02mg	1	ACA; MT
loestrin 21 tab 1.5/30	1	ACA; MT
loestrin fe tab 1.5/30	1	ACA; MT
loestrin fe tab 1/20	1	ACA; MT
loestrin tab 1/20-21	1	ACA; MT
lojaimiess tab	1	ACA; MT
loryna tab 3-0.02mg	1	ACA; MT
low-ogestrel tab	1	ACA; MT
lutera tab	1	ACA; MT
marlissa tab 0.15/30	1	ACA; MT
merzee cap 1/20	1	ACA; MT
mibelas 24 chw fe	1	ACA; MT
micrgstin 24 tab fe 1/20	1	ACA; MT
microgestin tab 1.5/30	1	ACA; MT
microgestin tab 1/20	1	ACA; MT
microgestin tab fe1.5/30	1	ACA; MT
microgestin tab fe 1/20	1	ACA; MT
mili tab 0.25/35	1	ACA; MT
minzoya tab 0.1-20	1	ACA; MT
mono-linyah tab 0.25-35	1	ACA; MT
NATAZIA TAB	1	ACA; MT
necon tab 0.5/35	1	ACA; MT
NEXTSTELLIS TAB 3-14.2MG	1	ACA; MT
nikki tab 3-0.02mg	1	ACA; MT
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	ACA; MT
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	ACA; MT
norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg	1	ACA; MT
norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg	1	ACA; MT
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	ACA; MT
ng-30 mcg norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	ACA; MT
norethindrone ace & ethinyl estradiol-fe tab 1.5	1	ACA; MT
mg-30 mcg norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	ACA; MT

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe cap 1	1	ACA; MT
mg-20 mcg (24)		
norgestimate & ethinyl estradiol tab 0.25 mg-35	5 1	ACA; MT
mcg		
norgestimate-eth estrad tab 0.18-25/0.215-	1	ACA; MT
25/0.25-25 mg-mcg		
norgestimate-eth estrad tab 0.18-35/0.215-	1	ACA; MT
35/0.25-35 mg-mcg		
nortrel tab 0.5/35	1	ACA; MT
nortrel tab 1/35	1	ACA; MT
nortrel tab 7/7/7	1	ACA; MT
nylia tab 1/35	1	ACA; MT
nylia tab 7/7/7	1	ACA; MT
nymyo tab 0.25-35	1	ACA; MT
ocella tab 3-0.03mg	1	ACA; MT
philith tab 0.4-35	1	ACA; MT
pimtrea tab	1	ACA; MT
portia-28 tab	1	ACA; MT
reclipsen tab	1	ACA; MT
rivelsa tab	1	ACA; MT
setlakin tab	1	ACA; MT
simliya tab 28 day	1	ACA; MT
simpesse tab	1	ACA; MT
sprintec 28 tab 28 day	1	ACA; MT
sronyx tab	1	ACA; MT
syeda tab 3-0.03mg	1	ACA; MT
tarina 24 fe tab	1	ACA; MT
tarina fe tab 1/20 eq	1	ACA; MT
taysofy cap 1/20	1	ACA; MT
tilia fe tab	1	ACA; MT
tri-estaryll tab	1	ACA; MT
tri-legest tab fe	1	ACA; MT
tri-linyah tab	1	ACA; MT
tri-lo tab estaryll	1	ACA; MT
tri-lo- tab marzia	1	ACA; MT
tri-lo- tab sprintec	1	ACA; MT
tri-lo-mili tab	1	ACA; MT
tri-mili tab	1	ACA; MT
tri-nymyo tab	<u>·</u> 1	ACA; MT
tri-sprintec tab	<u>·</u>	ACA; MT
tri-vylibra tab	<u>·</u> 1	ACA; MT
tri-vylibra tab lo	<u>.</u> 1	ACA; MT
trivora-28 tab	<u>'</u> 1	ACA; MT
1rivora-28 ian		

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a. // .
QL (1 ring every 300 days
ACA; MT
QL (13 rings every 300
days); ACA; MT
QL (13 rings every 300
days); ACA; MT
QL (13 rings every 300
days); ACA; MT
QL (13 rings every 300
days); ACA; MT
, , ,
QL (1 IUD every 300 days)
ACA
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OTC; ACA
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OTC; ACA
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Drug Name	Drug Tier	Requirements/Limits
levonorgestrel (emergency oc) tabs 1.5mg	1	OTC; ACA
my choice tabs 1.5mg	1	OTC; ACA
my way tabs 1.5mg	1	OTC; ACA
new day tabs 1.5mg	1	OTC; ACA
opcicon one-step tabs 1.5mg	1	OTC; ACA
option 2 tabs 1.5mg	1	OTC; ACA
react tabs 1.5mg	1	OTC; ACA
take action tabs 1.5mg	1	OTC; ACA
ROGESTIN CONTRACEPTIVES - IMPLANT	S	
NEXPLANON IMPL 68MG	1	QL (1 implant every 300 days); ACA
ROGESTIN CONTRACEPTIVES - INJECTAL	BLE	
DEPO-SUBQ PROVERA 104 SUSY	1	QL (1 injection every 75
104MG/0.65ML		days); ACA
medroxyprogesterone acetate (contraceptive)	1	QL (4 injections every 300
susp 150mg/ml; susy 150mg/ml		days); ACA
ROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	1	QL (1 IUD every 300 days)
LUETTA UID OO MAOO (DAY		ACA COLUMN
LILETTA IUD 20.1MCG/DAY	1	QL (1 IUD every 300 days) ACA
MIRENA IUD 20MCG/DAY	1	QL (1 IUD every 300 days)
CIVILA ILID 10 FMC		ACA
SKYLA IUD 13.5MG	1	QL (1 IUD every 300 days) ACA
ROGESTIN CONTRACEPTIVES - ORAL		
camila tabs .35mg	1	ACA; MT
deblitane tabs .35mg	1	ACA; MT
emzahh tabs .35mg	1	ACA; MT
errin tabs .35mg	1	ACA; MT
heather tabs .35mg	1	ACA; MT
incassia tabs .35mg	1	ACA; MT
jencycla tabs .35mg	1	ACA; MT
lyleq tabs .35mg	1	ACA; MT
lyza tabs .35mg	1	ACA; MT
nora-be tabs .35mg	1	ACA; MT
norethindrone (contraceptive) tabs .35mg	1	ACA; MT
norlyroc tabs .35mg	1	ACA; MT
OPILL TABS .075MG	1	OTC; ACA
sharobel tabs .35mg	1	ACA; MT
SLYND TABS 4MG	1	ACA; MT
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Drug Name	Drug Tier	Requirements/Limits
RTICOSTEROIDS		
LUCOCORTICOSTEROIDS		
AGAMREE SUSP 40MG/ML	5	PA; LD
budesonide cpep 3mg; tb24 9mg	2	
deflazacort susp 22.75mg/ml	5	PA; LD
deflazacort tabs 6mg, 18mg, 30mg, 36mg	5	PA
dexamethasone elix .5mg/5ml; soln .5mg/5ml;	2	
tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
hydrocortisone tabs 5mg, 10mg, 20mg	2	
methylprednisolone tabs 4mg, 8mg, 16mg,	2	
32mg; tbpk 4mg		
millipred tabs 5mg	2	
prednisolone soln 15mg/5ml; tabs 5mg	2	
prednisolone sodium phosphate soln 5mg/5ml	. 2	
15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg		
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg,	2	
5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg		
TARPEYO CPDR 4MG	5	PA, QL (120 caps every 3 days); LD
INERALOCORTICOIDS		
fludrocortisone acetate tabs .1mg	2	MT
JGH/COLD/ALLERGY		
NTITUSSIVES		
benzonatate caps 100mg, 150mg, 200mg	2	
hydrocodone bitart-homatropine methylbrom	2	
soln 5-1.5 mg/5ml		
hydrocodone bitart-homatropine	2	
methylbromide tab 5-1.5 mg		
hydromet syp 5-1.5/5	2	
OUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm sol 2-30-10	2	
hydrocod polst-chlorphen polst er susp 10-8	2	
mg/5ml		
prometh vc syp 6.25-5/5	2	
prometh vc/ syp codeine	2	
promethazine & phenylephrine syrup 6.25-5	2	
mg/5ml	_	
promethazine w/ codeine syrup 6.25-10	2	
mg/5ml	_	
promethazine-dm syrup 6.25-15 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10	2	
mg/5ml	_	

Drug Name XPECTORANTS	Drug Tier	Requirements/Limits
potassium iodide (expectorant) soln 1gm/ml	2	
IISC. RESPIRATORY INHALANTS		
nebusal nebu 3%	2	
pulmosal nebu 7%	2	
sodium chloride (inhalant) nebu .9%, 3%, 7%,	2	
10%		
NUCOLYTICS		
acetylcysteine soln 10%, 20%	2	
RMATOLOGICALS		
CNE PRODUCTS		
accutane caps 10mg, 20mg, 30mg, 40mg	2	
adapalene crea .1%; gel .3%	2	
adapalene-benzoyl peroxide gel 0.1-2.5%	2	
adapalene-benzoyl peroxide gel 0.3-2.5%	2	
amnesteem caps 10mg, 20mg, 30mg, 40mg	2	
avita crea .025%	2	PA
benzoyl peroxide-erythromycin gel 5-3%	2	
claravis caps 10mg, 20mg, 30mg, 40mg	2	
clindacin foam 1%	2	QL (200 gm every 30 days
clindacin etz pledgets swab 1%	2	
clindacin-p swab 1%	2	
clindamycin phosphate (topical) foam 1%	2	QL (200 gm every 30 days
clindamycin phosphate (topical) gel 1%	2	QL (240 gm every 30 days
clindamycin phosphate (topical) gel 1%; lotn 1%; soln 1%	2	QL (240 mL every 30 days
clindamycin phosphate (topical) swab 1%	2	
ery pads 2%	2	
erythromycin (acne aid) gel 2%	2	QL (180 gm every 30 days
erythromycin (acne aid) soln 2%	2	
isotretinoin caps 10mg, 20mg, 30mg, 40mg	2	
sulfacetamide sodium (acne) lotn 10%	2	
tretinoin crea .025%, .05%, .1%; gel .01%,	2	PA
.025%, .05%		
zenatane caps 10mg, 20mg, 30mg, 40mg	2	
NTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	4	
gentamicin sulfate (topical) crea .1%; oint .1%	2	QL (90 gm every 30 days)
mupirocin oint 2%	2	QL (90 gm every 30 days)
NTIFUNGALS - TOPICAL		
ciclodan soln 8%	2	
ciclopirox sham 1%; soln 8%	2	

Drug Name	Drug Tier	Requirements/Limits
clotrimazole (topical) crea 1%; soln 1%	2	
clotrimazole w/ betamethasone cream 1-0.05%	2	
econazole nitrate crea 1%	2	QL (255 gm every 30 days)
ERTACZO CREA 2%	4	
ketoconazole (topical) crea 2%	2	QL (120 gm every 30 days)
ketoconazole (topical) sham 2%	2	QL (240 mL every 30 days)
klayesta powd 100000unit/gm	2	QL (180 gm every 30 days)
naftifine hcl crea 1%, 2%	2	-
nyamyc powd 100000unit/gm	2	QL (180 gm every 30 days)
nystatin (topical) crea 100000unit/gm; oint	2	QL (90 gm every 30 days)
100000unit/gm		
nystatin (topical) powd 100000unit/gm	2	QL (180 gm every 30 days)
nystatin-triamcinolone cream 100000-0.1	2	
unit/gm-%		
nystatin-triamcinolone oint 100000-0.1	2	
unit/gm-%		
nystop powd 100000unit/gm	2	QL (180 gm every 30 days)
oxiconazole nitrate crea 1%	2	QL (90 gm every 30 days)
sulconazole nitrate crea 1%	2	
NTINEOPLASTIC OR PREMALIGNANT LESI	ON AGENT	S - TOPICAL
diclofenac sodium (actinic keratoses) gel 3%	2	QL (100 gm every 30 days)
fluorouracil (topical) crea 5%; soln 2%, 5%	2	
NTIPRURITICS - TOPICAL		
doxepin hcl (antipruritic) crea 5%	2	QL (90 gm every 30 days)
NTIPSORIATICS		t = (a a give a control of control
acitretin caps 10mg, 17.5mg, 25mg	2	
calcipotriene soln .005%	2	QL (240 mL every 30 days
calcitriol (topical) oint 3mcg/gm	2	QL (L+0 IIIL overy 00 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	<u>2</u>	PA, QL (1 syringe every 28
OCCENTIA COOT FORMA, C.O. NIE, TOOMA, WIE	J	days); LD
COSENTYX 300MG DOSE SOSY 150MG/ML	5	PA, QL (2 syringes every
COCENT IX COOM A BOOL COOT TOOMA, WE	J	28 days); LD
COSENTYX SENSOREADY PEN SOAJ	5	PA, QL (1 pen every 28
150MG/ML	Ü	days); LD
COSENTYX SENSOREADY PEN 300MG DOSE	5	PA, QL (2 pens every 28
SOAJ 150MG/ML	O	days); LD
COSENTYX UNOREADY SOAJ 300MG/2ML	5	PA, QL (1 pen every 28
OCCUPATION CONTRACTOR	Ü	days); LD
methoxsalen rapid caps 10mg	2	· y - y
SKYRIZI SOSY 150MG/ML	5	PA, QL (1 syringe every 84
The state of the s	J	days)
SKYRIZI PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 84
The second second with the second sec	•	days)

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84
		days)
STELARA SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84
		days)
STELARA SOSY 90MG/ML	5	PA, QL (1 syringe every 56
		days)
TREMFYA SOSY 100MG/ML	5	PA, QL (1 syringe every 56
		days)
TREMFYA PEN SOAJ 100MG/ML	5	PA, QL (1 pen every 56
		days)
NTISEBORRHEIC PRODUCTS		
selenium sulfide lotn 2.5%	2	
NTIVIRALS - TOPICAL		
acyclovir topical oint 5%	2	
penciclovir crea 1%	2	
JRN PRODUCTS		
mafenide acetate pack 5%	2	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
SULFAMYLON CREA 85MG/GM	4	
ORTICOSTEROIDS - TOPICAL		
ala-cort crea 1%	2	
alclometasone dipropionate oint .05%	2	
amcinonide lotn .1%	2	
betamethasone dipropionate (topical) crea	2	
.05%; lotn .05%		
betamethasone dipropionate augmented crea	2	
.05%; lotn .05%		
betamethasone valerate crea .1%; lotn .1%	2	
calcipotriene-betamethasone dipropionate oin	t 2	QL (400 gm every 30 days
0.005-0.064%		
clobetasol propionate crea .05%	2	QL (240 gm every 30 days
clobetasol propionate lotn .05%; sham .05%	2	QL (236 mL every 30 days
clobetasol propionate soln .05%	2	QL (200 mL every 30 days
clodan sham .05%	2	QL (236 mL every 30 days
desonide crea .05%; lotn .05%; oint .05%	2	
desoximetasone crea .05%, .25%	2	
diflorasone diacetate crea .05%	2	QL (120 gm every 30 days)
fluocinolone acetonide crea .01%, .025%; oint	2	QL (240 gm every 30 days
.025%		
fluocinolone acetonide oil .01%	2	
nuocinolone acelonide oil.or/		
fluocinolone acetonide on .01%	2	QL (240 mL every 30 days
	2	QL (240 mL every 30 days QL (120 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide soln .05%	2	QL (240 mL every 30 days)
fluocinonide emulsified base crea .05%	2	
fluticasone propionate crea .05%; oint .005%	2	
halobetasol propionate crea .05%; oint .05%	2	
hydrocortisone (topical) crea 1%, 2.5%; lotn	2	
2.5%; oint 1%, 2.5%		
hydrocortisone butyrate crea .1%; oint .1%; soln .1%	2	
hydrocortisone butyrate hydrophilic lipo base crea .1%	2	
hydrocortisone valerate crea .2%; oint .2%	2	
mometasone furoate crea .1%; oint .1%; soln .1%	2	
pramoxine-hc cream 1-2.5%	2	
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%, .5%	2	QL (454 gm every 30 days)
triamcinolone acetonide (topical) lotn .025%,	2	QL (120 mL every 30 days)
.1%		21 (17)
trianex oint .05%	2	QL (454 gm every 30 days)
triderm crea .5%	2	QL (454 gm every 30 days)
tritocin oint .05%	2	QL (454 gm every 30 days)
CZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML,	5	PA, QL (4 pens every 28
300MG/2ML; SOSY 100MG/0.67ML,		days)
200MG/1.14ML, 300MG/2ML		
NZYMES - TOPICAL		
SANTYL OINT 250UNIT/GM	4	QL (180 gm every 30 days)
IAIR GROWTH AGENTS		
finasteride (alopecia) tabs 1mg	2	
MMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 5%	2	
MMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus (topical) oint .03%, .1%	2	
KERATOLYTIC/ANTIMITOTIC AGENTS		
	2	
podofilox soln .5%		
OCAL ANESTHETICS - TOPICAL		
glydo prsy 2%	2	
lidocaine oint 5%	2	QL (100 gm every 30 days)
lidocaine ptch 5%	2	QL (90 patches every 30 days)
lidocaine hcl gel 2%; prsy 2%; soln 4%	2	
lidocaine-prilocaine cream 2.5-2.5%	2	QL (60 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lidocan ptch 5%	2	QL (90 patches every 30 days)
SYNERA DIS 70-70MG	4	
tridacaine ii ptch 5%	2	QL (90 patches every 30 days)
OSACEA AGENTS		
metronidazole (topical) gel .75%, 1%; lotn .75%	2	
CABICIDES & PEDICULICIDES		
malathion lotn .5%	2	
permethrin crea 5%	2	
spinosad susp.9%	2	
GNOSTIC PRODUCTS		
IAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC SOLR 1MG	3	
IAGNOSTIC TESTS		
ONETOUCH TES ULT BLUE	3	QL (100 strips every 30
	_	days), OTC
ONETOUCH TES ULTRA	3	QL (100 strips every 30
		days), OTC
		• • • • • • • • • • • • • • • • • • • •
ONETOUCH TES VERIO	3	QL (100 strips every 30
ONETOUCH TES VERIO	3	QL (100 strips every 30 days), OTC
		days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN		days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN UTRITIONAL SUPPLEMENTS	T PRODUC	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN UTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI	T PRODUC	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN OUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE	T PRODUC	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN OUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT	4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN OUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15	4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN OUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT	4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE	4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15	4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN BUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE	4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU	4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH	4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5	4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10	4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10 GLYTACTIN POW TROPICAL	4 4 4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10 GLYTACTIN POW TROPICAL HCU EASY TAB	4 4 4 4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN OUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10 GLYTACTIN POW TROPICAL HCU EASY TAB HCU EXPRESS PAK 15+ UNFL	4 4 4 4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10 GLYTACTIN POW TROPICAL HCU EASY TAB HCU EXPRESS PAK 20+ UNFL	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10 GLYTACTIN POW TROPICAL HCU EASY TAB HCU EXPRESS PAK 15+ UNFL HOMACTIN AA POW PLUS	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	days), OTC
TARY PRODUCTS/DIETARY MANAGEMEN IUTRITIONAL SUPPLEMENTS CAM PRO COMP BAR GLYTACTI GLYTAC COMPL BAR 10PE GLYTACTIN PAK BTMK/DLT GLYTACTIN PAK SWIRL 15 GLYTACTIN POW APPLE GLYTACTIN POW BD 20/20 GLYTACTIN POW BETMLK15 GLYTACTIN POW BLD 10PE GLYTACTIN POW BLD PKU GLYTACTIN POW PUNCH GLYTACTIN POW RESTOR 5 GLYTACTIN POW RST LT10 GLYTACTIN POW TROPICAL HCU EASY TAB HCU EXPRESS PAK 20+ UNFL	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	days), OTC

Drug Name	Drug Tier	Requirements/Limits
PKU EASY TAB MICROTAB	4	
PKU EASY TAB PLUS	4	
PKU EXPRESS PAK 15+ LEMO	4	
PKU EXPRESS PAK 15+ ORAN	4	
PKU EXPRESS PAK 15+ RASP	4	
PKU EXPRESS PAK 15+ TROP	4	
PKU EXPRESS PAK 15+ UNFL	4	
PKU EXPRESS PAK 20+ RASP	4	
PKU EXPRESS PAK 20+ TROP	4	
PKU EXPRESS PAK 20+ UNFL	4	
PKU EXPRESS PAK 20+LEMON	4	
PKU EXPRESS PAK 20+ORANG	4	
TYLACTIN COM BAR 15 PE	4	
TYLACTIN POW BLD 20PE	4	
TYLACTIN POW RESTOR5	4	
TYR EASY TAB	4	
TYR EXPRESS PAK 15+ UNFL	4	
TYR EXPRESS PAK 20+ UNFL	4	
VILACTIN AA POW PLUS	4	
GESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
SUCRAID SOLN 8500UNIT/ML	5	PA, QL (472 mL (4 bottles
33317 ND 33217 3333317 NIE	· ·	every 30 days); LD
ZENPEP CAP 3000UNIT	3	0.0.9 00 0.0.90, 22
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	
URETICS		
CARBONIC ANHYDRASE INHIBITORS		NAT.
acetazolamide cp12 500mg; tabs 125mg,	2	MT
250mg		D.A.
dichlorphenamide tabs 50mg	5	PA
methazolamide tabs 25mg, 50mg	2	MT
ormalvi tabs 50mg	5	PA; LD

Drug Name DIURETIC COMBINATIONS	Drug Tier	Requirements/Limits
amiloride & hydrochlorothiazide tab 5-50 mg	2	MT
spironolactone & hydrochlorothiazide tab 25-25 mg	5 2	MT
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	MT
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	MT
triamterene & hydrochlorothiazide tab 75-50 mg	2	MT
LOOP DIURETICS		
bumetanide tabs .5mg, 1mg, 2mg	2	MT
ethacrynic acid tabs 25mg	2	MT
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	2	MT
torsemide tabs 5mg, 10mg, 20mg, 100mg	2	MT
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	2	MT
spironolactone tabs 25mg, 50mg, 100mg	2	MT
triamterene caps 50mg, 100mg	2	MT
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	2	MT
DIURIL SUSP 250MG/5ML	4	MT
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	2	MT
indapamide tabs 1.25mg, 2.5mg	2	MT
metolazone tabs 2.5mg, 5mg, 10mg	2	MT
IDOCRINE AND METABOLIC AGENTS - MISC	.	
ADRENAL STEROID INHIBITORS ISTURISA TABS 1MG, 5MG	5	PA; LD
RECORLEV TABS 150MG	<u>5</u>	PA; LD
BONE DENSITY REGULATORS		FA, LD
alendronate sodium soln 70mg/75ml; tabs	2	MT
5mg, 10mg, 35mg, 70mg	2	IVI I
calcitonin (salmon) soln 200unit/act	2	MT
calcitonin (salmon) soln 200unit/ml	2	1711
ibandronate sodium tabs 150mg	2	MT
risedronate sodium tabs 5mg, 35mg, 150mg;	2	MT
tbec 35mg	_	1711
risedronate sodium tabs 30mg	2	
teriparatide sopn 560mcg/2.24ml	 5	
TYMLOS SOPN 3120MCG/1.56ML	5	LD

Drug Name	rug Tier <i>TS</i>	Requirements/Limits
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG,	5	PA; LD
30MG		
ROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	5	PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG,	5	PA
.6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG,		
2MG		
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML,	5	PA
10MG/1.5ML, 15MG/1.5ML, 30MG/3ML		
DRMONE RECEPTOR MODULATORS		
OSPHENA TABS 60MG	4	MT
raloxifene hcl tabs 60mg	1	ACA; MT
ETABOLIC MODIFIERS		
betaine powder for oral solution	5	LD
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	2	MT
cinacalcet hcl tabs 30mg, 60mg, 90mg	 5	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	2	MT
javygtor pack 100mg, 500mg; tabs 100mg	5	
levocarnitine (metabolic modifiers) soln	2	MT
1gm/10ml; tabs 330mg		
MYALEPT SOLR 11.3MG	5	PA; LD
nitisinone caps 2mg, 5mg, 10mg, 20mg	5	,
NITYR TABS 2MG, 5MG, 10MG	5	LD
OPFOLDA CAPS 65MG	5	PA; LD
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML,	5	PA; LD
20MG/ML		,
paricalcitol caps 1mcg, 2mcg, 4mcg	2	MT
sapropterin dihydrochloride pack 100mg,	5	
500mg; tabs 100mg		
sodium phenylbutyrate powd 3gm/tsp	5	QL (750 gm every 30 days
sodium phenylbutyrate tabs 500mg	5	QL (1200 tabs every 30
, , ,		days)
INERALOCORTICOID RECEPTOR ANTAGON	ISTS	
KERENDIA TABS 10MG, 20MG	3	QL (30 tabs every 30
		days); MT
OSTERIOR PITUITARY HORMONES		7 77
desmopressin acetate soln 4mcg/ml; tabs	2	
.1mg, .2mg	_	
desmopressin acetate spray soln .01%	2	
desmopressin acetate spray refrigerated soln .01%	2	

Drug Name PROLACTIN INHIBITORS	Drug Tier	Requirements/Limits
cabergoline tabs .5mg	2	QL (16 tabs every 28 days)
SOMATOSTATIC AGENTS		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	, 5	PA
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	PA; LD
ASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15MG, 30MG	5	
JYNARQUE TBPK 15MG	5	LD
JYNARQUE PAK 30-15MG	5	LD
JYNARQUE PAK 45-15MG	5	LD
JYNARQUE PAK 60-30MG	5	LD
JYNARQUE PAK 90-30MG	5	LD
tolvaptan tabs 15mg, 30mg	5	
ROGENS		
STROGEN COMBINATIONS		
amabelz tab 0.5-0.1	2	MT
amabelz tab 1-0.5mg	2	MT
ANGELIQ TAB 0.5-1MG	4	MT
ANGELIQ TAB 0.25-0.5	4	MT
CLIMARA PRO DIS WEEKLY	4	MT
COMBIPATCH DIS	3	MT
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	MT
estradiol & norethindrone acetate tab 1-0.5 mg	2	MT
fyavolv tab 0.5-2.5	2	MT
fyavolv tab 1-5	2	MT
jinteli tab 1mg-5mcg	2	MT
mimvey tab 1-0.5mg	2	MT
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	MT
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	MT
PREFEST TAB	4	MT
PREMPHASE TAB	3	MT
PREMPRO TAB	3	MT
PREMPRO TAB 0.3-1.5	3	MT
PREMPRO TAB 0.45-1.5	3	MT
PREMPRO TAB 0.625-5	3	MT

Drug Name ESTROGENS	Drug Tier	Requirements/Limits
dotti pttw .025mg/24hr, .037mg/24hr,	2	MT
.05mg/24hr, .075mg/24hr, .1mg/24hr	_	
estradiol gel.25mg/0.25gm, .5mg/0.5gm,	2	MT
.75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; 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		
estradiol valerate oil 10mg/ml, 20mg/ml,	2	
40mg/ml		
EVAMIST SOLN 1.53MG/SPRAY	3	MT
lyllana pttw.025mg/24hr, .037mg/24hr,	2	MT
.05mg/24hr, .075mg/24hr, .1mg/24hr		
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	MT
UOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSR 5GM/100ML, 500MG/5ML	4	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg,	2	
750mg		
levofloxacin soln 25mg/ml; tabs 250mg,	2	
500mg, 750mg		
moxifloxacin hcl tabs 400mg	2	
ofloxacin tabs 300mg, 400mg	2	
ASTROINTESTINAL AGENTS - MISC.		
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TABS 5MG, 10MG	5	PA; LD
GALLSTONE SOLUBILIZING AGENTS		
chenodal tabs 250mg	5	LD
ursodiol caps 300mg; tabs 250mg, 500mg	2	MT
GASTROINTESTINAL ANTIALLERGY AGENTS	5	
cromolyn sodium (mastocytosis) conc	2	MT
100mg/5ml		
GASTROINTESTINAL CHLORIDE CHANNEL A	CTIVATO	RS
lubiprostone caps 8mcg, 24mcg	2	MT
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml;	2	
tabs 5mg, 10mg	_	
ILEAL BILE ACID TRANSPORTER (IBAT) INHI	BITORS	
BYLVAY CAPS 400MCG, 1200MCG	5	PA; LD
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	<u>5</u>	PA; LD

Drug Name NFLAMMATORY BOWEL AGENTS	Drug Tier	Requirements/Limits
balsalazide disodium caps 750mg	2	
DIPENTUM CAPS 250MG	4	MT
mesalamine cp24 .375gm; cpcr 500mg; tbec	2	MT
1.2gm		
mesalamine enem 4gm; supp 1000mg; tbec	2	
800mg		
PENTASA CPCR 250MG	3	MT
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	5	PA, QL (1 injection every 56 days)
sulfasalazine tabs 500mg; tbec 500mg	2	MT
TREMFYA SOAJ 200MG/2ML; SOSY	5	PA, QL (1 injection every 28
200MG/2ML		days)
TREMFYA INDUCTION PACK FO SOAJ	5	PA, QL (6 pens every 180
200MG/2ML		days)
NTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	2	MT
generlac soln 10gm/15ml	2	MT
lactulose (encephalopathy) soln 10gm/15ml	2	MT
RRITABLE BOWEL SYNDROME (IBS) AGEN	TS	
alosetron hcl tabs .5mg, 1mg	2	MT
LINZESS CAPS 72MCG, 145MCG, 290MCG	3	MT
VIBERZI TABS 75MG, 100MG	3	PA, QL (60 tabs every 30
		days)
ERIPHERAL OPIOID RECEPTOR ANTAGON	ISTS	
MOVANTIK TABS 12.5MG, 25MG	3	
RELISTOR SOLN 8MG/0.4ML, 12MG/0.6ML	4	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	4	MT
calcium acetate (phosphate binder) caps	2	MT
667mg; tabs 667mg		
ferric citrate tabs 210mg	2	MT
FOSRENOL PACK 750MG, 1000MG	4	MT
lanthanum carbonate chew 500mg, 750mg,	2	MT
1000mg		
PHOSLYRA SOLN 667MG/5ML	3	MT
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	2	MT
sevelamer hcl tabs 400mg, 800mg	2	MT
VELPHORO CHEW 500MG	3	MT
NITOURINARY AGENTS - MISCELLANEOUS	6	
ACIDIFIERS	A	
K-PHOS TAB NO 2	4	

Drug Name	Drug Tier	Requirements/Limits
ALKALINIZERS		
potassium citrate (alkalinizer) tbcr 15meq,	2	
540mg, 1080mg		
CYSTINOSIS AGENTS		DALLD
CYSTAGON CAPS 50MG, 150MG PROCYSBI CPDR 25MG, 75MG	5 5	PA; LD
GENITOURINARY IRRIGANTS	5	PA; LD
acetic acid soln .25%	2	
argyle sterile saline soln .9%	2	
curity sterile saline soln .9%	2	
neomycin-polymyxin b gu irrigation soln	2	
sodium chloride (gu irrigant) soln .9%	2	
SORBITOL SOLN 3%	4	
SORBITOL SOLIN 3/0 SORBITOL-MAN SOL	4	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200MG, 400MG	5	PA, QL (30 tabs every 30
	5	days); LD
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100MG	4	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tb24 10mg	2	MT
CARDURA XL TB24 4MG, 8MG	4	MT
dutasteride caps .5mg	2	MT
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	MT
finasteride tabs 5mg	2	MT
silodosin caps 4mg, 8mg	2	MT
tamsulosin hcl caps .4mg	2	MT
URINARY ANALGESICS		
phenazo tabs 200mg	2	
phenazopyridine hcl tabs 200mg	2	
URINARY STONE AGENTS		
tiopronin tabs 100mg	5	
OUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	2	MT
GOUT AGENTS		
allopurinol tabs 100mg, 300mg	2	MT
colchicine tabs.6mg	2	
febuxostat tabs 40mg, 80mg	2	MT
URICOSURICS		
probenecid tabs 500mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
MATOLOGICAL AGENTS - MISC. ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT	·. 5	PA; LD
1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	,	17,20
ALPHANATE SOLR 250UNIT, 500UNIT,	5	PA; LD
1000UNIT, 1500UNIT, 2000UNIT		,
ALPROLIX SOLR 250UNIT, 500UNIT,	5	PA; LD
1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	_	,
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT,	5	PA; LD
2000UNIT, 3000UNIT		*
HUMATE-P SOL 250-600	5	PA; LD
HUMATE-P SOL 500-1200	5	PA; LD
HUMATE-P SOL 2400UNIT	5	PA; LD
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT,	5	PA; LD
3000UNIT		
JIVI SOLR 4000UNIT	5	PA
KOVALTRY SOLR 250UNIT, 500UNIT,	5	PA; LD
1000UNIT, 2000UNIT, 3000UNIT		
BRADYKININ B2 RECEPTOR ANTAGONIST	S	
icatibant acetate sosy 30mg/3ml	5	PA
sajazir sosy 30mg/3ml	5	PA
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	5	PA; LD
CINRYZE SOLR 500UNIT	5	PA; LD
EMPAVELI SOLN 1080MG/20ML	5	PA; LD
HAEGARDA SOLR 2000UNIT, 3000UNIT	5	PA; LD
RUCONEST SOLR 2100UNIT	5	PA; LD
TAVNEOS CAPS 10MG	5	PA, QL (180 caps every 30
		days); LD
HEMATAOLOGIC - TYROSINE KINASE INHI	BITORS	
TAVALISSE TABS 100MG, 150MG	5	PA; LD
HEMATORHEOLOGIC AGENTS		,
pentoxifylline tbcr 400mg	2	MT
PLASMA KALLIKREIN INHIBITORS		1411
TAKHZYRO SOLN 300MG/2ML; SOSY	5	DA: LD
150MG/ML, 300MG/2ML	5	PA; LD
PLATELET AGGREGATION INHIBITORS		MT
anagrelide hcl caps .5mg, 1mg	2	
aspirin-dipyridamole cap er 12hr 25-200 mg	2	MT
BRILINTA TABS 60MG, 90MG	3	MT
CABLIVI KIT 11MG	5	PA; LD
cilostazol tabs 50mg, 100mg	2 2	MT
clopidogrel bisulfate tabs 75mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate tabs 300mg	2	
dipyridamole tabs 25mg, 50mg, 75mg	2	MT
prasugrel hcl tabs 5mg, 10mg	2	MT
ticagrelor tabs 90mg	2	MT
RUVATE KINASE ACTIVATORS		
PYRUKYND TABS 5MG, 20MG, 50MG	5	PA, QL (60 tabs every 30 days); LD
PYRUKYND TAB 20MGX5MG	5	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAB 50MGX20M	5	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAPER PACK TBPK 5MG	5	PA, QL (7 tabs every 180 days); LD
IATOPOIETIC AGENTS		days), LD
GENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	5	PA; LD
miglustat caps 100mg	5	PA
yargesa caps 100mg	5	PA
GENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	4	MT
OXBRYTA TABS 300MG; TBSO 300MG	5	PA, QL (270 tabs every 3 days); LD
OXBRYTA TABS 500MG	5	PA, QL (150 tabs every 30 days); LD
SIKLOS TABS 100MG, 1000MG	4	, , , , , , , , , , , , , , , , , , ,
XROMI SOLN 100MG/ML	4	
OBALAMINS		
cyanocobalamin soln 1000mcg/ml	2	
dodex soln 1000mcg/ml	2	
OLIC ACID/FOLATES		
fa-8 caps .8mg	1	QL (100 caps per fill), OT ACA; MT
folate tabs 400mcg	1	QL (100 tabs per fill), OTO
folic acid caps 800mcg	1	QL (100 caps per fill), OT ACA; MT
folic acid tabs 1mg	2	MT
folic acid tabs 400mcg	1	QL (100 tabs per fill), OTO ACA
ft folic acid tabs 400mcg	1	QL (100 tabs per fill), OTO ACA
kp folic acid tabs 800mcg	1	OTC; ACA; MT
sm folic acid tabs 400mcg	1	QL (100 tabs per fill), OTO

Drug Name	Drug Tier	Requirements/Limits
yl folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TABS 20MG	5	PA; LD
MULPLETA TABS 3MG	5	PA
PROMACTA PACK 12.5MG, 25MG; TABS	5	PA; LD
12.5MG, 25MG, 50MG, 75MG		
MOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln .25gm/ml; tabs 500mg	. 2	
1000mg	, –	
tranexamic acid tabs 650mg	2	
PNOTICS/SEDATIVES/SLEEP DISORDER A		
BARBITURATE HYPNOTICS	411110	
phenobarbital elix 20mg/5ml, 30mg/7.5ml,	2	
60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg,		
60mg, 64.8mg, 97.2mg, 100mg		
YPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tabs 3mg, 6mg	2	QL (30 tabs every 30 days
ION-BARBITURATE HYPNOTICS		\tau (co same or or y or samp
estazolam tabs 1mg	2	QL (60 tabs every 30 days
estazolam tabs 2mg	2	QL (30 tabs every 30 days
eszopiclone tabs 1mg, 2mg, 3mg	2	QL (30 tabs every 30 days
flurazepam hcl caps 15mg, 30mg	2	QL (30 caps every 30
		days)
temazepam caps 15mg	2	QL (60 caps every 30
3		days)
temazepam caps 30mg	2	QL (30 caps every 30
, , ,		days)
triazolam tabs .25mg	2	QL (60 tabs every 30 days
triazolam tabs .125mg	2	QL (120 tabs every 30
· ·		days)
zaleplon caps 5mg	2	QL (30 caps every 30
•		days)
zaleplon caps 10mg	2	QL (60 caps every 30
		days)
zolpidem tartrate tabs 5mg, 10mg; tbcr	2	QL (30 tabs every 30 days
6.25mg, 12.5mg		
SELECTIVE MELATONIN RECEPTOR AGONIS	STS	
ramelteon tabs 8mg	2	QL (30 tabs every 30 days
XATIVES		
AXATIVE COMBINATIONS		
CLENPIQ SOL	1	ACA
-		

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c	1	ACA
for soln 100 gm		
PEG-PREP KIT	1	ACA
PLENVU SOL	1	ACA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1. gm/177ml	6 1	ACA
SUFLAVE SOL	1	ACA
SUTAB TAB	1	ACA
AXATIVES - MISCELLANEOUS		
constulose soln 10gm/15ml	2	MT
kristalose pack 10gm, 20gm	3	MT
lactulose pack 10gm	3	MT
lactulose soln 10gm/15ml, 20gm/30ml	2	MT
CROLIDES		
ZITHROMYCIN		
azithromycin pack 1gm; susr 100mg/5ml,	2	
200mg/5ml; tabs 250mg, 500mg, 600mg		
LARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml;	2	
tabs 250mg, 500mg; tb24 500mg		
RYTHROMYCINS		
e.e.s. 400 tabs 400mg	2	
ery-tab tbec 250mg, 333mg, 500mg	2	
erythrocin stearate tabs 250mg	2	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	2	
IDAXOMICIN		
DIFICID SUSR 40MG/ML; TABS 200MG	4	
DICAL DEVICES AND SUPPLIES ONTRACEPTIVES		
CAYA DPR	1	QL (1 each every 300 days); ACA
CONDOMS (MALE)	1	OTC; ACA
FC2 FEMALE MIS CONDOM	1	OTC; ACA
FEMCAP MIS 22MM	1	QL (1 each every 300 days); ACA
FEMCAP MIS 26MM	1	QL (1 each every 300 days); ACA
FEMCAP MIS 30MM	1	QL (1 each every 300 days); ACA

Drug Name	Drug Tier	Requirements/Limits
OMNIFLEX DPR	1	QL (1 each every 300
		days); ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	1	QL (1 each every 300
		days); ACA
IABETIC SUPPLIES		
DEXCOM G6 MIS RECEIVER	4	QL (1 every year)
DEXCOM G6 MIS SENSOR	4	QL (9 ea every 90 days)
DEXCOM G6 MIS TRANSMIT	4	QL (1 ea every 90 days)
DEXCOM G7 MIS RECEIVER	4	QL (1 every year)
DEXCOM G7 MIS SENSOR	4	QL (9 ea every 90 days)
LANCETS MIS	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD 5 G7 KIT INTRO	3	
OMNIPOD 5 G7 MIS PODS	3	
OMNIPOD 5 LB KIT INTRO G6	3	
OMNIPOD 5 LB MIS PODS G6	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH KIT PDM	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD GO KIT 10UNT/DY	3	
OMNIPOD GO KIT 15UNT/DY	3	
OMNIPOD GO KIT 20UNT/DY	3	
OMNIPOD GO KIT 25UNT/DY	3	
OMNIPOD GO KIT 30UNT/DY	3	
OMNIPOD GO KIT 35UNT/DY	3	
OMNIPOD GO KIT 40UNT/DY	3	
OMNIPOD MIS CLASSIC	3	
ONETOUCH KIT ULTRA 2	3	QL (1 box every year), OTO
ONETOUCH KIT VERIO FL	3	QL (1 box every year), OT(
ONETOUCH KIT VERIO RE	3	QL (1 box every year), OT(
V-GO 20 KIT	3	= (
V-GO 30 KIT	3	
V-GO 40 KIT	3	
IISC. DEVICES		
ALCOHOL SWABS	3	QL (300 ea every 30 days
ARENTERAL THERAPY SUPPLIES		Q = (000 00 010.) 00 000,
INSULIN PEN NEEDLE	3	QL (1000 each every 30
	S	days)
INSULIN PEN NEEDLE	3	QL (1000 each every 30
	•	days), OTC
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30
	•	days)

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30
		days), OTC
RAINE PRODUCTS		
ALCITONIN GENE-RELATED PEPTIDE (CG	RP) RECEP	TOR ANTAG
AIMOVIG SOAJ 70MG/ML, 140MG/ML	3	PA, QL (1 pen every 30
		days)
EMGALITY SOAJ 120MG/ML	3	PA, QL (1 pen every 30 days)
EMGALITY SOSY 100MG/ML	3	PA, QL (3 syr every 30 days)
EMGALITY SOSY 120MG/ML	3	PA, QL (1 syr every 30 days)
NURTEC TBDP 75MG	3	PA, QL (16 tabs every 3 days)
IGRAINE COMBINATIONS		aayo,
ergotamine w/ caffeine tab 1-100 mg	2	
migergot sup 2/100	2	
IGRAINE PRODUCTS		
dihydroergotamine mesylate soln 1mg/ml	2	
dihydroergotamine mesylate soln 4mg/ml	2	QL (8 mL every 30 days
ERGOMAR SUBL 2MG	4	ψ= (σ <u>=</u> στοι y σσ αα y .
EROTONIN AGONISTS		
almotriptan malate tabs 6.25mg, 12.5mg	2	QL (18 tabs every 30 da
eletriptan hydrobromide tabs 20mg, 40mg	2	QL (18 tabs every 30 da
frovatriptan succinate tabs 2.5mg	2	QL (18 tabs every 30 da
naratriptan hcl tabs 1mg, 2.5mg	2	QL (18 tabs every 30 da
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	2	QL (18 tabs every 30 da
sumatriptan soln 5mg/act, 20mg/act	2	QL (12 inhalers every 30 days)
sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml	2	QL (10 injections every days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	2	QL (18 tabs every 30 da
zolmitriptan soln 2.5mg, 5mg	2	QL (12 inhalers every 30 days)
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	2	QL (18 tabs every 30 da
zomig tabs 2.5mg, 5mg	2	QL (18 tabs every 30 da
ERALS & ELECTROLYTES		,
.UORIDE fluoritab soln .125mg/drop	1	ACA; MT
naomao som nzomg/arop	'	, , , , , , , , , , , , , , , , , , ,

Drug Name	Drug Tier	Requirements/Limits
nafrinse drops soln .125mg/drop	1	ACA; MT
sodium fluoride chew .25mg, .5mg; soln	1	ACA; MT
.5mg/ml; tabs .5mg		
PHOSPHATE		
phospho-trin k500 tabs 500mg	2	
POTASSIUM		
effer-k tbef 25meq	2	MT
EFFER-K TAB 10MEQ	4	
EFFER-K TAB 20MEQ	4	
k-prime tbef 25meq	2	MT
klor-con pack 20meq	2	MT
klor-con 8 tbcr 8meq	2	MT
klor-con 10 tbcr 10meq	2	MT
klor-con m10 tbcr 10meq	2	MT
klor-con m15 tbcr 15meq	2	MT
klor-con m20 tbcr 20meq	2	MT
klor-con/ef tbef 25meq	2	MT
potassium chloride cpcr 8meq, 10meq; pack	2	MT
20meq; soln 10%, 20%; tbcr 8meq, 10meq,		
15meq, 20meq		
potassium chloride microencapsulated crystals	2	MT
er tbcr 10meq, 15meq, 20meq		
<u>SODIUM</u>		
aquastat soln .9%	2	
aquastat sfr soln .9%	2	
bd posiflush soln .9%	2	
bd posiflush inj safescru	2	
bd posiflush normal salin soln .9%	2	
monoject pharma grade flu soln .9%	2	
sodium chloride soln .9%	2	
sodium chloride flush soln .9%	2	
ZINC		
GALZIN CAPS 50MG	4	
SCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tabs 250mg	2	
FECAL INCONTINENCE BULKING AGENTS		
SOLESTA INJ 50-15ML	5	LD
MMUNOMODULATORS		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	5	PA, QL (28 caps every 2
	•	days); LD
lenalidomide caps 20mg, 25mg	5	PA, QL (21 caps every 28
tenamaenmae especialing, zenng		days); LD

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG	5	PA, QL (28 caps every 28 days); LD
REVLIMID CAPS 20MG, 25MG	5	PA, QL (21 caps every 28
NEVERVID OAI O ZOWA, ZOWA	3	days); LD
REZUROCK TABS 200MG	5	PA, QL (60 tabs every 30
		days); LD
THALOMID CAPS 50MG, 100MG	5	PA, QL (28 caps every 2
		days); LD
THALOMID CAPS 150MG, 200MG	5	PA, QL (56 caps every 2
		days); LD
MMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	5	
azathioprine tabs 50mg	2	MT
cyclosporine caps 25mg, 100mg	2	MT
cyclosporine modified (for microemulsion)	2	MT
caps 25mg, 50mg, 100mg; soln 100mg/ml		
ENSPRYNG SOSY 120MG/ML	5	PA; LD
everolimus (immunosuppressant) tabs .25mg,	5	
.5mg, .75mg, 1mg		NAT.
gengraf caps 25mg, 100mg; soln 100mg/ml	2	MT
LUPKYNIS CAPS 7.9MG	5	PA; LD
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	2	MT
mycophenolate sodium thec 180mg, 360mg	2	MT
PROGRAF PACK .2MG, 1MG	4	MT
SANDIMMUNE SOLN 100MG/ML	4	MT
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	2	MT
tacrolimus caps .5mg, 1mg, 5mg	2	MT
RRIGATION SOLUTIONS		
ringer's solution for irrigation	2	
tis-u-sol sol	2	
OTASSIUM REMOVING AGENTS		
kionex susp 15gm/60ml	2	
sodium polystyrene sulfonate powder	2	
sps susp 15gm/60ml	2	
YSTEMIC LUPUS ERYTHEMATOSUS AGEN	TS	
BENLYSTA SOAJ 200MG/ML; SOSY	5	PA; LD
200MG/ML		
UTH/THROAT/DENTAL AGENTS		
NESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%	2	
NTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	2	
<u> </u>	_	

Drug Name	Drug Tier	Requirements/Limits
nystatin (mouth-throat) susp 100000unit/ml	2	
NTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln	2	
.12%		
periogard soln .12%	2	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pste.1%	2	QL (20 gm every 30 days)
oralone dental paste pste .1%	2	QL (20 gm every 30 days)
triamcinolone acetonide (mouth) pste .1%	2	QL (20 gm every 30 days)
THROAT PRODUCTS - MISC.		
cevimeline hcl caps 30mg	2	MT
pilocarpine hcl (oral) tabs 5mg, 7.5mg	2	MT
ILTIVITAMINS		
PRENATAL VITAMINS		
elite-ob tab	2	
pnv-dha cap	2	
pnv-select tab	2	
trinate tab	2	
SCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tabs 10mg, 20mg	2	
carisoprodol tabs 250mg, 350mg	2	QL (120 tabs every 30
cameoproduct tames zeemig, econing	_	days)
chlorzoxazone tabs 500mg	2	QL (180 tabs every 30
Ü		days)
cyclobenzaprine hcl tabs 5mg, 10mg	2	QL (90 tabs every 30 days
metaxalone tabs 800mg	2	QL (90 tabs every 30 days
methocarbamol tabs 500mg	2	QL (240 tabs every 30
•		days)
methocarbamol tabs 750mg	2	QL (160 tabs every 30
		days)
orphenadrine citrate tb12 100mg	2	QL (60 tabs every 30 days
tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg,	2	
4mg		
vanadom tabs 350mg	2	QL (120 tabs every 30
		days)
DIRECT MUSCLE RELAXANTS		
dantrolene sodium caps 25mg, 50mg, 100mg	2	
SAL AGENTS - SYSTEMIC AND TOPICAL		
IASAL ANTIALLERGY		
azelastine hcl soln .1%, .15%	2	
olopatadine hcl (nasal) soln .6%	2	

Drug Name NASAL ANTICHOLINERGICS	Drug Tier	Requirements/Limits
ipratropium bromide (nasal) soln .03%, .06%	2	MT
NASAL STEROIDS		
XHANCE EXHU 93MCG/ACT	4	PA, QL (32 mL every 30 days)
EUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUSP 105MG/5ML	5	PA; LD
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	PA; LD
riluzole tabs 50mg	5	
SPINAL MUSCULAR ATROPHY AGENTS (SM	IA)	
EVRYSDI SOLR .75MG/ML	5	PA; LD
EVRYSDI TABS 5MG	5	PA, QL (30 tabs every 30 days)
UTRIENTS		•
LIPIDS		
DOJOLVI LIQD 100%	5	PA; LD
PHTHALMIC AGENTS		,
BETA-BLOCKERS - OPHTHALMIC		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
carteolol hcl (ophth) soln 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	2	
levobunolol hcl soln .5%	2	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	2	
CYCLOPLEGIC MYDRIATICS		
altafrin soln 2.5%, 10%	2	
atropine sulfate (ophthalmic) soln 1%	2	
CYCLOMYDRIL SOL OP	4	
cyclopentolate hcl soln 1%	2	
phenylephrine hcl (mydriatic) soln 2.5%, 10%	2	
tropicamide soln .5%, 1%	2	
MIOTICS		
MIOCHOL-E SOLR 20MG	4	
PHOSPHOLINE IODIDE SOLR .125%	4	
pilocarpine hcl soln 1%, 2%, 4%	2	QL (30 mL every 30 days

Drug Name OPHTHALMIC ADRENERGIC AGENTS	Drug Tier	Requirements/Limits
apraclonidine hcl soln .5%	2	
brimonidine tartrate soln .1%, .15%, .2%	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN 1%	4	
bacitracin (ophthalmic) oint 500unit/gm	2	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUSP.6%	3	
BETADINE OPHTHALMIC PREP SOLN 5%	4	
ciprofloxacin hcl (ophth) soln .3%	2	QL (30 mL every 30 days)
erythromycin (ophth) oint 5mg/gm	2	
gentamicin sulfate (ophth) soln .3%	2	QL (30 mL every 30 days)
KLARITY-A SOLN 1%	4	
moxifloxacin hcl (ophth) soln .5%	2	QL (30 mL every 30 days)
neo-polycin oin op	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml	- 2	
ofloxacin (ophth) soln .3%	2	QL (30 mL every 30 days)
polycin oin op	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
POVIDONE IODINE SOLN 5%	4	
sulfacetamide sodium (ophth) oint 10%; soln 10%	2	
tobramycin (ophth) soln .3%	2	QL (30 mL every 30 days)
TOBREX OINT .3%	4	QL (18 gm every 30 days)
trifluridine soln 1%	2	
ZIRGAN GEL .15%	4	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOLN .09%	3	QL (60 vials every 30 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	3	QL (60 single use vials every 30 days)
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	4	
altacaine soln .5%	2	
proparacaine hcl soln .5%	2	
tetracaine hcl (ophth) soln .5%	2	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate (ophth)	2	QL (30 mL every 30 days
soln .1%		
difluprednate emul.05%	2	
fluorometholone (ophth) susp .1%	2	
FML FORTE SUSP .25%	4	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
loteprednol etabonate gel .5%; susp .5%	2	
neo-polycin oin hc 1%op	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	QL (30 mL every 30 day
prednisolone acetate (ophth) susp 1%	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	QL (30 mL every 30 day
ZYLET SUS 0.5-0.3%	4	
	4	
PHTHALMICS - MISC. ALOCRIL SOLN 2%	4	
ALOCKIE SOLN 2% ALOMIDE SOLN .1%	4	
	2	
azelastine hcl (ophth) soln .05% bepotastine besilate soln 1.5%	2	
brinzolamide susp 1%	2	
bromfenac sodium (ophth) soln .07%, .09%	2	
cromolyn sodium (ophth) soln 4%	2	
diclofenac sodium (ophth) soln 1%	2	OL (20 mL avery 20 day
dorzolamide hcl soln 2%	2	QL (30 mL every 30 day
epinastine hcl (ophth) soln .05%	2	
flurbiprofen sodium soln .03%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	2	
PROLENSA SOLN .07%	3	
ROSTAGLANDINS - OPHTHALMIC		
bimatoprost soln .03%	2	
	2	
latanoprost soln .005%		
LUMIGAN SOLN .01%	3	
tafluprost soln .015mg/ml	2	
travoprost soln .004%	2	
C AGENTS TIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	2	

Drug Name FIC ANTI-INFECTIVES	Drug Tier	Requirements/Limits
ciprofloxacin hcl (otic) soln .2%	2	QL (56 ea every 30 days)
ofloxacin (otic) soln .3%	2	QL (30 mL every 30 days
TIC COMBINATIONS		• • • • • • • • • • • • • • • • • • • •
CIPRO HC SUS OTIC	4	
ciprofloxacin-dexamethasone otic susp 0.3-	2	
0.1%		
CORTISPORIN SUS -TC OTIC	4	
neomycin-polymyxin-hc otic soln 1%	2	QL (30 mL every 30 days
neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%	2	QL (30 mL every 30 days
TIC STEROIDS		
flac oil .01%	2	
fluocinolone acetonide (otic) oil .01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	QL (30 mL every 30 days
SIVE IMMUNIZING AND TREATMENT AGE	NTS	
IMUNE SERUMS		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML,	5	PA; LD
2GM/12ML, 3.3GM/20ML, 4GM/24ML,	_	,
8GM/48ML		
CUVITRU SOLN 1GM/5ML, 2GM/10ML,	5	PA; LD
4GM/20ML, 8GM/40ML, 10GM/50ML		
GAMMAGARD LIQUID SOLN 1GM/10ML,	5	PA; LD
2.5GM/25ML, 5GM/50ML, 10GM/100ML,		
20GM/200ML, 30GM/300ML		
GAMMAKED SOLN 1GM/10ML, 5GM/50ML,	5	PA; LD
10GM/100ML, 20GM/200ML		
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML,	5	PA; LD
5GM/50ML, 10GM/100ML, 20GM/200ML,		
40GM/400ML		
HIZENTRA SOLN 1GM/5ML, 2GM/10ML,	5	PA; LD
4GM/20ML, 10GM/50ML; SOSY 1GM/5ML,		
2GM/10ML, 4GM/20ML, 10GM/50ML		DALLD
XEMBIFY SOLN 1GM/5ML, 2GM/10ML,	5	PA; LD
4GM/20ML, 10GM/50ML		
ONOCLONAL ANTIBODIES		404
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	1 TIONS	ACA
ASSIVE IMMUNIZING AGENTS - COMBINA		DALLD
HYQVIA INJ 2.5-200	5	PA; LD
HYQVIA IN L10, 200	5	PA; LD
HYQVIA INJ 10-800 HYQVIA INJ 20-1600	<u> </u>	PA; LD PA; LD
	n	→ Λ. 1 1 1

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg,	2	
250mg; susr 125mg/5ml, 200mg/5ml,		
250mg/5ml, 400mg/5ml; tabs 500mg, 875mg		
ampicillin caps 500mg	2	
NATURAL PENICILLINS		
penicillin v potassium solr 125mg/5ml,	2	
250mg/5ml; tabs 250mg, 500mg		
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5	2	
mg		
amoxicillin & k clavulanate chew tab 400-57 m	g 2	
amoxicillin & k clavulanate for susp 200-28.5	2	
mg/5ml		
amoxicillin & k clavulanate for susp 250-62.5	2	
mg/5ml		
amoxicillin & k clavulanate for susp 400-57	2	
mg/5ml		
amoxicillin & k clavulanate for susp 600-42.9	2	
mg/5ml		
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-	2	
62.5 mg		
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	2	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
bacteriostatic sodium chloride soln .9%	2	
glycine diluent for injection	5	
PH 12 STERIL SOL FLOLAN	5	
STERILE DILU SOL REMODULI	5	
PROGESTINS		
PROGESTINS		
gallifrey tabs 5mg	2	MT
medroxyprogesterone acetate tabs 2.5mg,	2	MT
5mg, 10mg	<u>-</u>	
megestrol acetate (appetite) susp 625mg/5ml	2	MT
norethindrone acetate tabs 5mg	2	MT
progesterone caps 100mg, 200mg	2	MT
p. agastoraria dapa rading, Lading		1411

Requirements/Limits **Drug Name Drug Tier PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** AGENTS FOR CHEMICAL DEPENDENCY acamprosate calcium thec 333mg 2 2 disulfiram tabs 250mg, 500mg 2 lofexidine hcl tabs .18mg LUCEMYRA TABS .18MG 4 **ANTIDEMENTIA AGENTS** donepezil hydrochloride tabs 5mg, 10mg, 2 23mg; tbdp 5mg, 10mg galantamine hydrobromide cp24 8mg, 16mg, 2 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg memantine hcl cp24 7mg, 14mg, 21mg, 28mg; 2 soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg memantine hcl tab 28 x 5 mg & 21 x 10 mg 2 titration pack memantine hcl-donepezil hcl cap er 24hr 14-10 2 memantine hcl-donepezil hcl cap er 24hr 21-10 2 mg memantine hcl-donepezil hcl cap er 24hr 28-10 2 mg 3 NAMZARIC CAP 3 NAMZARIC CAP 7-10MG NAMZARIC CAP 14-10MG 3 3 NAMZARIC CAP 21-10MG NAMZARIC CAP 28-10MG 3 2 rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 2 6mg **COMBINATION PSYCHOTHERAPEUTICS** chlordiazepoxide-amitriptyline tab 5-12.5 mg 2 chlordiazepoxide-amitriptyline tab 10-25 mg 2 olanzapine-fluoxetine hcl cap 3-25 mg 2 PA 2 olanzapine-fluoxetine hcl cap 6-25 mg PA olanzapine-fluoxetine hcl cap 6-50 mg 2 PA olanzapine-fluoxetine hcl cap 12-25 mg 2 PA olanzapine-fluoxetine hcl cap 12-50 mg PA 2 perphenazine-amitriptyline tab 2-10 mg 2 2 perphenazine-amitriptyline tab 2-25 mg

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

perphenazine-amitriptyline tab 4-10 mg

perphenazine-amitriptyline tab 4-25 mg

perphenazine-amitriptyline tab 4-50 mg

2

2

2

Drug Name IBROMYALGIA AGENTS	Drug Tier	Requirements/Limits
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	i 3	
SAVELLA MIS TITR PAK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	5	PA; LD
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG,		PA
30MG, 36MG, 42MG, 48MG		
AUSTEDO XR TAB TITR KIT	5	PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP	5	PA; LD
40MG, 60MG, 80MG		,
INGREZZA CAP 40-80MG	5	PA; LD
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30MCG/0.5ML	5	PA, QL (1 pack per 28
		days)
AVONEX PEN AJKT 30MCG/0.5ML	5	PA, QL (1 pack per 28
		days)
BETASERON KIT .3MG	5	PA, QL (14 injections every
		28 days)
COPAXONE SOSY 20MG/ML	5	PA, QL (30 injections ever
		30 days)
COPAXONE SOSY 40MG/ML	5	PA, QL (12 injections every
		28 days)
dalfampridine tb12 10mg	5	PA, QL (60 tabs every 30
		days)
dimethyl fumarate cpdr 120mg	5	PA, QL (56 caps every 28
- L - L - L - L - L - L - L - L - L - L		days)
dimethyl fumarate cpdr 240mg	5	PA, QL (60 caps every 30
dimethyl fymerete eepeyle dr eterter peek 190	5	days) PA, QL (60 ea every 135
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	days)
fingolimod hel caps .5mg	5	PA, QL (30 caps every 30
Imgolimou not caps .omg	3	days)
GILENYA CAPS .25MG	5	PA, QL (28 caps every 28
GILLIVIA OA O.LOMG	Ü	days)
glatiramer acetate sosy 20mg/ml	4	PA, QL (30 injections ever
glatiful and addition doby 20 mg/ m	•	30 days)
glatiramer acetate sosy 40mg/ml	5	PA, QL (12 injections every
gg		28 days)
glatopa sosy 20mg/ml	4	PA, QL (30 injections ever
		30 days)
glatopa sosy 40mg/ml	5	PA, QL (12 injections every
		28 days)
MAYZENT TABS 1MG, 2MG	5	PA, QL (30 tabs every 30
		days); LD

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS .25MG	5	PA, QL (112 tabs every 28
		days); LD
MAYZENT STARTER PACK TBPK .25MG	5	PA, QL (12 tabs every 180
		days); LD
MAYZENT STARTER PACK TBPK .25MG	5	PA, QL (7 tabs every 4
		days); LD
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY	5	PA, QL (2 injections every
125MCG/0.5ML		28 days); LD
PLEGRIDY SOSY 125MCG/0.5ML	5	PA, QL (2 syringes every
		28 days); LD
PLEGRIDY INJ STARTER	5	PA, QL (1 mL every 28
		days); LD
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 box every 180
		days); LD
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	5	PA, QL (12 injections ever
		28 days)
REBIF REBIDO INJ TITRATN	5	PA, QL (4.2 mL every 28
		days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML,	5	PA, QL (12 injections ever
44MCG/0.5ML		28 days)
REBIF TITRTN INJ PACK	5	PA, QL (4.2 mL every 28
		days)
teriflunomide tabs 7mg, 14mg	5	PA, QL (30 tabs every 30
3, 3		days); LD
VUMERITY CPDR 231MG	5	PA, QL (120 caps every 3
		days); LD
OSTHERPETIC NEURALGIA (PHN)/NEURO	PATHIC PA	IN AGENTS
pregabalin (once-daily) tb24 82.5mg, 165mg	2	PA, QL (30 tabs every 30
		days)
pregabalin (once-daily) tb24 330mg	2	PA, QL (60 tabs every 30
		days)
SYCHOTHERAPEUTIC AND NEUROLOGIC	AL AGENTS	•
AQNEURSA PACK 1GM	5	PA, QL (112 packets every
•		28 days)
ergoloid mesylates tabs 1mg	2	
pimozide tabs 1mg, 2mg	2	
MOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	g 1	QL (168 days supply ever
, , , , , , , , , , , , , , , , , , , ,	-	365 days); ACA
nicotine gum 2mg, 4mg; lozg 2mg, 4mg	1	QL (168 days supply ever
0 0, 0, 0		365 days), OTC; ACA
A .A . 11	1	QL (168 days supply ever
nicotine dis pt24 7ma/24hr. 14ma/24hr.		
nicotine dis pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	•	365 days), OTC; ACA

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHA 10MG	1	QL (168 days supply every 365 days); ACA
NICOTROL NS SPR SOLN 10MG/ML	1	QL (168 days supply every 365 days); ACA
varenicline tartrate tabs .5mg, 1mg	1	QL (168 days supply every 365 days); ACA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (168 days supply ever 365 days); ACA
ANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284MG/1.5ML	5	PA; LD
PIRATORY AGENTS - MISC. /STIC FIBROSIS AGENTS		,
ALYFTREK TAB	5	PA, QL (56 tabs every 28 days)
ALYFTREK TAB 4-20-50	5	PA, QL (84 tabs every 28 days)
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	5	PA, QL (56 packets 28 days); LD
KALYDECO TABS 150MG	5	PA, QL (60 tabs every 30 days); LD
ORKAMBI GRA 75-94MG	5	PA, QL (60 packets every 30 days); LD
ORKAMBI GRA 100-125	5	PA, QL (60 packets every 30 days); LD
ORKAMBI GRA 150-188	5	PA, QL (60 packets every 30 days); LD
ORKAMBI TAB 100-125	5	PA, QL (120 tabs every 30 days); LD
ORKAMBI TAB 200-125	5	PA, QL (120 tabs every 30 days); LD
PULMOZYME SOLN 2.5MG/2.5ML	5	LD
SYMDEKO TAB 50-75MG	5	PA, QL (60 tabs every 30 days); LD
SYMDEKO TAB 100-150	5	PA, QL (60 tabs every 30 days); LD
TRIKAFTA PAK 59.5MG	5	PA, QL (56 paks every 28 days); LD
TRIKAFTA PAK 75MG	5	PA, QL (56 paks every 28 days); LD
TRIKAFTA TAB	5	PA, QL (90 tabs every 30 days); LD
ILMONARY FIBROSIS AGENTS		• •·
OFEV CAPS 100MG, 150MG	5	PA; LD
pirfenidone caps 267mg; tabs 267mg, 801mg	5	PA

Drug Name ULFONAMIDES	Drug Tier	Requirements/Limits
SULFONAMIDES		
sulfadiazine tabs 500mg	2	
TRACYCLINES		
TETRACYCLINES		
avidoxy tabs 100mg	2	
demeclocycline hcl tabs 150mg, 300mg	2	
doxycycline (monohydrate) caps 50mg,	2	
100mg; susr 25mg/5ml; tabs 50mg, 100mg		
doxycycline hyclate caps 50mg, 100mg; tabs	2	
20mg, 100mg		
minocycline hcl caps 50mg, 75mg, 100mg	2	
mondoxyne nl caps 100mg	2	
tetracycline hcl caps 250mg, 500mg	2	
HYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	2	MT
propylthiouracil tabs 50mg	2	MT
THYROID HORMONES		1411
ADTHYZA TABS 15MG, 16.25MG, 30MG,	3	MT
32.5MG, 60MG, 65MG, 90MG, 97.5MG, 120MG,	_	IVI I
130MG	,	
ARMOUR THYROID TABS 15MG, 30MG, 60MG,	. 3	MT
90MG, 120MG, 180MG, 240MG, 300MG	, 0	1711
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg,	2	MT
100mcg, 112mcg, 125mcg, 137mcg, 150mcg,	_	
175mcg, 200mcg		
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg,	2	MT
100mcg, 112mcg, 125mcg, 137mcg, 150mcg,		
175mcg, 200mcg, 300mcg		
levothyroxine sodium caps 13mcg, 25mcg,	2	MT
50mcg, 75mcg, 88mcg, 100mcg, 112mcg,		
125mcg, 137mcg, 150mcg, 175mcg, 200mcg;		
tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg,		
112mcg, 125mcg, 137mcg, 150mcg, 175mcg,		
200mcg, 300mcg		
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg,	2	MT
100mcg, 112mcg, 125mcg, 137mcg, 150mcg,		
175mcg, 200mcg		
liothyronine sodium tabs 5mcg, 25mcg, 50mcg		MT
NIVA THYROID TABS 15MG, 30MG, 60MG,	3	MT
90MG, 120MG		
NP THYROID 15 TABS 15MG	3	MT
NP THYROID 30 TABS 30MG	3	MT

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 60 TABS 60MG	3	MT
NP THYROID 90 TABS 90MG	3	MT
NP THYROID 120 TABS 120MG	3	MT
RENTHYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	3	MT
SYNTHROID TABS 25MCG, 50MCG, 75MCG,	4	MT
88MCG, 100MCG, 112MCG, 125MCG, 137MCG,		
150MCG, 175MCG, 200MCG, 300MCG		
THYROID TABS 15MG, 30MG, 60MG, 90MG,	3	MT
120MG		
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg,	2	MT
100mcg, 112mcg, 125mcg, 137mcg, 150mcg,		
175mcg, 200mcg, 300mcg		
OIDS		
DXOID COMBINATIONS		
ADACEL INJ	1	ACA
BOOSTRIX INJ	1	ACA
DAPTACEL INJ	1	ACA
INFANRIX INJ	1	ACA
KINRIX INJ	1	ACA
PEDIARIX INJ 0.5ML	1	ACA
PENTACEL INJ	1	ACA
QUADRACEL INJ	1	ACA
QUADRACEL INJ 0.5ML	1	ACA
TDVAX INJ 2-2 LF	1	ACA
TENIVAC INJ 5-2LF	1	ACA
TET/DIP TOX INJ 2-2 LF	1	ACA
VAXELIS INJ	1	ACA
ER DRUGS/ANTISPASMODICS/ANTICHO NTISPASMODICS	LINERGICS	5
chlordiazepoxide hcl-clidinium bromide cap 5-	2	
2.5 mg		
dicyclomine hcl caps 10mg; soln 10mg/5ml;	2	
tabs 20mg		
glycopyrrolate tabs 1mg, 2mg	2	
hyoscyamine sulfate subl .125mg; tabs .125mg;	2	MT
tb12 .375mg; tbdp .125mg		
methscopolamine bromide tabs 2.5mg, 5mg	2	
nulev tbdp .125mg	2	MT
oscimin subl .125mg; tabs .125mg	2	MT
2 ANTAGONISTS		
cimetidine hcl soln 300mg/5ml	2	MT
famotidine susr 40mg/5ml	2	
nizatidine caps 150mg, 300mg	2	MT

ISC. ANTI-ULCER	Drug Tier	Requirements/Limits
sucralfate tabs 1gm	2	MT
ROTON PUMP INHIBITORS		
esomeprazole magnesium cpdr 20mg, 40mg	2	PA, QL (30 caps every 3 days); MT
esomeprazole magnesium pack 10mg, 20mg, 40mg	2	PA, QL (30 packets ever 30 days); MT
lansoprazole cpdr 15mg, 30mg	2	PA, QL (30 caps every 3 days); MT
omeprazole cpdr 10mg, 20mg, 40mg	2	PA, QL (30 caps every 3 days); MT
pantoprazole sodium pack 40mg	2	PA, QL (30 packets ever 30 days); MT
pantoprazole sodium tbec 20mg, 40mg	2	PA, QL (30 tabs every 30 days); MT
rabeprazole sodium tbec 20mg	2	PA, QL (30 tabs every 30 days); MT
LCER DRUGS - PROSTAGLANDINS		
misoprostol tabs 100mcg, 200mcg	2	MT
darifenacin hydrobromide tb24 7.5mg, 15mg oxybutynin chloride soln 5mg/5ml; tabs 5mg;	2 2	MT MT
tb24 5mg, 10mg, 15mg		
solifenacin succinate tabs 5mg, 10mg	2	
		MT
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	2	MT
2mg trospium chloride cp24 60mg; tabs 20mg	2	MT MT
2mg	2	MT MT
2mg trospium chloride cp24 60mg; tabs 20mg	2 2 ENERGIC A 2	MT MT
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADR	2 2 Energic A	MT GONISTS
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI	2 ENERGIC A 2 3	MT GONISTS MT MT
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML	2 ENERGIC A 2 3	MT GONISTS MT MT
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg,	2 ENERGIC A 2 3 IC AGONIS 2	MT GONISTS MT MT TS
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	2 ENERGIC A 2 3 IC AGONIS 2	MT GONISTS MT MT TS
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg RINARY ANTISPASMODICS - DIRECT MUS	2 ENERGIC A 2 3 IC AGONIS 2	MT GONISTS MT MT TS
trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg RINARY ANTISPASMODICS - DIRECT MUS flavoxate hcl tabs 100mg	2 ENERGIC A 2 3 IC AGONIS 2	MT GONISTS MT MT TS KANTS MT
2mg trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg RINARY ANTISPASMODICS - DIRECT MUS flavoxate hcl tabs 100mg CINES ACTERIAL VACCINES	2 ENERGIC A 2 3 IC AGONIS 2 CLE RELA	MT GONISTS MT MT TS
trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg RINARY ANTISPASMODICS - DIRECT MUS flavoxate hcl tabs 100mg CCINES ACTERIAL VACCINES ACTHIB INJ	2 ENERGIC A 2 3 IC AGONIS 2 CLE RELA) 2	MT GONISTS MT MT TS KANTS MT
trospium chloride cp24 60mg; tabs 20mg RINARY ANTISPASMODICS - BETA-3 ADRI mirabegron tb24 25mg, 50mg MYRBETRIQ SRER 8MG/ML RINARY ANTISPASMODICS - CHOLINERGI bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg RINARY ANTISPASMODICS - DIRECT MUS flavoxate hcl tabs 100mg CCINES ACTERIAL VACCINES ACTHIB INJ BCG VACCINE SOLR 50MG	2 ENERGIC A 2 3 IC AGONIS 2 CLE RELA 2 1 4	MT GONISTS MT MT TS (ANTS MT

Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOLR 10MCG	1	ACA
MENACTRA INJ	1	ACA
MENQUADFI SOLN .5ML	1	ACA
MENVEO INJ	1	ACA
MENVEO SOL	1	ACA
PEDVAX HIB SUSP 7.5MCG/0.5ML	1	ACA
PENBRAYA INJ	1	ACA
PNEUMOVAX 23 SOSY 25MCG/0.5ML	1	ACA
PREVNAR 13 INJ	1	ACA
PREVNAR 20 INJ	1	ACA
TRUMENBA SUSY .5ML	1	ACA
VAXNEUVANCE INJ	1	ACA
RAL VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	1	ACA
AFLURIA INJ 2024-25	1	ACA
AREXVY SUSR 120MCG/0.5ML	1	ACA
COMIRNATY 2023-24 SUSY 30MCG/0.3ML	1	ACA
COMIRNATY 2024-25 SUSY 30MCG/0.3ML	1	ACA
DENGVAXIA SUS	1	ACA
ENGERIX-B SUSP 20MCG/ML; SUSY	1	ACA
10MCG/0.5ML, 20MCG/ML		
FLUAD INJ 2024-25	1	ACA
FLUARIX INJ 2024-25	1	ACA
FLUBLOK INJ 2024-25	1	ACA
FLUCELVAX INJ 2024-25	1	ACA
FLULAVAL INJ 2024-25	1	ACA
FLUMIST NASA LIQ 2024-25	1	ACA
FLUZONE HD INJ 2024-25	1	ACA
FLUZONE INJ 2024-25	1	ACA
GARDASIL 9 SUSP .5ML; SUSY .5ML	1	ACA
HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML;	1	ACA
SUSY 720ELU/0.5ML		
HEPLISAV-B SOSY 20MCG/0.5ML	1	ACA
IMOVAX RABIES (H.D.C.V.) SUSR 2.5UNIT/ML	4	
IPOL INJ INACTIVE	1	ACA
IXCHIQ INJ	4	
IXIARO INJ	4	
JYNNEOS SUSP .5ML	1	ACA
M-M-R II INJ	<u>·</u> 1	ACA
MRESVIA SUSY 50MCG/0.5ML	<u>·</u> 1	ACA
PFIZER-BIONTECH COVID-19 SUSP	<u>.</u> 1	ACA
3MCG/0.3ML, 10MCG/0.3ML	•	,
PREHEVBRIO SUSP 10MCG/ML	1	ACA
PRIORIX INJ	1	ACA

	Drug Tier	Requirements/Limits
PROQUAD INJ	1	ACA
RABAVERT INJ	4	
RECOMBIVAX HB SUSP 5MCG/0.5ML,	1	ACA
10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML,		
10MCG/ML		
ROTARIX SUS	1	ACA
ROTATEQ SOL	1	ACA
SHINGRIX SUSR 50MCG/0.5ML	1	ACA
SPIKEVAX COVID-19 VACCINE SUSY	1	ACA
50MCG/0.5ML		
STAMARIL INJ	4	
TICOVAC SUSY 1.2MCG/0.25ML,	4	
2.4MCG/0.5ML		
TWINRIX INJ	1	ACA
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	1	ACA
VARIVAX SUSR 1350PFU/0.5ML	1	ACA
VIMKUNYA SUSY 40MCG/0.8ML	4	
YF-VAX INJ	4	
SINAL AND RELATED PRODUCTS		
ISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA INST 6.5MG	4	MT
PERMICIDES		
ENCARE SUPP 100MG	1	OTC; ACA
OPTIONS GYNOL II VAGINAL GEL 3%	1	OTC; ACA
TODAY SPONGE MISC 1000MG	1	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%;	1	OTC; ACA
GEL 4%		
AGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	4	
clindamycin phosphate vaginal crea 2%	2	
GYNAZOLE-1 CREA 2%	4	
metronidazole vaginal gel .75%	2	
miconazole 3 supp 200mg	2	
terconazole vaginal crea .4%, .8%; supp 80mg	2	
AGINAL CONTRACEPTIVE - PH MODULATO	DRS	
PHEXXI GEL	1	ACA
AGINAL ESTROGENS	•	
estradiol vaginal crea .1mg/gm; tabs 10mcg	2	MT
PREMARIN CREA .625MG/GM	3	MT
yuvafem tabs 10mcg	2	MT
OPRESSORS		1411
NAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE SOSY .3MG/0.3ML	3	

Drug Name	Drug Tier	Requirements/Limits
epinephrine (anaphylaxis) soaj .15mg/0.3ml,	2	QL (4 pens every 30 days)
.3mg/0.3ml		
epinephrine (anaphylaxis) soaj .15mg/0.15ml	2	QL (2 pens every 30 days)
epinephrine (anaphylaxis) soln 30mg/30ml	2	
EPIPEN 2-PAK SOAJ .3MG/0.3ML	3	QL (4 pens every 30 days)
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	3	QL (4 pens every 30 days)
NEFFY SOLN 2MG/0.1ML	3	QL (4 sprays every 30
		days)
SYMJEPI SOSY .15MG/0.3ML, .3MG/0.3ML	3	
/ASOPRESSORS		
midodrine hcl tabs 2.5mg, 5mg, 10mg	2	
TAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	2	MT
phytonadione tabs 5mg	2	

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BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

انتباه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يُرجي الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم على ظهر بطاقة هوية العضو الخاص بك أو بالرقم 9140-565-848-1081 (الهاتف النصي: 2820-848-808-1)

注意:如果您說中文,我們提供免費的語言協助服務,以及適當的輔助協助和服務。請撥打會員ID卡背面的會員服務部號碼或 1-800-565-9140(聽障專線 (TTY): 1-800-848-0298)。

LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION: Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS: 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ເໝາະສົມໃຫ້ທ່ານ, ກະລຸນາໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስገንዘቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા તભ્ય ID કાર્ડની પાછળના સભ્ય સવીસ તબેડ ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

お知らせ:日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नेवर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें। ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (ТТҮ: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا 71-635-050-188-(829-848-800-1 TTY) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA'áKOHWIINIDZIN: Diné bizaad bee yáníti'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anída'awo'í dóó t'áadoole'é binahji' bee adahodoonílígíí diné bich'i' anídahazt'i'í bee bika'aanída'awo'í ná dahóló. T'áá shóódí Bił Ha'dit'éhí Bika'aná'awo' Bił Ha'dit'éhí ID naaltsoos nith'izí bine'déé' binámboo bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDICH: Wann du Deitsch schwetzscht un brauchscht Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf der Member Service Number uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auaunaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auaunaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auaunaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hågu yanggen fifino' CHamoru hao, dibåtde na setbision inayudon fumino' CHamoru yan propriu na inasisten tråstes yan setbisio siha. Put fabot ågang i numiron Setbision Membro gi santatten i kattå-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).