Essential Plus Formulary Guide

Your Guide to Prescription Drug Benefits

January 2027

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 **800-552-8159**.

Or visit: **bcbst.com**

of Tennessee

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

BlueCross Bronze 89
BlueCross Silver 223
BlueCross Silver 236
BlueCross Silver 238
BlueCross Silver 249
BlueCross Gold 135
BlueCross Gold 158
BlueCross Gold 159
BlueCross Gold 160
BlueCross Gold 172
BlueCross Gold 173
BlueCross Gold 174

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

BlueCross Silver 20

Important Contacts

For more information about your prescription drug coverage, call the Member Service number on your Member ID card. For information about your home delivery prescription, call **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 case-by-case basis. Your Evidence of Coverage or member handbook has details on your rights to file reconsiderations.

Fax all information to **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 on your Member ID card. Certain medications may not be covered if subject to 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.
MME	**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 800-924-7141, or faxing 888-343-4232.
MT	**Maintenance Matter**s 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.
OTC	**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 800-924-7141, or faxing 888-343-4232.
QL	**Quantity Limit** means you may have coverage for a limited amount of a specific drug.

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	$0 Cost Share Preventive Drugs
Tier 2	Generic Drugs With Preventive Copay
Tier 3	Preferred Brand Drugs With Preventive Copay
Tier 4	Non-Preferred Brand Drugs With Preventive Copay
Tier 5	Specialty Drugs with Deductible/Coinsurance
Tier 6	Generic or Brand Non-Specialty Drugs With Deductible/Coinsurance

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 **Find a Pharmacy.**

Or

› 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 **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.

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

** Standard shipping costs are included.

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.

- 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.
- 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-of-network doctor or a doctor outside Tennessee.

Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	6	PA, QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	6	PA, QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	6	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	6	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	6	PA, QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	6	PA, QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	6	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	6	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	6	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	6	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	6	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	6	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	6	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	6	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	6	PA, QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	6	PA, QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	6	PA, QL (30 tabs every 30 days)
dextroamphetamine sulfate cp24 5mg, 10mg	6	PA, QL (120 caps every 30 days)
dextroamphetamine sulfate cp24 15mg	6	PA, QL (60 caps every 30 days)
dextroamphetamine sulfate soln 5mg/5ml	6	PA, QL (1200 mL every 30 days)
dextroamphetamine sulfate tabs 2.5mg, 5mg, 7.5mg, 10mg	6	PA, QL (120 tabs every 30 days)
dextroamphetamine sulfate tabs 15mg, 20mg	6	PA, QL (60 tabs every 30 days)
dextroamphetamine sulfate tabs 30mg	6	PA, QL (30 tabs every 30 days)
lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg	6	PA, QL (60 caps every 30 days)
lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg	6	PA, QL (30 caps every 30 days)
lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg	6	PA, QL (60 tabs every 30 days)
lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg	6	PA, QL (30 tabs every 30 days)
methamphetamine hcl tabs 5mg	6	PA, QL (150 tabs every 30 days)
procentra soln 5mg/5ml	6	PA, QL (1200 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg	6	PA, QL (120 tabs every 30 days)
zenzedi tabs 15mg, 20mg	6	PA, QL (60 tabs every 30 days)
zenzedi tabs 30mg	6	PA, QL (30 tabs every 30 days)
ANALEPTICS		
caffeine citrate soln 20mg/ml, 60mg/3ml	6	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl caps 10mg, 18mg, 25mg	6	QL (120 caps every 30 days)
atomoxetine hcl caps 40mg	6	QL (60 caps every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg	6	QL (30 caps every 30 days)
clonidine hcl (adhd) tb12 .1mg	6	QL (120 tabs every 30 days)
guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg	6	QL (30 tabs every 30 days)
STIMULANTS - MISC.		
armodafinil tabs 50mg	6	PA, QL (60 tabs every 30 days)
armodafinil tabs 150mg, 200mg, 250mg	6	PA, QL (30 tabs every 30 days)
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	6	PA, QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	6	PA, QL (30 caps every 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	6	PA, QL (120 tabs every 30 days)
dexmethylphenidate hcl tabs 10mg	6	PA, QL (60 tabs every 30 days)
methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	6	PA, QL (30 patches every 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg	6	PA, QL (180 tabs every 30 days)
methylphenidate hcl cp24 10mg, 20mg, 30mg; cpcr 10mg, 20mg, 30mg	6	PA, QL (60 caps every 30 days)
methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg	6	PA, QL (30 caps every 30 days)
methylphenidate hcl soln 5mg/5ml	6	PA, QL (1800 mL every 30 days)
methylphenidate hcl soln 10mg/5ml	6	PA, QL (900 mL every 30 days)
methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg	6	PA, QL (90 tabs every 30 days)
methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcr 18mg, 27mg, 36mg	6	PA, QL (60 tabs every 30 days)
methylphenidate hcl tb24 54mg; tbcr 54mg	6	PA, QL (30 tabs every 30 days)
modafinil tabs 100mg, 200mg	6	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 20MG, 30MG	6	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 40MG	6	PA, QL (30 tabs every 30 days)
QUILLIVANT XR SRER 25MG/5ML	6	PA, QL (360 mL every 30 days)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SUB	6	PA
PALFORZIA CAP 1-3YRS	5	PA

Drug Name	Drug Tier	Requirements/Limits
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
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	6	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUSP 590MG/8.4ML	5	PA; LD
neomycin sulfate tabs 500mg	6	
tobramycin nebu 300mg/5ml	5	QL (280 mL every 28 days)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	5	PA, QL (2 injections every 28 days)
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 syringes every 28 days)
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
SIMLANDI PSKT 20MG/0.2ML, 80MG/0.8ML	5	PA, QL (2 injections every 28 days)
SIMLANDI PSKT 40MG/0.4ML	5	PA, QL (4 injections every 28 days)
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)
ANTIRHEUMATIC - 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)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1MG/ML	5	PA, QL (360 mL every 30 days)
tofacitinib citrate soln 1mg/ml	5	PA, QL (240 mL every 24 days)
tofacitinib citrate tabs 5mg, 10mg	5	PA, QL (60 tabs every 30 days)
tofacitinib citrate tb24 11mg, 22mg	5	PA, QL (30 tabs every 30 days)
GOLD COMPOUNDS		
AURANOFIN CAPS 3MG	6	MT
RIDAURA CAPS 3MG	6	MT
INTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220MG	5	PA; LD
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150MG/ML	5	PA; LD
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib caps 50mg, 100mg, 200mg	6	MT
diclofenac potassium tabs 50mg	6	MT
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	6	MT
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	6	MT
fenoprofen calcium tabs 600mg	6	MT
flurbiprofen tabs 100mg	6	MT
ibu tabs 400mg, 600mg, 800mg	6	MT
ibuprofen susp 100mg/5ml, 200mg/10ml	6	
ibuprofen tabs 400mg, 600mg, 800mg	6	MT
indomethacin caps 25mg, 50mg; cpcr 75mg	6	MT
ketorolac tromethamine tabs 10mg	6	
meclofenamate sodium caps 50mg, 100mg	6	MT
mefenamic acid caps 250mg	6	MT
meloxicam susp 7.5mg/5ml	6	
meloxicam tabs 7.5mg, 15mg	6	MT
nabumetone tabs 500mg, 750mg	6	MT
naproxen tabs 250mg, 375mg, 500mg	6	MT
oxaprozin tabs 600mg	6	MT
piroxicam caps 10mg, 20mg	6	MT
sulindac tabs 150mg, 200mg	6	MT
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
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)
OTEZLA XR TB24 75MG	5	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	5	PA, QL (41 tabs every 180 days)

Drug Name	Drug Tier	Requirements/Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tabs 10mg, 20mg	2	MT
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25MG/0.5ML	5	PA, QL (4 vials every 28 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 every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	5	PA, QL (4 pens every 28 days)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	6	QL (120 tabs every 30 days)
butalbital-acetaminophen tab 50-325 mg	6	QL (120 tabs every 30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	6	QL (120 caps every 30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	6	QL (120 caps every 30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	6	QL (120 tabs every 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	6	QL (120 caps every 30 days)
esgic cap	6	QL (120 caps every 30 days)
tencon tab 50-325mg	6	QL (120 tabs every 30 days)
SALICYLATES		
aspirin chew 81mg; tbec 81mg	1	QL (100 tabs every fill), OTC; ACA
diflunisal tabs 500mg	6	MT
salsalate tabs 500mg, 750mg	6	MT
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE TABS 15MG, 60MG	6	PA; MME
codeine sulfate tabs 30mg	6	PA; MME
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	6	PA; MME
fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	6	PA; MME
hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg	6	PA; MME
levorphanol tartrate tabs 2mg	6	PA; MME
meperidine hcl soln 50mg/5ml; tabs 50mg	6	PA; MME
methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg	6	PA; MME
methadose tbso 40mg	6	PA; MME

Drug Name	Drug Tier	Requirements/Limits
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	6	PA; MME
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	6	PA; MME
oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg	6	PA; MME
oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	6	PA; MME
TAPENTADOL HYDROCHLORIDE TB12 50MG, 100MG, 150MG, 200MG, 250MG	6	PA; MME
tramadol hcl tabs 50mg; tb24 100mg, 200mg, 300mg	6	PA; MME
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	6	PA; MME
xyvona tabs 2mg	6	PA; MME
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	6	PA; MME
acetaminophen w/ codeine tab 300-15 mg	6	PA; MME
acetaminophen w/ codeine tab 300-30 mg	6	PA; MME
acetaminophen w/ codeine tab 300-60 mg	6	PA; MME
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	6	PA; MME
ascomp/cod cap 30mg	6	PA; MME
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	6	PA; MME
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	6	PA; MME
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	6	PA; MME
endocet tab 2.5-325	6	PA; MME
endocet tab 5-325mg	6	PA; MME
endocet tab 7.5-325	6	PA; MME
endocet tab 10-325mg	6	PA; MME
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	6	PA; MME
hydrocodone-acetaminophen soln 10-325 mg/15ml	6	PA; MME
hydrocodone-acetaminophen tab 2.5-325 mg	6	PA; MME
hydrocodone-acetaminophen tab 5-300 mg	6	PA; MME
hydrocodone-acetaminophen tab 5-325 mg	6	PA; MME
hydrocodone-acetaminophen tab 7.5-300 mg	6	PA; MME
hydrocodone-acetaminophen tab 7.5-325 mg	6	PA; MME
hydrocodone-acetaminophen tab 10-300 mg	6	PA; MME
hydrocodone-acetaminophen tab 10-325 mg	6	PA; MME
oxycodone w/ acetaminophen tab 2.5-325 mg	6	PA; MME
oxycodone w/ acetaminophen tab 5-325 mg	6	PA; MME
oxycodone w/ acetaminophen tab 7.5-325 mg	6	PA; MME

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 10-325 mg	6	PA; MME
tramadol-acetaminophen tab 37.5-325 mg	6	PA; MME
trezix cap	6	PA; MME
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	6	PA, QL (60 films every 30 days); MME
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	6	PA, QL (4 patches every 28 days); MME
buprenorphine hcl soln .3mg/ml	6	PA, QL (4 mL every 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	6	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	6	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	6	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	6	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	6	QL (90 tabs every 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	6	QL (90 tabs every 30 days)
butorphanol tartrate soln 10mg/ml	6	PA; MME
pentazocine w/ naloxone hcl tab 50-0.5 mg	6	PA; MME
ZUBSOLV SUB 0.7-0.18	6	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	6	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	6	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	6	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	6	QL (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	6	QL (60 tabs every 30 days)
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol caps 50mg, 100mg, 200mg	6	
depo-testosterone soln 100mg/ml, 200mg/ml	6	PA
methitest tabs 10mg	6	PA, QL (600 tabs every 30 days)
methyltestosterone caps 10mg	6	PA, QL (600 caps every 30 days)
testosterone gel 1.62%, 10mg/act, 40.5mg/2.5gm	6	PA, QL (150 gm every 30 days)
testosterone gel 12.5mg/act, 25mg/2.5gm, 50mg/5gm	6	PA, QL (300 gm every 30 days)
testosterone gel 20.25mg/1.25gm	6	PA, QL (37.5 gm every 30 days)
testosterone cypionate soln 100mg/ml, 200mg/ml	6	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
hydrocortisone (intrarectal) enem 100mg/60ml	6	

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	6	
RECTAL STEROIDS		
hydrocortisone (rectal) crea 1%, 2.5%	6	
procto-med hc crea 2.5%	6	
proctocort crea 1%	6	
proctosol hc crea 2.5%	6	
proctozone-hc crea 2.5%	6	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tabs 200mg	6	QL (336 tabs every 365 days)
EMVERM CHEW 100MG	6	QL (12 tabs every 365 days)
ivermectin tabs 3mg	6	QL (9 tabs every 75 days)
praziquantel tabs 600mg	6	QL (24 tabs every 365 days)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole caps 375mg; tabs 250mg, 500mg	6	
pentamidine isethionate solr 300mg	6	
tinidazole tabs 250mg, 500mg	6	
trimethoprim tabs 100mg	6	
XIFAXAN TABS 200MG	6	PA, QL (9 tabs every 30 days)
XIFAXAN TABS 550MG	6	PA, QL (90 tabs every 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim tab 400-80 mg	6	
sulfamethoxazole-trimethoprim tab 800-160 mg	6	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750mg/5ml	6	
nitazoxanide tabs 500mg	6	QL (14 tabs every 30 days)
GLYCOPEPTIDES		
vancomycin hcl caps 125mg, 250mg	6	QL (120 caps every 30 days)
vancomycin hcl solr 25mg/ml	6	QL (900 mL every 30 days)
vancomycin hcl solr 50mg/ml, 250mg/5ml	6	QL (1350 mL every 30 days)
LEPROSTATICS		
dapsone tabs 25mg, 100mg	6	
LINCOSAMIDES		
clindamycin hcl caps 75mg, 150mg, 300mg	6	
clindamycin palmitate hydrochloride solr 75mg/5ml	6	
MONOBACTAMS		
CAYSTON SOLR 75MG	5	PA, QL (90 vials every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
OXAZOLIDINONES		
linezolid susr 100mg/5ml; tabs 600mg	6	QL (14 days supply every 30 days)
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	6	
methenamine hippurate tabs 1gm	6	
methenamine mandelate tabs .5gm, 1gm	6	
nitrofurantoin susp 25mg/5ml, 50mg/10ml	6	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	6	
nitrofurantoin monohyd macro caps 100mg	6	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	6	MT
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	2	MT
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	2	MT
nitro-bid oint 2%	6	MT
nitroglycerin oint 2%; pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	2	MT
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	6	
hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	6	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	6	
meprobamate tabs 200mg	6	QL (360 tabs every 30 days)
meprobamate tabs 400mg	6	QL (180 tabs every 30 days)
BENZODIAZEPINES		
alprazolam tabs 2mg; tbdp 2mg	6	QL (150 tabs every 30 days)
alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg	6	QL (90 tabs every 30 days)
alprazolam tb24 .5mg, 1mg, 2mg, 3mg	6	QL (60 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	6	QL (90 mL every 30 days)
alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg	6	QL (60 tabs every 30 days)
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	6	QL (120 caps every 30 days)
clorazepate dipotassium tabs 3.75mg, 7.5mg	6	QL (90 tabs every 30 days)
clorazepate dipotassium tabs 15mg	6	QL (180 tabs every 30 days)
diazepam conc 5mg/ml	6	QL (120 mL every 30 days)
diazepam soln 5mg/5ml	6	QL (600 mL every 30 days)
diazepam tabs 2mg, 5mg, 10mg	6	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	6	QL (120 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam tabs 2mg	6	QL (150 tabs every 30 days)
lorazepam tabs .5mg, 1mg	6	QL (90 tabs every 30 days)
lorazepam intensol conc 2mg/ml	6	QL (150 mL every 30 days)
oxazepam caps 10mg, 15mg, 30mg	6	QL (120 caps every 30 days)
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate caps 100mg, 150mg	2	MT
quinidine gluconate tbcr 324mg	2	MT
quinidine sulfate tabs 200mg, 300mg	2	MT
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl caps 150mg, 200mg, 250mg	2	MT
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	2	MT
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	2	MT
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	2	MT
dofetilide caps 125mcg, 250mcg, 500mcg	6	MT
MULTAQ TABS 400MG	6	MT
pacerone tabs 100mg, 200mg, 400mg	2	MT
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium nebu 20mg/2ml	2	MT
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
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
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide soln .02%	2	MT
ipratropium bromide hfa aers 17mcg/act	2	QL (2 inhalers every 30 days); MT
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
tiotropium bromide caps 18mcg	2	QL (90 ea every 30 days); MT
YUPELRI NEBU 175MCG/3ML	6	QL (90 mL every 30 days); MT
LEUKOTRIENE MODULATORS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	2	MT
zafirlukast tabs 10mg, 20mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
zileuton tb12 600mg	2	MT
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tabs 250mcg, 500mcg	6	MT
STEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	3	QL (1 inhaler every 30 days); MT
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH	3	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	3	QL (1 inhaler every 30 days); MT
budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml	2	MT
QVAR REDIHALER AERB 40MCG/ACT	3	QL (1 inhaler every 30 days); MT
QVAR REDIHALER AERB 80MCG/ACT	3	QL (2 inhalers every 30 days); MT
SYMPATHOMIMETICS		
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 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 9MCG	3	QL (1 inhaler every 30 days); MT
BREZTRI AERO AER 18MCG	3	QL (1 inhaler every 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2	QL (1 inhaler every 30 days); MT
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2	QL (1 inhaler every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT AER 20-100	3	QL (1 inhaler every 30 days); MT
fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (60 inhalations every 30 days); MT
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (60 inhalations every 30 days); MT
fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (60 inhalations every 30 days); MT
formoterol fumarate nebu 20mcg/2ml	2	MT
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	MT
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	
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
XANTHINES		
elixophyllin elix 80mg/15ml	6	MT
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg	6	MT
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	MT
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	MT
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CPSP .15MG; TBSO .5MG	3	
ELIQUIS TABS 2.5MG, 5MG	3	MT
ELIQUIS STARTER PACK TBPK 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
rivaroxaban tabs 2.5mg	2	MT
XARELTO SUSR 1MG/ML	3	
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	3	MT
XARELTO STAR TAB 15/20MG	3	
HEPARINS AND HEPARINOID-LIKE AGENTS		
BD HEPARIN POSIFLUSH SOLN 10UNIT/ML, 100UNIT/ML	2	
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	6	
HEPARIN LOCK FLUSH SOLN 1UNIT/ML, 10UNIT/ML	2	
HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY 5000UNIT/0.5ML	3	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	
HEPARIN SODIUM LOCK FLUSH SOLN 100UNIT/ML	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel susp .5mg/ml; tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	2	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	2	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	2	
MIDAZOLAM HYDROCHLORIDE SOAJ 10MG/0.7ML	6	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	6	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	6	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	6	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	6	
ANTICONVULSANTS - MISC.		
brivaracetam soln 10mg/ml; tabs 10mg, 25mg, 50mg, 75mg, 100mg	2	
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; tabs 200mg; tb12 100mg, 200mg, 400mg	2	MT
carbidopa & levodopa tab 25-250 mg	6	
DIACOMIT CAPS 250MG, 500MG; PACK 250MG, 500MG	5	PA; LD
EPIDIOLEX SOLN 100MG/ML	5	PA; LD

Drug Name	Drug Tier	Requirements/Limits
epitol tabs 200mg	2	MT
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	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 50mg, 100mg, 150mg, 200mg	2	
lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	2	MT
lamotrigine kit 25mg	2	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	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) & 100 mg (7) kit	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
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)
pregabalin soln 20mg/ml	2	PA, QL (900 mL every 30 days)
primidone tabs 50mg, 250mg	2	MT
relgaabi caps 300mg, 400mg	2	PA, QL (180 caps every 30 days)
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	6	MT
zonisamide caps 25mg, 50mg, 100mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
ZTALMY SUSP 50MG/ML	5	PA; LD
CARBAMATES		
felbamate susp 600mg/5ml; tabs 400mg, 600mg	2	MT
GABA MODULATORS		
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	2	MT
vigabatrin pack 500mg	5	QL (180 packets every 30 days); LD
vigabatrin tabs 500mg	5	QL (180 tabs every 30 days); LD
vigadrone pack 500mg	5	QL (180 packets every 30 days); LD
vigadrone tabs 500mg	5	QL (180 tabs every 30 days); LD
VIGAFYDE SOLN 100MG/ML	5	LD
vigpoder pack 500mg	5	QL (180 packets every 30 days); LD
HYDANTOINS		
phenytek caps 200mg, 300mg	2	MT
phenytoin chew 50mg; susp 125mg/5ml	2	MT
phenytoin sodium extended caps 100mg, 200mg, 300mg	2	MT
SUCCINIMIDES		
ethosuximide caps 250mg; soln 250mg/5ml	2	MT
methsuximide caps 300mg	2	MT
VALPROIC ACID		
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	2	MT
valproate sodium soln 250mg/5ml, 500mg/10ml	2	MT
valproic acid caps 250mg	2	MT
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	2	MT
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	2	MT
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	6	MT
MARPLAN TABS 10MG	6	MT
phenelzine sulfate tabs 15mg	2	MT
tranylcypromine sulfate tabs 10mg	2	MT
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide soln 10mg/5ml, 20mg/10ml; tabs 10mg, 20mg, 40mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg, 20mg	2	MT
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml	2	MT
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	2	MT
paroxetine hcl susp 10mg/5ml	6	MT
paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	2	MT
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	2	MT
SEROTONIN MODULATORS		
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	2	MT
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	2	MT
vilazodone hcl tabs 10mg, 20mg, 40mg	2	MT
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	2	MT
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg	2	MT
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	2	MT
TRICYCLIC AGENTS		
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	MT
amoxapine tabs 25mg, 50mg, 100mg, 150mg	2	MT
clomipramine hcl caps 25mg, 50mg, 75mg	2	MT
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	MT
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	2	MT
imipramine hcl tabs 10mg, 25mg, 50mg	2	MT
imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	2	MT
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	2	MT
protriptyline hcl tabs 5mg, 10mg	2	MT
trimipramine maleate caps 25mg, 50mg, 100mg	2	MT
ANTIDIABETICS		
ALPHA-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

Drug Name	Drug Tier	Requirements/Limits
miglitol tabs 50mg	2	QL (180 tabs every 30 days); MT
miglitol tabs 100mg	2	QL (90 tabs every 30 days); MT
ANTIDIABETIC - 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
ANTIDIABETIC COMBINATIONS		
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	2	QL (60 tabs every 30 days); MT
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	2	QL (60 tabs every 30 days); MT
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	2	QL (30 tabs every 30 days); MT
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	2	QL (30 tabs every 30 days); MT
glipizide-metformin hcl tab 2.5-250 mg	2	QL (240 tabs every 30 days); MT
glipizide-metformin hcl tab 2.5-500 mg	2	QL (120 tabs every 30 days); MT
glipizide-metformin hcl tab 5-500 mg	2	QL (120 tabs every 30 days); MT
glyburide-metformin tab 1.25-250 mg	2	MT
glyburide-metformin tab 2.5-500 mg	2	MT
glyburide-metformin tab 5-500 mg	2	MT
GLYXAMBI TAB 10-5 MG	6	QL (30 tabs every 30 days); MT
GLYXAMBI TAB 25-5 MG	6	QL (30 tabs every 30 days); MT
JANUMET TAB 50-500MG	6	QL (60 tabs every 30 days); MT
JANUMET TAB 50-1000	6	QL (60 tabs every 30 days); MT
JANUMET XR TAB 50-500MG	6	QL (30 tabs every 30 days); MT
JANUMET XR TAB 50-1000	6	QL (60 tabs every 30 days); MT
JANUMET XR TAB 100-1000	6	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
sitagliptin phosphate-metformin hcl tab 50-500 mg	2	QL (60 tabs every 30 days); MT
sitagliptin phosphate-metformin hcl tab 50-1000 mg	2	QL (60 tabs every 30 days); MT
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	2	QL (30 tabs every 30 days); MT
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	2	QL (60 tabs every 30 days); MT
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	2	QL (30 tabs every 30 days); MT
SOLIQUA INJ 100/33	6	QL (15 mL every 25 days); MT
SYNJARDY TAB	6	QL (60 tabs every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG	6	QL (120 tabs every 30 days); MT
SYNJARDY TAB 5-1000MG	6	QL (60 tabs every 30 days); MT
SYNJARDY TAB 12.5-500	6	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB	6	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 5-1000MG	6	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 10-1000	6	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 25-1000	6	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB	6	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB	6	QL (60 tabs every 30 days); MT
XULTOPHY INJ 100/3.6	6	QL (15 mL every 30 days); MT
BIGUANIDES		
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
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	6	
BAQSIMI TWO PACK POWD 3MG/DOSE	6	
diazoxide susp 50mg/ml	6	MT
glucagon solr 1mg	6	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	6	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	6	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	6	
GVOKE KIT SOLN 1MG/0.2ML	6	
GVOKE PFS SOSY 1MG/0.2ML	6	
mifepristone (hyperglycemia) tabs 300mg	5	PA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25MG, 50MG, 100MG	6	QL (30 tabs every 30 days); MT
sitagliptin phosphate tabs 25mg, 50mg, 100mg	2	QL (30 tabs every 30 days); MT
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TABS .8MG	6	QL (180 tabs every 30 days); MT
INCRETIN 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	6	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	6	PA, QL (1 pen every 28 days)
OZEMPIC TABS 1.5MG, 4MG, 9MG	6	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	6	PA, QL (30 tabs every 30 days)
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	6	PA, QL (4 pens every 28 days)
INSULIN		
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
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML	3	QL (6 vials every 30 days); MT
INSULIN GLARGINE-YFGN SOPN 100UNIT/ML	3	QL (10 pens 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
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

Drug Name	Drug Tier	Requirements/Limits
TRESIBA SOLN 100UNIT/ML	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 200UNIT/ML	3	QL (18mL every 30 days); MT
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tabs 15mg, 30mg, 45mg	2	QL (30 tabs every 30 days); MT
MEGLITINIDE ANALOGUES		
nateglinide tabs 60mg, 120mg	2	MT
repaglinide tabs 2mg	2	QL (240 tabs every 30 days); MT
repaglinide tabs .5mg, 1mg	2	QL (120 tabs every 30 days); MT
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin tabs 5mg, 10mg	2	QL (30 tabs every 30 days); MT
JARDIANCE TABS 10MG, 25MG	6	QL (30 tabs every 30 days); MT
SULFONYLUREAS		
glimepiride tabs 1mg	2	QL (240 tabs every 30 days); MT
glimepiride tabs 2mg	2	QL (120 tabs every 30 days); MT
glimepiride tabs 4mg	2	QL (60 tabs every 30 days); MT
glipizide tabs 5mg; tb24 2.5mg	2	QL (240 tabs every 30 days); MT
glipizide tabs 10mg; tb24 5mg	2	QL (120 tabs every 30 days); MT
glipizide tb24 10mg	2	QL (60 tabs every 30 days); MT
glipizide xl tb24 2.5mg	2	QL (240 tabs every 30 days); MT
glipizide xl tb24 5mg	2	QL (120 tabs every 30 days); MT
glipizide xl tb24 10mg	2	QL (60 tabs every 30 days); MT
glyburide tabs 1.25mg, 2.5mg, 5mg	2	MT
glyburide micronized tabs 1.5mg, 3mg, 6mg	2	MT
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	6	
diphenoxylate w/ atropine tab 2.5-0.025 mg	6	
loperamide hcl caps 2mg	6	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	5	
OPIOID ANTAGONISTS		
ft naloxone hydrochloride liqd 4mg/0.1ml	6	QL (2 sprays every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
gnp naloxone hydrochlorid liqd 4mg/0.1ml	6	QL (2 sprays every 30 days), OTC
KLOXXADO LIQD 8MG/0.1ML	6	QL (2 sprays every 30 days)
naloxone hcl liqd 4mg/0.1ml	6	QL (2 sprays every 30 days)
naloxone hcl liqd 4mg/0.1ml	6	QL (2 sprays every 30 days), OTC
naloxone hcl soct .4mg/ml	6	QL (2 injections every 30 days)
naloxone hcl soln 4mg/10ml	6	QL (1 vial every 30 days)
naloxone hcl soln .4mg/ml	6	QL (2 vials every 30 days)
naloxone hcl sosy 2mg/2ml	6	QL (2 syringes every 30 days)
naloxone hcl sosy .4mg/ml	2	QL (2 injections every 30 days)
naltrexone hcl tabs 50mg	6	
narcan liqd 4mg/0.1ml	6	QL (2 sprays every 30 days), OTC
REZENOPY LIQD 10MG/0.11ML	6	QL (2 sprays every 30 days)
ZIMHI SOSY 5MG/0.5ML	6	QL (2 injections every 30 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TABS 50MG	6	
granisetron hcl tabs 1mg	6	
ondansetron tbdp 4mg, 8mg	6	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	6	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tabs 12.5mg, 25mg	6	
scopolamine pt72 1mg/3days	6	
trimethobenzamide hcl caps 300mg	6	
ANTIEMETICS - MISCELLANEOUS		
dronabinol caps 2.5mg, 5mg, 10mg	6	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg, 80mg, 125mg	6	
aprepitant capsule therapy pack 80 & 125 mg	6	
ANTIFUNGALS		
ANTIFUNGALS		
griseofulvin microsize susp 125mg/5ml; tabs 500mg	6	
griseofulvin ultramicrosize tabs 125mg, 250mg	6	
nystatin tabs 500000unit	6	
terbinafine hcl tabs 250mg	6	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	6	
itraconazole caps 100mg	6	QL (120 caps every 30 days)
itraconazole soln 10mg/ml	6	
ketoconazole tabs 200mg	6	
posaconazole susp 40mg/ml	6	QL (630 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
posaconazole tbec 100mg	6	QL (93 tabs every 30 days)
voriconazole susr 40mg/ml	6	QL (600 mL every 30 days)
voriconazole tabs 50mg	6	QL (480 tabs every 30 days)
voriconazole tabs 200mg	6	QL (120 tabs every 30 days)
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	6	
carbzah soln 4mg/5ml	6	
clemastine fumarate tabs 2.68mg	6	
diphenhydramine hcl soln 50mg/ml	6	
ANTIHISTAMINES - NON-SEDATING		
desloratadine tabs 5mg	6	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg	6	
promethegan supp 12.5mg, 25mg, 50mg	6	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	6	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl caps .5gm, 1gm	2	MT
omega-3-acid ethyl esters cap 1 gm	2	MT
BILE ACID SEQUESTRANTS		
cholestyramine pack 4gm; powd 4gm	2	MT
cholestyramine light pack 4gm; powd 4gm/dose	2	MT
colesevelam hcl pack 3.75gm; tabs 625mg	6	MT
prevalite pack 4gm; powd 4gm/dose	2	MT
FIBRIC ACID DERIVATIVES		
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
HMG 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

Drug Name	Drug Tier	Requirements/Limits
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tabs 10mg	2	MT
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	2	MT
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA SOSY 140MG/ML	6	QL (2 pens every 28 days); MT
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	6	QL (1 cartridge every 28 days); MT
REPATHA SURECLICK SOAJ 140MG/ML	6	QL (2 syr. every 28 days); MT
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	2	MT
captopril tabs 12.5mg, 25mg, 50mg, 100mg	2	MT
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	2	MT
fosinopril sodium tabs 10mg, 20mg, 40mg	2	MT
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	2	MT
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	2	MT
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	2	MT
trandolapril tabs 1mg, 2mg, 4mg	2	MT
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl caps 10mg	6	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	2	MT
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
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	6	MT
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
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2	MT
amlodipine besylate-benazepril hcl cap 5-10 mg	2	MT
amlodipine besylate-benazepril hcl cap 5-20 mg	2	MT
amlodipine besylate-benazepril hcl cap 5-40 mg	2	MT
amlodipine besylate-benazepril hcl cap 10-20 mg	2	MT
amlodipine besylate-benazepril hcl cap 10-40 mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	2	MT
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	2	MT
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	2	MT
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	2	MT
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
amlodipine besylate-valsartan tab 10-320 mg	2	MT
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	2	MT
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	2	MT
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	2	MT
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	2	MT
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2	MT
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 mg	2	MT
benazepril & hydrochlorothiazide tab 20-12.5 mg	2	MT
benazepril & hydrochlorothiazide tab 20-25 mg	2	MT
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	MT
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	MT
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	MT
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	2	MT
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	2	MT
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	2	MT
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 5-12.5 mg	2	MT
enalapril maleate & hydrochlorothiazide tab 10-25 mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2	MT
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2	MT
irbesartan-hydrochlorothiazide tab 150-12.5 mg	2	MT
irbesartan-hydrochlorothiazide tab 300-12.5 mg	2	MT
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 50-12.5 mg	2	MT
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	2	MT
losartan potassium & hydrochlorothiazide tab 100-25 mg	2	MT
metoprolol & hydrochlorothiazide tab 50-25 mg	2	MT
metoprolol & hydrochlorothiazide tab 100-25 mg	2	MT
metoprolol & hydrochlorothiazide tab 100-50 mg	2	MT
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	2	MT
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	2	MT
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	2	MT
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	2	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	2	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	2	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	2	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	2	MT
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	2	MT
telmisartan-hydrochlorothiazide tab 80-12.5 mg	2	MT
telmisartan-hydrochlorothiazide tab 80-25 mg	2	MT
trandolapril-verapamil hcl tab er 1-240 mg	2	MT
trandolapril-verapamil hcl tab er 2-180 mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
trandolapril-verapamil hcl tab er 2-240 mg	2	MT
trandolapril-verapamil hcl tab er 4-240 mg	2	MT
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
DIRECT RENIN INHIBITORS		
aliskiren fumarate tabs 150mg, 300mg	2	MT
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tabs 25mg, 50mg	2	MT
VASODILATORS		
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	2	MT
minoxidil tabs 2.5mg, 10mg	2	MT
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	6	
atovaquone-proguanil hcl tab 250-100 mg	6	
COARTEM TAB 20-120MG	6	
ANTIMALARIALS		
ARAKODA TABS 100MG	6	
chloroquine phosphate tabs 250mg, 500mg	6	
hydroxychloroquine sulfate tabs 200mg	6	
KRINTAFEL TABS 150MG	6	
mefloquine hcl tabs 250mg	6	
primaquine phosphate tabs 26.3mg	6	
pyrimethamine tabs 25mg	5	PA
quinine sulfate caps 324mg	6	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10MG	5	PA; LD
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	6	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine caps 250mg	6	
ethambutol hcl tabs 100mg, 400mg	6	
isoniazid syrp 50mg/5ml; tabs 100mg, 300mg	6	
PRETOMANID TABS 200MG	6	
PRIFTIN TABS 150MG	6	
pyrazinamide tabs 500mg	6	
rifabutin caps 150mg	6	
rifampin caps 150mg, 300mg	6	
rifapentine tabs 150mg	6	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TABS 20MG, 100MG	5	
TRECATOR TABS 250MG	6	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide caps 25mg, 50mg	6	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	6	
LEUKERAN TABS 2MG	6	
lomustine caps 10mg, 40mg, 100mg	6	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	5	PA
ANTIMETABOLITES		
capecitabine tabs 150mg, 500mg	5	PA
mercaptopurine tabs 50mg	6	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
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 30 days); LD
INLYTA TABS 5MG	5	PA, QL (120 tabs every 30 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 30 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 30 days); LD
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 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
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS TABS 60MG	5	PA, QL (120 tabs every 30 days); LD
TUKYSA TABS 50MG, 150MG	5	PA; LD
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl tabs 100mg, 150mg	5	PA, QL (30 tabs every 30 days)
LAZCLUZE TABS 80MG	5	PA, QL (60 tabs every 30 days); LD
LAZCLUZE TABS 240MG	5	PA, QL (30 tabs every 30 days); LD
TAGRISSO TABS 40MG, 80MG	5	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150MG	5	PA, QL (28 caps every 28 days); LD
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tabs 500mg	5	PA, QL (60 tabs every 30 days)
abirtega tabs 250mg	5	PA, QL (120 tabs every 30 days)
AKEEGA TAB 50/500MG	5	PA, QL (60 tabs every 30 days); LD
AKEEGA TAB 100/500	5	PA, QL (60 tabs every 30 days); LD
anastrozole tabs 1mg	1	ACA; MT
bicalutamide tabs 50mg	6	
EMCYT CAPS 140MG	6	
ERLEADA TABS 60MG	5	PA, QL (120 tabs every 30 days); LD
ERLEADA TABS 240MG	5	PA, QL (30 tabs every 30 days); LD
exemestane tabs 25mg	1	ACA; MT
INLURIYO TABS 200MG	5	PA, QL (56 tabs every 28 days); LD
letrozole tabs 2.5mg	6	MT
leuprolide acetate kit 1mg/0.2ml	5	
LIFYORLI CAP 125MG DS	5	PA; LD
LIFYORLI CAP 150MG DS	5	PA; LD
LYSODREN TABS 500MG	5	LD
megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg	6	
NUBEQA TABS 300MG	5	PA, QL (120 tabs every 30 days); LD
ORSERDU TABS 86MG	5	PA, QL (90 tabs every 30 days); LD
ORSERDU TABS 345MG	5	PA, QL (30 tabs every 30 days); LD
SOLTAMOX SOLN 10MG/5ML	6	MT
tamoxifen citrate tabs 10mg, 20mg	1	ACA; MT
toremifene citrate tabs 60mg	6	MT
XTANDI CAPS 40MG	5	PA, QL (120 caps every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40MG	5	PA, QL (120 tabs every 30 days); LD
XTANDI TABS 80MG	5	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide caps 1mg, 2mg, 3mg, 4mg	5	PA, QL (21 caps every 28 days); LD
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI CAPS 200MG	5	PA, QL (90 caps every 30 days); LD
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG, 300MG	5	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA	5	PA, QL (1 pack every 28 days); LD
LONSURF TAB 15-6.14	5	PA; LD
LONSURF TAB 20-8.19	5	PA; LD
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150MG	5	PA, QL (240 caps every 30 days); LD
AUGTYRO CAPS 40MG	5	PA, QL (240 caps every 30 days); LD
AUGTYRO CAPS 160MG	5	PA, QL (60 caps every 30 days); LD
bosutinib tabs 100mg	5	PA, QL (90 tabs every 30 days); LD
bosutinib tabs 400mg, 500mg	5	PA, QL (30 tabs every 30 days); LD
BRUKINSA CAPS 80MG	5	PA, QL (120 caps every 30 days); LD
BRUKINSA TABS 160MG	5	PA, QL (60 tabs 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, 140mg	5	PA, QL (30 tabs every 30 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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS 75MG, 100MG, 125MG	5	PA, QL (21 tabs every 28 days); LD
IBTROZI CAPS 200MG	5	PA, QL (90 caps every 30 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 420MG	5	PA, QL (28 tabs every 28 days); LD
IMKELDI SOLN 80MG/ML	5	PA, QL (280 mL every 28 days); LD
ITOVEBI TABS 3MG	5	PA, QL (56 tabs every 28 days); LD
ITOVEBI TABS 9MG	5	PA, QL (28 tabs every 28 days); LD
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	5	PA, QL (60 tabs every 30 days); LD
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	5	PA, QL (30 tabs every 30 days); LD
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); LD
KISQALI 400 MG DAILY DOSE TBPK 200MG	5	PA, QL (42 tabs every 28 days); LD
KISQALI 600 MG DAILY DOSE TBPK 200MG	5	PA, QL (63 tabs every 28 days); LD
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); LD
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

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS 2MG	5	PA, QL (30 tabs every 30 days); LD
MEKINIST TABS .5MG	5	PA, QL (90 tabs every 30 days); LD
nilotinib hcl caps 50mg	5	PA, QL (120 caps every 28 days)
nilotinib hcl caps 150mg, 200mg	5	PA, QL (112 caps every 28 days)
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)
pazopanib hcl tabs 400mg	5	PA, QL (60 tabs every 30 days)
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)
STIVARGA TABS 40MG	5	PA, QL (84 tabs every 28 days); LD
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	5	PA, QL (28 caps every 28 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; TBPK 160MG, 200MG	5	PA, QL (64 tabs every 28 days); LD
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL (56 tabs every 28 days); LD
VITRAKVI CAPS 25MG	5	PA, QL (180 caps every 30 days); LD
VITRAKVI CAPS 100MG	5	PA, QL (60 caps every 30 days); LD
VITRAKVI SOLN 20MG/ML	5	PA, QL (300 mL every 30 days); LD
VONJO CAPS 100MG	5	PA, QL (120 caps every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 10MG	5	PA, QL (60 tabs every 30 days); LD
VORANIGO TABS 40MG	5	PA, QL (30 tabs every 30 days); LD
XALKORI CAPS 200MG, 250MG	5	PA, QL (120 caps every 30 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
yulithira tabs 2.5mg, 5mg, 7.5mg, 10mg	5	PA, QL (28 tabs every 28 days)
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
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 100MCG/0.5ML	5	LD
BESREMI SOSY 500MCG/ML	5	PA; LD
BESREMI PEN SOPN 500MCG/0.5ML	5	PA; LD
bexarotene caps 75mg	5	PA
hydroxyurea caps 500mg	6	
MODEYSO CAPS 125MG	5	PA, QL (20 caps every 28 days); LD
tretinoin (chemotherapy) caps 10mg	6	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TABS 192MG	5	PA, QL (240 tabs every 30 days); LD
lederle leucovorin tabs 5mg	6	
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	6	
mesna tabs 400mg	6	
MITOTIC INHIBITORS		
etoposide caps 50mg	6	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	5	LD
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	6	MT
NOURIANZ TABS 20MG, 40MG	5	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	6	MT
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	6	MT
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	6	MT
tolcapone tabs 100mg	6	MT

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	6	MT
bromocriptine mesylate caps 5mg; tabs 2.5mg	6	MT
carbamazepine chew 200mg; susp 100mg/5ml, 200mg/10ml	2	MT
carbidopa & levodopa orally disintegrating tab 10-100 mg	6	
carbidopa & levodopa orally disintegrating tab 25-100 mg	6	
carbidopa & levodopa orally disintegrating tab 25-250 mg	6	
carbidopa & levodopa tab 10-100 mg	6	
carbidopa & levodopa tab 25-100 mg	6	
carbidopa & levodopa tab er 25-100 mg	6	
carbidopa & levodopa tab er 50-200 mg	6	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	6	MT
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	6	MT
carbidopa-levodopa-entacapone tabs 25-100-200 mg	6	MT
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	6	MT
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	6	MT
carbidopa-levodopa-entacapone tabs 50-200-200 mg	6	MT
DUOPA SUS 4.63-20	5	LD
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	6	MT
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	6	MT
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg	6	MT
topiramate cpsp 50mg	2	MT
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tabs .5mg, 1mg	6	MT
selegiline hcl caps 5mg; tabs 5mg	6	MT
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium soln 8meq/5ml	6	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	6	
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS 34MG; TABS 10MG	5	PA; LD
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	6	PA, QL (30 caps every 30 days)
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	2	PA
BENZISOXAZOLES		
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	6	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	6	
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	6	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	2	PA
PERSERIS PRSY 90MG, 120MG	6	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	PA
risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg	6	
RYKINDO SRER 25MG, 37.5MG, 50MG	6	
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	6	
BUTYROPHENONES		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
haloperidol lactate conc 2mg/ml	2	
DIBENZAPINES		
asenapine maleate subl 2.5mg, 5mg, 10mg	2	PA
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	2	PA
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	2	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	2	PA
quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	2	PA
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	6	PA
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	6	
DIHYDROINDOLONES		
molindone hcl tabs 5mg, 10mg, 25mg	6	
PHENOTHIAZINES		
chlorpromazine hcl conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	2	
compro supp 25mg	6	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	2	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	2	
prochlorperazine supp 25mg	6	
prochlorperazine maleate tabs 5mg, 10mg	6	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	2	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	2	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	6	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	6	
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	2	PA
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	6	
ARISTADA INITIO PRSY 675MG/2.4ML	6	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	6	PA, QL (30 tabs every 30 days)
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	2	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20mg/ml	5	QL (960 mL every 30 days)
abacavir sulfate tabs 300mg	5	QL (60 tabs every 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tabs every 30 days)
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 days)
CIMDUO TAB 300-300	5	QL (30 tabs every 30 days)
darunavir tabs 600mg	5	QL (60 tabs every 30 days)
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 PED TBSO 2.5MG	5	QL (180 ea every 30 days)
efavirenz caps 50mg	5	QL (480 caps every 30 days)
efavirenz caps 200mg	5	QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
efavirenz tabs 600mg	5	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tabs every 30 days)
emtricitabine caps 200mg	5	QL (30 caps every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs every 30 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)
IDVYNSO TAB 100-0.25	5	QL (30 tabs every 30 days)
INTELENCE TABS 25MG	5	QL (120 tabs every 30 days)
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)
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 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 675/150	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)

Drug Name	Drug Tier	Requirements/Limits
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)
rilpivirine hcl tabs 25mg	5	QL (30 tabs every 30 days)
ritonavir tabs 100mg	5	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	5	QL (1800 mL every 30 days)
SUNLENCA TABS 300MG	5	QL (24 tabs every year); LD
SUNLENCA TAB THERAPY PACK 4 X 300 MG TBPK 300MG	5	QL (8 tabs every year); LD
SUNLENCA TAB THERAPY PACK 5 X 300 MG TBPK 300MG	5	QL (10 tabs every year); LD
tenofovir disoproxil fumarate tabs 300mg	5	QL (30 tabs every 30 days)
TIVICAY TABS 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)
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)
YEZTUGO TABS 300MG	5	QL (24 tabs every year); LD
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)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	6	QL (11 tabs every 5 days)
PAXLOVID TAB 150-100	6	QL (20 tabs every 5 days)
PAXLOVID TAB 300-100	6	QL (30 tabs every 5 days)
CMV AGENTS		
valganciclovir hcl solr 50mg/ml; tabs 450mg	6	
HEPATITIS AGENTS		
adefovir dipivoxil tabs 10mg	6	
entecavir tabs .5mg, 1mg	6	
lamivudine (hbv) tabs 100mg	6	
LEDIP-SOFOSB TAB 90-400MG	3	PA, QL (30 tabs every 30 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	5	LD
ribavirin (hepatitis c) caps 200mg; tabs 200mg	5	
SOFOS/VELPAT TAB 400-100	3	PA, QL (30 tabs every 30 days)
HERPES AGENTS		
acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg	6	
famciclovir tabs 125mg, 250mg, 500mg	6	
valacyclovir hcl tabs 1gm, 500mg	6	

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
oseltamivir phosphate caps 30mg	6	QL (20 caps every 180 days)
oseltamivir phosphate caps 45mg, 75mg	6	QL (10 caps every 180 days)
oseltamivir phosphate susr 6mg/ml	6	QL (180 mL every 180 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	6	QL (1 inhaler every 180 days)
rimantadine hydrochloride tabs 100mg	6	
XOFLUZA TBPK 40MG, 80MG	6	QL (2 tabs every 180 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	6	QL (40 caps every 5 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	2	MT
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, 100mg, 200mg	2	MT
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	2	MT
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; tabs 10mg, 20mg, 40mg, 60mg, 80mg	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	6	MT
timolol maleate tabs 5mg, 10mg, 20mg	2	MT
CALCIUM 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 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg	2	MT
diltiazem hcl tb24 120mg, 180mg, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg	2	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	MT
felodipine tb24 2.5mg, 5mg, 10mg	2	MT
isradipine caps 2.5mg, 5mg	2	MT
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	2	
nicardipine hcl caps 20mg, 30mg	2	MT
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	2	MT
nimodipine caps 30mg	2	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	MT
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	MT
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	2	MT
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg	2	MT
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	5	PA, QL (30 caps every 30 days); LD
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 5-10 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 5-20 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 5-40 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 5-80 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 10-10 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 10-20 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 10-40 mg	2	MT
amlodipine besylate-atorvastatin calcium tab 10-80 mg	2	MT
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	6	MT
sacubitril-valsartan tab 24-26 mg	6	MT

Drug Name	Drug Tier	Requirements/Limits
sacubitril-valsartan tab 49-51 mg	6	MT
sacubitril-valsartan tab 97-103 mg	6	MT
PROSTAGLANDIN VASODILATORS		
alprostadil soln 500mcg/ml	6	
epoprostenol sodium solr .5mg, 1.5mg	5	PA
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	5	PA; LD
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, 100mg/20ml, 200mg/20ml	5	PA; LD
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	PA; LD
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tabs 5mg, 10mg	5	PA
bosentan tabs 62.5mg, 125mg; tbso 32mg	5	PA; LD
macitentan tabs 10mg	5	PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tabs 20mg	5	PA, QL (60 tabs every 30 days)
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml	5	PA
sildenafil citrate (pulmonary hypertension) susr 10mg/ml	5	PA, QL (180 mL every 30 days)
sildenafil citrate (pulmonary hypertension) tabs 20mg	5	PA, QL (360 tabs every 30 days)
tadalafil (pulmonary hypertension) tabs 20mg	5	PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA; LD
SINUS NODE INHIBITORS		
CORLANOR SOLN 5MG/5ML	6	MT
ivabradine hcl tabs 5mg, 7.5mg	6	MT
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	6	MT
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	6	
cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	6	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 250mg/5ml	6	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	6	
cefuroxime axetil tabs 250mg, 500mg	6	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	6	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	6	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	6	
CONTRACEPTIVES		
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
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
AVERI TAB	1	ACA; MT
aviane tab	1	ACA; MT
ayuna tab	1	ACA; MT
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 tab	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 0.15-0.02/0.01 mg(21/5)	1	ACA; MT
dolishale tab 90-20mcg	1	ACA; MT

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	ACA; MT
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	ACA; MT
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 mg-35 mcg	1	ACA; MT
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	ACA; MT
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
galbriela chw	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	1	ACA; MT
hailey tab 1.5/30	1	ACA; MT
iclevia tab	1	ACA; MT
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

Drug Name	Drug Tier	Requirements/Limits
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 &eth est 0.01 mg	1	ACA; MT
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	ACA; MT
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	ACA; MT
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	ACA; MT
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	ACA; MT
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	ACA; MT
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	ACA; MT
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	ACA; MT
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	ACA; MT
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
luizza 1/20 tab	1	ACA; MT
luizza tab 1.5/30	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
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

Drug Name	Drug Tier	Requirements/Limits
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
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	ACA; MT
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	ACA; MT
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	ACA; MT
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	ACA; MT
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	ACA; MT
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	ACA; MT
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	ACA; MT
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
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
rosyrah 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

Drug Name	Drug Tier	Requirements/Limits
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-sprintec tab	1	ACA; MT
tri-vylibra tab	1	ACA; MT
tri-vylibra tab lo	1	ACA; MT
trivora-28 tab	1	ACA; MT
turqoz tab	1	ACA; MT
TYBLUME CHW 0.1-0.02	1	ACA; MT
tydemy tab	1	ACA; MT
valtya 1/35 tab	1	ACA; MT
valtya 1/50 tab	1	ACA; MT
velivet pak	1	ACA; MT
vestura tab 3-0.02mg	1	ACA; MT
vienva tab 0.1-20	1	ACA; MT
viorele tab	1	ACA; MT
volnea tab	1	ACA; MT
vyfemla tab 0.4-35	1	ACA; MT
vylibra tab 0.25-35	1	ACA; MT
wera tab 0.5/35	1	ACA; MT
wymzya fe chw 0.4mg-35	1	ACA; MT
xarah fe tab	1	ACA; MT
xelria fe chw 0.4mg-35	1	ACA; MT
zovia 1/35 tab	1	ACA; MT
zumandimine tab 3-0.03mg	1	ACA; MT
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO DIS 220-20	1	ACA
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	ACA; MT
TWIRLA DIS 120-30	1	ACA; MT
xulane dis 150-35	1	ACA; MT
zafemy dis 150/35	1	ACA; MT
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	1	QL (1 ring every 300 days); ACA; MT

Drug Name	Drug Tier	Requirements/Limits
eluryng mis	1	QL (13 rings every 300 days); ACA; MT
enilloring mis	1	QL (13 rings every 300 days); ACA; MT
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	QL (13 rings every 300 days); ACA; MT
haloette mis	1	QL (13 rings every 300 days); ACA; MT
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD	1	QL (1 IUD every 300 days); ACA
MIUDELLA IUD COPPER	1	QL (1 IUD every 300 days); ACA
PARAGARD IUD T380A	1	QL (1 IUD every 300 days); ACA
EMERGENCY CONTRACEPTIVES		
aftera tabs 1.5mg	1	OTC; ACA
afterpill tabs 1.5mg	1	OTC; ACA
curae tabs 1.5mg	1	OTC; ACA
econtra one-step tabs 1.5mg	1	OTC; ACA
ELLA TABS 30MG	1	ACA
her style tabs 1.5mg	1	OTC; ACA
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
plan b one-step tabs 1.5mg	1	OTC; ACA
react tabs 1.5mg	1	OTC; ACA
shewise tabs 1.5mg	1	OTC; ACA
take action tabs 1.5mg	1	OTC; ACA
your choice tabs 1.5mg	1	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	1	QL (1 implant every 300 days); ACA
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	1	QL (1 injection every 75 days); ACA
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	1	QL (4 injections every 300 days); ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	1	QL (1 IUD every 300 days); ACA

Drug Name	Drug Tier	Requirements/Limits
LILETTA IUD 20.1MCG/DAY	1	QL (1 IUD every 300 days); ACA
MIRENA IUD 21MCG/DAY	1	QL (1 IUD every 300 days); ACA
SKYLA IUD 13.5MG	1	QL (1 IUD every 300 days); ACA
PROGESTIN 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
meleya 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
orquidea tabs .35mg	1	ACA; MT
sharobel tabs .35mg	1	ACA; MT
SLYND TABS 4MG	1	ACA; MT
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE SUSP 40MG/ML	5	PA; LD
budesonide cpep 3mg; tb24 9mg	6	
deflazacort susp 22.75mg/ml	5	PA
deflazacort tabs 6mg, 18mg, 30mg, 36mg	5	PA; LD
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	6	
hydrocortisone tabs 5mg, 10mg, 20mg	6	
jaythari susp 22.75mg/ml; tabs 6mg, 18mg, 30mg, 36mg	5	PA; LD
kymbee susp 22.75mg/ml; tabs 6mg, 18mg, 30mg, 36mg	5	PA; LD
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	6	
prednisolone soln 15mg/5ml; tabs 5mg	6	
prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	6	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	6	
pyquvi susp 22.75mg/ml	5	PA; LD

Drug Name	Drug Tier	Requirements/Limits
TARPEYO CPDR 4MG	5	PA, QL (120 caps every 30 days); LD
MINERALOCORTICOIDS		
fludrocortisone acetate tabs .1mg	6	MT
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate caps 100mg, 150mg, 200mg	6	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	6	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	6	
hydromet syp 5-1.5/5	6	
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	6	
prometh vc syp 6.25-5/5	6	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	6	
promethazine w/ codeine syrup 6.25-10 mg/5ml	6	
promethazine-dm syrup 6.25-15 mg/5ml	6	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	6	
EXPECTORANTS		
potassium iodide (expectorant) soln 1gm/ml	6	
MISC. RESPIRATORY INHALANTS		
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	6	
MUCOLYTICS		
acetylcysteine soln 10%, 20%	6	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane caps 10mg, 20mg, 30mg, 40mg	6	
adapalene crea .1%; gel .3%	6	
adapalene-benzoyl peroxide gel 0.1-2.5%	6	
adapalene-benzoyl peroxide gel 0.3-2.5%	6	
amnesteem caps 10mg, 20mg, 30mg, 40mg	6	
benzoyl peroxide-erythromycin gel 5-3%	6	
claravis caps 10mg, 20mg, 30mg, 40mg	6	
clindacin foam 1%	6	QL (200 gm every 30 days)
clindacin etz pledgets swab 1%	6	
clindacin-p swab 1%	6	
clindamycin phosphate (topical) foam 1%	6	QL (200 gm every 30 days)
clindamycin phosphate (topical) lotn 1%; soln 1%	6	QL (240 mL every 30 days)
clindamycin phosphate (topical) swab 1%	6	
ery pads 2%	6	
erythromycin (acne aid) gel 2%	6	QL (180 gm every 30 days)
erythromycin (acne aid) soln 2%	6	
isotretinoin caps 10mg, 20mg, 30mg, 40mg	6	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) lotn 10%	6	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%	6	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	6	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (topical) crea .1%; oint .1%	6	QL (90 gm every 30 days)
mupirocin oint 2%	6	QL (90 gm every 30 days)
ANTIFUNGALS - TOPICAL		
ciclodan soln 8%	6	
ciclopirox sham 1%; soln 8%	6	
ciclopirox olamine susp .77%	6	QL (240 mL every 30 days)
clotrimazole (topical) crea 1%; soln 1%	6	
clotrimazole w/ betamethasone cream 1-0.05%	6	
econazole nitrate crea 1%	6	QL (255 gm every 30 days)
ERTACZO CREA 2%	6	
ketoconazole (topical) crea 2%	6	QL (120 gm every 30 days)
ketoconazole (topical) sham 2%	6	QL (240 mL every 30 days)
klayesta powd 100000unit/gm	6	QL (180 gm every 30 days)
naftifine hcl crea 1%, 2%	6	
nyamyc powd 100000unit/gm	6	QL (180 gm every 30 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm	6	QL (90 gm every 30 days)
nystatin (topical) powd 100000unit/gm	6	QL (180 gm every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	6	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	6	
nystop powd 100000unit/gm	6	QL (180 gm every 30 days)
oxiconazole nitrate crea 1%	6	QL (90 gm every 30 days)
sulconazole nitrate crea 1%	6	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	6	QL (100 gm every 30 days)
fluorouracil (topical) crea 5%; soln 2%, 5%	6	
ANTIPRURITICS - TOPICAL		
doxepin hcl (antipruritic) crea 5%	6	QL (90 gm every 30 days)
ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	6	
calcipotriene soln .005%	6	QL (120 mL every 30 days)
calcitriol (topical) oint 3mcg/gm	6	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	5	PA, QL (1 syringe every 28 days); LD
COSENTYX 300MG DOSE SOSY 150MG/ML	5	PA, QL (2 syringes every 28 days); LD
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 28 days); LD
COSENTYX SENSOREADY PEN 300MG DOSE SOAJ 150MG/ML	5	PA, QL (2 pens every 28 days); LD

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SOAJ 300MG/2ML	5	PA, QL (1 pen every 28 days); LD
IMULDOSA SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
IMULDOSA SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
methoxsalen rapid caps 10mg	6	
SELARSDI SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84 days)
SELARSDI SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
SELARSDI SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
SKYRIZI SOSY 55MG/0.37ML, 150MG/ML	5	PA, QL (1 syringe every 84 days)
SKYRIZI PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 84 days)
TREMFYA SOPN 100MG/ML	5	PA, QL (1 pen every 42 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)
YESINTEK SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84 days)
YESINTEK SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
YESINTEK SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotn 2.5%	6	
ANTIVIRALS - TOPICAL		
acyclovir topical oint 5%	6	
penciclovir crea 1%	6	
BURN PRODUCTS		
mafenide acetate pack 5%	6	
silver sulfadiazine crea 1%	6	
ssd crea 1%	6	
SULFAMYLON CREA 85MG/GM	6	
CORTICOSTEROIDS - TOPICAL		
ala-cort crea 1%	6	
alclometasone dipropionate oint .05%	6	
betamethasone dipropionate (topical) crea .05%; lotn .05%	6	
betamethasone dipropionate augmented crea .05%; lotn .05%	6	
betamethasone valerate crea .1%; lotn .1%	6	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	6	QL (400 gm every 30 days)
clobetasol propionate crea .05%	6	QL (240 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate lotn .05%; sham .05%	6	QL (236 mL every 30 days)
clobetasol propionate soln .05%	6	QL (200 mL every 30 days)
clodan sham .05%	6	QL (236 mL every 30 days)
desonide crea .05%; lotn .05%; oint .05%	6	
desoximetasone crea .05%, .25%	6	
diflorasone diacetate crea .05%	6	QL (120 gm every 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	6	QL (240 gm every 30 days)
fluocinolone acetonide oil .01%	6	
fluocinolone acetonide soln .01%	6	QL (240 mL every 30 days)
fluocinonide crea .1%	6	QL (120 gm every 30 days)
fluocinonide crea .05%; gel .05%; oint .05%	6	QL (240 gm every 30 days)
fluocinonide soln .05%	6	QL (240 mL every 30 days)
fluocinonide emulsified base crea .05%	6	
fluticasone propionate crea .05%; oint .005%	6	
halobetasol propionate crea .05%; oint .05%	6	
hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%	6	
hydrocortisone butyrate crea .1%; oint .1%; soln .1%	6	
hydrocortisone valerate crea .2%; oint .2%	6	
mometasone furoate crea .1%; oint .1%; soln .1%	6	
pramoxine-hc cream 1-2.5%	6	
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%	6	QL (454 gm every 30 days)
triamcinolone acetonide (topical) lotn .025%, .1%	6	QL (120 mL every 30 days)
triamcinolone acetonide (topical) oint .5%	6	QL (45 gm every 30 days)
triderm crea .5%	6	QL (454 gm every 30 days)
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	5	PA, QL (4 pens every 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 5%	6	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus (topical) oint .03%, .1%	6	
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln .5%	6	
LOCAL ANESTHETICS - TOPICAL		
glydo prsy 2%	6	
lidocaine oint 5%	6	QL (100 gm every 30 days)
lidocaine ptch 5%	6	QL (90 patches every 30 days)
lidocaine hcl gel 2%; prsy 2%; soln 4%	6	
lidocaine-prilocaine cream 2.5-2.5%	6	QL (60 gm every 30 days)
lidocan ptch 5%	6	QL (90 patches every 30 days)
tridacaine ptch 5%	6	QL (90 patches every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ROSACEA AGENTS		
metronidazole (topical) gel .75%, 1%; lotn .75%	6	
SCABICIDES & PEDICULICIDES		
EURAX CREA 10%	6	QL (120 gm every 30 days)
malathion lotn .5%	6	
permethrin crea 5%	6	
spinosad susp .9%	6	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	3	QL (100 strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (100 strips every 30 days), OTC
ACCU-CHEK TES SMART	3	QL (100 strips every 30 days), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
CAM PRO COMP BAR GLYTACTI	6	
GLYTAC COMPL BAR 10PE	6	
GLYTACTIN PAK BTMK/DLT	6	
GLYTACTIN PAK SWIRL 15	6	
GLYTACTIN POW APPLE	6	
GLYTACTIN POW BD 20/20	6	
GLYTACTIN POW BETMLK15	6	
GLYTACTIN POW BLD 10PE	6	
GLYTACTIN POW BLD PKU	6	
GLYTACTIN POW PUNCH	6	
GLYTACTIN POW RESTOR 5	6	
GLYTACTIN POW RST LT10	6	
GLYTACTIN POW TROPICAL	6	
HCU EASY TAB	6	
HCU EXPRESS PAK 15+ UNFL	6	
HCU EXPRESS PAK 20+ UNFL	6	
HOMACTIN AA POW PLUS	6	
ISOVACTIN AA POW PLUS	6	
ISOVACTIN AA POW PLUS 15	6	
MSUD EASY TAB	6	
PKU EASY TAB	6	
PKU EASY TAB MICROTAB	6	
PKU EASY TAB PLUS	6	
PKU EXPRESS PAK 15+ LEMO	6	
PKU EXPRESS PAK 15+ ORAN	6	
PKU EXPRESS PAK 15+ TROP	6	
PKU EXPRESS PAK 15+ UNFL	6	

Drug Name	Drug Tier	Requirements/Limits
PKU EXPRESS PAK 20+ RASP	6	
PKU EXPRESS PAK 20+ TROP	6	
PKU EXPRESS PAK 20+ UNFL	6	
PKU EXPRESS PAK 20+LEMON	6	
PKU EXPRESS PAK 20+ORANG	6	
TYLACTIN COM BAR 15 PE	6	
TYLACTIN POW BLD 20PE	6	
TYLACTIN POW RESTOR5	6	
TYR EASY TAB	6	
TYR EXPRESS PAK 15+ UNFL	6	
TYR EXPRESS PAK 20+ UNFL	6	
VILACTIN AA POW PLUS	6	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	6	
CREON CAP 6000UNIT	6	
CREON CAP 12000UNT	6	
CREON CAP 24000UNT	6	
CREON CAP 36000UNT	6	
SUCRAID SOLN 8500UNIT/ML	5	PA, QL (354 mL every 30 days); LD
ZENPEP CAP 3000UNIT	6	
ZENPEP CAP 5000UNIT	6	
ZENPEP CAP 10000UNT	6	
ZENPEP CAP 15000UNT	6	
ZENPEP CAP 20000UNT	6	
ZENPEP CAP 25000UNT	6	
ZENPEP CAP 40000UNT	6	
ZENPEP CAP 60000UNT	6	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	2	MT
dichlorphenamide tabs 50mg	5	PA
methazolamide tabs 25mg, 50mg	2	MT
ormalvi tabs 50mg	5	PA; LD
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	2	MT
spironolactone & hydrochlorothiazide tab 25-25 mg	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	6	MT

Drug Name	Drug Tier	Requirements/Limits
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	6	MT
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	2	MT
DIURIL SUSP 250MG/5ML	6	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
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TABS 1MG, 5MG	5	PA; LD
RECORLEV TABS 150MG	5	PA; LD
BONE DENSITY REGULATORS		
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	2	MT
calcitonin (salmon) soln 200unit/act	2	MT
calcitonin (salmon) soln 200unit/ml	2	
ibandronate sodium tabs 150mg	2	MT
risedronate sodium tabs 5mg, 35mg, 150mg; tbec 35mg	2	MT
risedronate sodium tabs 30mg	2	
teriparatide sopn 560mcg/2.24ml	5	
TYMLOS SOPN 3120MCG/1.56ML	5	LD
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; LD
GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	5	PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	5	PA
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	5	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA TABS 60MG	6	MT
raloxifene hcl tabs 60mg	1	ACA; MT
METABOLIC MODIFIERS		
betaine powder for oral solution	5	PA
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	6	MT
cinacalcet hcl tabs 30mg, 60mg, 90mg	5	

Drug Name	Drug Tier	Requirements/Limits
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	6	MT
javygtor pack 100mg, 500mg; tabs 100mg	5	PA; LD
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	6	MT
MYALEPT SOLR 11.3MG	5	PA; LD
nitisinone caps 2mg, 5mg, 10mg, 20mg	5	
OPFOLDA CAPS 65MG	5	PA; LD
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	5	PA; LD
paricalcitol caps 1mcg, 2mcg, 4mcg	6	MT
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	5	PA; LD
sodium phenylbutyrate powd 3gm/tsp	5	QL (750 gm every 30 days)
sodium phenylbutyrate tabs 500mg	5	QL (1200 tabs every 30 days)
VYKAT XR TB24 25MG	5	PA, QL (120 tabs every 30 days); LD
VYKAT XR TB24 75MG	5	PA, QL (210 tabs every 30 days); LD
VYKAT XR TB24 150MG	5	PA, QL (90 tabs every 30 days); LD
zelvysia pack 100mg, 500mg	5	PA; LD
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG, 40MG	6	QL (30 tabs every 30 days); MT
NATRIURETIC PEPTIDES		
VOXZOGO SOLR .4MG, .56MG, 1.2MG	5	PA; LD
POSTERIOR PITUITARY HORMONES		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	6	
desmopressin acetate spray soln .01%	6	
desmopressin acetate spray refrigerated soln .01%	6	
PROLACTIN INHIBITORS		
cabergoline tabs .5mg	6	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
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tabs 15mg, 30mg; tbpk 15mg	5	PA; LD
tolvaptan tab therapy pack 30 & 15 mg	5	PA; LD
tolvaptan tab therapy pack 45 & 15 mg	5	PA; LD
tolvaptan tab therapy pack 60 & 30 mg	5	PA; LD
tolvaptan tab therapy pack 90 & 30 mg	5	PA; LD

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale lo tab 0.5-0.1	6	MT
abigale tab 1-0.5mg	6	MT
CLIMARA PRO DIS WEEKLY	6	MT
COMBIPATCH DIS	6	MT
estradiol & norethindrone acetate tab 0.5-0.1 mg	6	MT
estradiol & norethindrone acetate tab 1-0.5 mg	6	MT
fyavolv tab 0.5-2.5	6	MT
fyavolv tab 1-5	6	MT
jinteli tab 1mg-5mcg	6	MT
mimvey tab 1-0.5mg	6	MT
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	6	MT
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	6	MT
PREMPHASE TAB	6	MT
PREMPRO TAB	6	MT
PREMPRO TAB 0.3-1.5	6	MT
PREMPRO TAB 0.45-1.5	6	MT
PREMPRO TAB 0.625-5	6	MT
ESTROGENS		
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	6	MT
estradiol gel .25mg/0.25gm, .5mg/0.5gm, .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	6	MT
estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml	6	
estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg	6	MT
EVAMIST SOLN 1.53MG/SPRAY	6	MT
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	6	MT
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSR 5GM/100ML, 500MG/5ML	6	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	6	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	6	
moxifloxacin hcl tabs 400mg	6	
ofloxacin tabs 300mg, 400mg	6	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
chenodal tabs 250mg	5	LD
ursodiol caps 300mg; tabs 250mg, 500mg	6	MT
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	6	MT
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone caps 8mcg, 24mcg	6	MT
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	6	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAPS 400MCG	5	PA, QL (150 caps every 30 days); LD
BYLVAY CAPS 1200MCG	5	PA, QL (180 caps every 30 days); LD
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	5	PA, QL (120 caps every 30 days); LD
LIVMARLI SOLN 9.5MG/ML, 19MG/ML	5	PA; LD
LIVMARLI TABS 10MG, 15MG, 20MG	5	PA, QL (60 tabs every 30 days); LD
LIVMARLI TABS 30MG	5	PA, QL (30 tabs every 30 days); LD
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium caps 750mg	6	
DIPENTUM CAPS 250MG	6	MT
mesalamine cp24 .375gm; cpcr 250mg, 500mg; tbec 1.2gm	6	MT
mesalamine enem 4gm; supp 1000mg; tbec 800mg	6	
PENTASA CPCR 250MG	6	MT
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	5	PA, QL (1 injection every 56 days)
sulfasalazine tabs 500mg; tbec 500mg	6	MT
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	5	PA, QL (1 injection every 28 days)
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	5	PA, QL (6 pens every 180 days)
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	6	MT
generlac soln 10gm/15ml	6	MT
lactulose (encephalopathy) soln 10gm/15ml	6	MT
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tabs .5mg, 1mg	6	MT
LINZESS CAPS 72MCG, 145MCG, 290MCG	6	MT
VIBERZI TABS 75MG, 100MG	6	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5MG, 25MG	6	
RELISTOR SOLN 12MG/0.6ML; SOSY 8MG/0.4ML, 12MG/0.6ML	6	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
LIVDELZI CAPS 10MG	5	PA, QL (30 caps every 30 days); LD
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	6	MT
ferric citrate tabs 210mg	6	MT
lanthanum carbonate chew 500mg, 750mg, 1000mg	6	MT
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	6	MT
sevelamer hcl tabs 400mg, 800mg	6	MT
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	6	
ALKALINIZERS		
potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg	6	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	5	PA; LD
PROCYSBI CPDR 25MG, 75MG	5	PA; LD
GENITOURINARY IRRIGANTS		
acetic acid soln .25%	6	
neomycin-polymyxin b gu irrigation soln	6	
sodium chloride (gu irrigant) soln .9%	6	
SORBITOL SOLN 3%	6	
SORBITOL-MAN SOL	6	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200MG	5	PA, QL (30 tabs every 30 days); LD
FILSPARI TABS 400MG	5	PA, QL (60 tabs every 30 days); LD
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100MG	6	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tb24 10mg	6	MT
CARDURA XL TB24 4MG, 8MG	6	MT
dutasteride caps .5mg	6	MT
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	6	MT
finasteride tabs 5mg	6	MT
silodosin caps 4mg, 8mg	6	MT
tamsulosin hcl caps .4mg	6	MT

Drug Name	Drug Tier	Requirements/Limits
URINARY ANALGESICS		
phenazo tabs 200mg	6	
phenazopyridine hcl tabs 200mg	6	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	6	MT
GOUT AGENTS		
allopurinol tabs 100mg, 300mg	6	MT
colchicine tabs .6mg	6	
febuxostat tabs 40mg, 80mg	6	MT
URICOSURICS		
probenecid tabs 500mg	6	MT
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5	PA; LD
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	5	PA; LD
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	5	PA; LD
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	PA; LD
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, 3000UNIT, 4000UNIT	5	PA; LD
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	5	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate sosy 30mg/3ml	5	PA; LD
sajazir sosy 30mg/3ml	5	PA; LD
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	5	PA; LD
RUCONEST SOLR 2100UNIT	5	PA; LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100MG, 150MG	5	PA; LD
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbcr 400mg	2	MT
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	5	PA; LD
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl caps .5mg, 1mg	2	MT
aspirin-dipyridamole cap er 12hr 25-200 mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
CABLIVI KIT 11MG	5	PA; LD
cilostazol tabs 50mg, 100mg	2	MT
clopidogrel bisulfate tabs 75mg	2	MT
clopidogrel bisulfate tabs 300mg	2	
dipyridamole tabs 25mg, 50mg, 75mg	2	MT
prasugrel hcl tabs 5mg, 10mg	2	MT
ticagrelor tabs 60mg, 90mg	2	MT
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	5	PA; LD
miglustat caps 100mg	5	PA; LD
yargesa caps 100mg	5	PA; LD
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	6	MT
SIKLOS TABS 100MG, 1000MG	6	
XROMI SOLN 100MG/ML	6	
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	6	
dodex soln 1000mcg/ml	6	
FOLIC ACID/FOLATES		
fa-8 caps .8mg	1	QL (100 caps per fill), OTC; ACA; MT
folate tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
folic acid caps 800mcg	1	QL (100 caps per fill), OTC; ACA; MT
folic acid tabs 1mg	6	MT
folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
ft folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
kp folic acid tabs 800mcg	1	OTC; ACA; MT
yl folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TABS 20MG	5	PA; LD
DOPTELET SPRINKLE CPSP 10MG	5	PA; LD
eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg	5	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg	6	
tranexamic acid tabs 650mg	6	

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tabs 3mg, 6mg	6	QL (30 tabs every 30 days)
NON-BARBITURATE HYPNOTICS		
estazolam tabs 1mg	6	QL (60 tabs every 30 days)
estazolam tabs 2mg	6	QL (30 tabs every 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	6	QL (30 tabs every 30 days)
flurazepam hcl caps 15mg, 30mg	6	QL (30 caps every 30 days)
temazepam caps 15mg	6	QL (60 caps every 30 days)
temazepam caps 30mg	6	QL (30 caps every 30 days)
triazolam tabs .25mg	6	QL (60 tabs every 30 days)
triazolam tabs .125mg	6	QL (120 tabs every 30 days)
zaleplon caps 5mg	6	QL (30 caps every 30 days)
zaleplon caps 10mg	6	QL (60 caps every 30 days)
zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg	6	QL (30 tabs every 30 days)
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tabs 8mg	6	QL (30 tabs every 30 days)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	1	ACA
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	1	ACA
PEG-PREP KIT	1	ACA
PLENVU SOL	1	ACA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	ACA
SUFLAVE SOL	1	ACA
SUTAB TAB	1	ACA
LAXATIVES - MISCELLANEOUS		
constulose soln 10gm/15ml	6	MT
lactulose soln 10gm/15ml, 20gm/30ml	6	MT
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	6	
sulfatrim pd sus 200-40/5	6	
MACROLIDES		
AZITHROMYCIN		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	6	

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	6	
ERYTHROMYCINS		
e.e.s. 400 tabs 400mg	6	
ery-tab tbec 250mg, 333mg, 500mg	6	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	6	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	6	
FIDAXOMICIN		
DIFICID SUSR 40MG/ML	6	
fidaxomicin tabs 200mg	6	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	1	QL (1 each every 300 days); ACA
CONDOMS (MALE)	1	OTC; ACA
FC2 FEMALE MIS CONDOM	1	QL (12 condoms every 30 days), 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
OMNIFLEX DPR	1	QL (1 each every 300 days); ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	1	QL (1 each every 300 days); ACA
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	3	QL (1 box every year), OTC
ACCU-CHEK KIT COMPACT	3	QL (1 kit every year), OTC
ACCU-CHEK KIT GUIDE	3	QL (1 box every year), OTC
ACCU-CHEK KIT GUIDE ME	3	QL (1 box every year), OTC
ACCU-CHEK KIT NANO	3	QL (1 box every year), OTC
DEXCOM G6 MIS RECEIVER	6	QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	6	QL (9 sensors every 90 days)
DEXCOM G6 MIS TRANSMIT	6	QL (1 transmitter every 90 days)
DEXCOM G7 MIS RECEIVER	6	QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	6	QL (9 sensors every 90 days)
DEXCOM G7 MIS SNSR 15D	6	QL (6 sensors every 90 days)
LANCETS MIS	3	OTC
OMNIPOD5 LIB KIT INTRO	6	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD5 LIB MIS PODS	6	
OMNIPOD 5 DX KIT INT G7G6	6	
OMNIPOD 5 DX MIS POD G7G6	6	
OMNIPOD DASH KIT INTRO	6	
OMNIPOD DASH KIT PDM	6	
OMNIPOD DASH MIS PODS	6	
OMNIPOD GO KIT 10UNT/DY	6	
OMNIPOD GO KIT 15UNT/DY	6	
OMNIPOD GO KIT 20UNT/DY	6	
OMNIPOD GO KIT 25UNT/DY	6	
OMNIPOD GO KIT 30UNT/DY	6	
OMNIPOD GO KIT 35UNT/DY	6	
OMNIPOD GO KIT 40UNT/DY	6	
OMNIPOD MIS CLASSIC	6	
V-GO 20 KIT	6	
V-GO 30 KIT	6	
V-GO 40 KIT	6	
MISC. DEVICES		
ALCOHOL SWABS PADS 70%	3	QL (300 ea every 30 days), OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days)
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days), OTC
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days)
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days), OTC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	6	PA, QL (1 pen every 30 days)
EMGALITY SOAJ 120MG/ML	6	PA, QL (1 pen every 30 days)
EMGALITY SOSY 100MG/ML	6	PA, QL (3 syr every 30 days)
EMGALITY SOSY 120MG/ML	6	PA, QL (1 syr every 30 days)
NURTEC TBDP 75MG	6	PA, QL (16 tabs every 30 days)
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine tab 1-100 mg	6	
MIGRAINE PRODUCTS		
dihydroergotamine mesylate soln 1mg/ml	6	
dihydroergotamine mesylate soln 4mg/ml	6	QL (8 mL every 30 days)
ERGOMAR SUBL 2MG	6	
SEROTONIN AGONISTS		
almotriptan malate tabs 6.25mg, 12.5mg	6	QL (18 tabs every 30 days)
eletriptan hydrobromide tabs 20mg, 40mg	6	QL (18 tabs every 30 days)
frovatriptan succinate tabs 2.5mg	6	QL (18 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
naratriptan hcl tabs 1mg, 2.5mg	6	QL (18 tabs every 30 days)
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	6	QL (18 tabs every 30 days)
sumatriptan soln 5mg/act, 20mg/act	6	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	6	QL (10 injections every 30 days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	6	QL (18 tabs every 30 days)
zolmitriptan soln 2.5mg, 5mg	6	QL (12 inhalers every 30 days)
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	6	QL (18 tabs every 30 days)
zomig tabs 2.5mg, 5mg	6	QL (18 tabs every 30 days)
MINERALS & ELECTROLYTES		
FLUORIDE		
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	1	ACA; MT
PHOSPHATE		
phospho-trin k500 tabs 500mg	6	MT
POTASSIUM		
EFFER-K TBEF 25MEQ	6	MT
EFFER-K TAB 10MEQ	6	MT
EFFER-K TAB 20MEQ	6	MT
k-prime tbef 25meq	2	MT
klor-con pack 20meq	2	MT
klor-con 8 tbcr 8meq	2	MT
KLOR-CON 8 TBCR 8MEQ	2	MT
klor-con 10 tbcr 10meq	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 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq	2	MT
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	2	MT
SODIUM		
AQUASTAT SOLN .9%	6	
AQUASTAT SFR SOLN .9%	6	
BD POSIFLUSH SOLN .9%	6	
BD POSIFLUSH INJ SAFESCRU	6	
BD POSIFLUSH NORMAL SALIN SOLN .9%	6	
MONOJECT PHARMA GRADE FLU SOLN .9%	6	
NORMAL SALINE I.V. FLUSH SOLN .9%	6	
SALINE FLUSH SOLN .9%	6	
sodium chloride soln .9%	6	
SODIUM CHLORIDE FLUSH SOLN .9%	6	

Drug Name	Drug Tier	Requirements/Limits
ZINC		
GALZIN CAPS 50MG	6	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tabs 250mg	6	
FECAL INCONTINENCE BULKING AGENTS		
SOLESTA INJ 50-15ML	5	LD
IMMUNOMODULATORS		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	5	PA, QL (28 caps every 28 days); LD
lenalidomide caps 20mg, 25mg	5	PA, QL (21 caps every 28 days); LD
REZUROCK TABS 200MG	5	PA, QL (60 tabs every 30 days); LD
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	5	
azathioprine tabs 50mg	6	MT
cyclosporine caps 25mg, 100mg	6	MT
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	6	MT
ENSPRYNG SOSY 120MG/ML	5	PA; LD
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	5	
gengraf caps 25mg, 100mg; soln 100mg/ml	6	MT
LUPKYNIS CAPS 7.9MG	5	PA; LD
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	6	MT
mycophenolate sodium tbec 180mg, 360mg	6	MT
PROGRAF PACK .2MG, 1MG	6	MT
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	6	MT
tacrolimus caps .5mg, 1mg, 5mg	6	MT
tacrolimus cp24 .5mg, 1mg, 5mg	5	
IRRIGATION SOLUTIONS		
RINGERS IRR SOL	6	
tis-u-sol sol	6	
POTASSIUM REMOVING AGENTS		
kionex susp 15gm/60ml	6	
sodium polystyrene sulfonate susp 15gm/60ml	6	
sodium polystyrene sulfonate powder	6	
sps susp 15gm/60ml	6	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200MG/ML; SOSY 200MG/ML	5	PA; LD
SAPHNELO SOSY 120MG/0.8ML	5	PA; LD
SAPHNELO PEN SOAJ 120MG/0.8ML	5	PA; LD

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%	6	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	6	
nystatin (mouth-throat) susp 100000unit/ml	6	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	6	
periogard soln .12%	6	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pste .1%	6	QL (20 gm every 30 days)
oralone dental paste pste .1%	6	QL (20 gm every 30 days)
triamcinolone acetonide (mouth) pste .1%	6	QL (20 gm every 30 days)
THROAT PRODUCTS - MISC.		
cevimeline hcl caps 30mg	6	MT
pilocarpine hcl (oral) tabs 5mg, 7.5mg	6	MT
MULTIVITAMINS		
PRENATAL VITAMINS		
elite-ob tab	2	
pnv-dha cap	2	
pnv-select tab	2	
TRINATE TAB	2	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tabs 10mg, 20mg	6	
carisoprodol tabs 250mg, 350mg	6	QL (120 tabs every 30 days)
chlorzoxazone tabs 500mg	6	QL (180 tabs every 30 days)
cyclobenzaprine hcl tabs 5mg, 10mg	6	QL (90 tabs every 30 days)
metaxalone tabs 800mg	6	QL (90 tabs every 30 days)
methocarbamol tabs 500mg	6	QL (240 tabs every 30 days)
methocarbamol tabs 750mg	6	QL (160 tabs every 30 days)
orphenadrine citrate tb12 100mg	6	QL (60 tabs every 30 days)
tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg	6	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium caps 25mg, 50mg, 100mg	6	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine hcl soln .1%, .15%	6	
olopatadine hcl (nasal) soln .6%	6	
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal) soln .03%, .06%	6	MT

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR 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 (SMA)		
EVRYSDI SOLR .75MG/ML	5	PA; LD
EVRYSDI TABS 5MG	5	PA, QL (30 tabs every 30 days); LD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	6	
carteolol hcl (ophth) soln 1%	6	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	6	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	6	
levobunolol hcl soln .5%	6	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	6	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate (ophthalmic) soln 1%	6	
CYCLOMYDRIL SOL OP	6	
cyclopentolate hcl soln 1%	6	
phenylephrine hcl (mydriatic) soln 2.5%, 10%	6	
tropicamide soln .5%, 1%	6	
MIOTICS		
MIOCHOL-E SOLR 20MG	6	
PHOSPHOLINE IODIDE SOLR .125%	6	
pilocarpine hcl soln 1%, 2%, 4%	6	QL (30 mL every 30 days)
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl soln .5%	6	
brimonidine tartrate soln .1%, .15%, .2%	6	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN 1%	6	
bacitracin (ophthalmic) oint 500unit/gm	6	
bacitracin-polymyxin b ophth oint	6	
BESIVANCE SUSP .6%	6	
BETADINE OPHTHALMIC PREP SOLN 5%	6	
ciprofloxacin hcl (ophth) soln .3%	6	QL (30 mL every 30 days)
erythromycin (ophth) oint 5mg/gm	6	
gentamicin sulfate (ophth) soln .3%	6	QL (30 mL every 30 days)
moxifloxacin hcl (ophth) soln .5%	6	QL (30 mL every 30 days)
neo-polycin oin op	6	

Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	6	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	6	
ofloxacin (ophth) soln .3%	6	QL (30 mL every 30 days)
polycin oin op	6	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	6	
POVIDONE IODINE SOLN 5%	6	
sulfacetamide sodium (ophth) oint 10%; soln 10%	6	
tobramycin (ophth) soln .3%	6	QL (30 mL every 30 days)
TOBREX OINT .3%	6	QL (18 gm every 30 days)
trifluridine soln 1%	6	
ZIRGAN GEL .15%	6	
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (ophth) emul .05%	6	QL (60 vials every 30 days)
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	6	
proparacaine hcl soln .5%	6	
tetracaine hcl (ophth) soln .5%	6	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	6	
dexamethasone sodium phosphate (ophth) soln .1%	6	QL (30 mL every 30 days)
difluprednate emul .05%	6	
fluorometholone (ophth) susp .1%	6	
FML FORTE SUSP .25%	6	
LOTEMAX OINT .5%	6	
LOTEMAX SM GEL .38%	6	
loteprednol etabonate gel .5%; susp .5%	6	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	6	
neo-polycin oin hc 1%op	6	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	6	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	6	
neomycin-polymyxin-hc ophth susp	6	QL (30 mL every 30 days)
prednisolone acetate (ophth) susp 1%	6	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	6	
tobramycin-dexamethasone ophth susp 0.3-0.1%	6	QL (30 mL every 30 days)
OPHTHALMICS - MISC.		
ALOCRIL SOLN 2%	6	
ALOMIDE SOLN .1%	6	
azelastine hcl (ophth) soln .05%	6	
bepotastine besilate soln 1.5%	6	
brinzolamide susp 1%	6	

Drug Name	Drug Tier	Requirements/Limits
bromfenac sodium (ophth) soln .07%, .09%	6	
cromolyn sodium (ophth) soln 4%	6	
diclofenac sodium (ophth) soln .1%	6	QL (30 mL every 30 days)
dorzolamide hcl soln 2%	6	
epinastine hcl (ophth) soln .05%	6	
flurbiprofen sodium soln .03%	6	
ketorolac tromethamine (ophth) soln .4%, .5%	6	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost soln .03%	6	
latanoprost soln .005%	6	
LUMIGAN SOLN .01%	6	
tafluprost soln .015mg/ml	6	
travoprost soln .004%	6	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	6	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic) soln .2%	6	QL (56 ea every 30 days)
ofloxacin (otic) soln .3%	6	QL (30 mL every 30 days)
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	6	
ciprofloxacin-hydrocortisone otic susp 0.2-1%	6	
CORTISPORIN SUS -TC OTIC	6	
neomycin-polymyxin-hc otic soln 1%	6	QL (30 mL every 30 days)
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	6	QL (30 mL every 30 days)
OTIC STEROIDS		
flac oil .01%	6	
fluocinolone acetonide (otic) oil .01%	6	
hydrocortisone w/ acetic acid otic soln 1-2%	6	QL (30 mL every 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	5	PA; LD
CUVITRU SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML, 10GM/50ML	5	PA; LD
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	5	PA; LD
GAMMAGARD LIQUID ERC SOLN 5GM/50ML, 10GM/100ML	5	PA; LD
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	5	PA; LD

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	5	PA; LD
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	5	PA; LD
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	5	PA; LD
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	1	ACA
ENFLONSIA SOSY 105MG/0.7ML	1	ACA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	5	PA; LD
HYQVIA INJ 5-400	5	PA; LD
HYQVIA INJ 10-800	5	PA; LD
HYQVIA INJ 20-1600	5	PA; LD
HYQVIA INJ 30-2400	5	PA; LD
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	6	
ampicillin caps 500mg	6	
NATURAL PENICILLINS		
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	6	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 400-57 mg	6	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	6	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	6	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	6	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	6	
amoxicillin & k clavulanate tab 250-125 mg	6	
amoxicillin & k clavulanate tab 500-125 mg	6	
amoxicillin & k clavulanate tab 875-125 mg	6	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	6	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	6	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
bacteriostatic sodium chloride soln .9%	6	
glycine diluent for injection	5	
PH 12 STERIL SOL FLOLAN	5	
STERILE DILU SOL REMODULI	5	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
PROGESTINS		
gallifrey tabs 5mg	6	MT
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	6	MT
megestrol acetate (appetite) susp 625mg/5ml	6	MT
norethindrone acetate tabs 5mg	6	MT
progesterone caps 100mg, 200mg	6	MT
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	6	
disulfiram tabs 250mg, 500mg	6	
lofexidine hcl tabs .18mg	6	
ANTIDEMENTIA AGENTS		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	6	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	6	
LEQEMBI IQLIK SOAJ 360MG/1.8ML	5	PA, QL (4 pens every 28 days); LD
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg	6	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	6	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	6	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	6	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	6	
NAMZARIC CAP 7-10MG	6	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	6	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	6	
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
olanzapine-fluoxetine hcl cap 6-25 mg	2	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	2	PA
perphenazine-amitriptyline tab 2-10 mg	2	
perphenazine-amitriptyline tab 2-25 mg	2	
perphenazine-amitriptyline tab 4-10 mg	2	
perphenazine-amitriptyline tab 4-25 mg	2	
perphenazine-amitriptyline tab 4-50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
milnacipran hcl tabs 12.5mg, 25mg, 50mg, 100mg	6	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	6	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	5	PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	5	PA
AUSTEDO XR TAB TITR KIT	5	PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	5	PA; LD
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)
dalfampridine tb12 10mg	5	PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	5	PA, QL (56 caps every 28 days)
dimethyl fumarate cpdr 240mg	5	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (1 kit every 180 days)
fingolimod hcl caps .5mg	5	PA, QL (30 caps every 30 days)
glatiramer acetate sosy 20mg/ml	4	PA, QL (30 injections every 30 days)
glatiramer acetate sosy 40mg/ml	5	PA, QL (12 injections every 28 days)
glatopa sosy 20mg/ml	4	PA, QL (30 injections every 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
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 125MCG/0.5ML	5	PA, QL (2 injections every 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

Drug Name	Drug Tier	Requirements/Limits
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 every 28 days)
REBIF REBIDO INJ TITRATN	5	PA, QL (4.2 mL every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	5	PA, QL (12 injections every 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 days)
VUMERITY CPDR 231MG	5	PA, QL (120 caps every 30 days); LD
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
pregabalin (once-daily) tb24 82.5mg, 165mg	6	PA, QL (30 tabs every 30 days)
pregabalin (once-daily) tb24 330mg	6	PA, QL (60 tabs every 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tabs 1mg	6	
pimozide tabs 1mg, 2mg	6	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	1	QL (168 days supply every 365 days); ACA
nicotine gum 2mg, 4mg; lozg 2mg, 4mg	1	QL (168 days supply every 365 days), OTC; ACA
nicotine dis pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	1	QL (168 days supply every 365 days), OTC; ACA
NICOTINE SYS KIT TRANSDER	1	OTC; 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 every 365 days); ACA
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	5	PA, QL (56 tabs every 28 days); LD
ALYFTREK TAB 4-20-50	5	PA, QL (84 tabs every 28 days); LD
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

Drug Name	Drug Tier	Requirements/Limits
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	PA; 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
PULMONARY FIBROSIS AGENTS		
nintedanib esylate caps 100mg, 150mg	5	PA, QL (60 caps every 30 days); LD
pirfenidone caps 267mg	5	PA, QL (270 caps every 30 days)
pirfenidone tabs 267mg	5	PA, QL (270 tabs every 30 days)
pirfenidone tabs 801mg	5	PA, QL (90 tabs every 30 days)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tabs 500mg	6	
TETRACYCLINES		
TETRACYCLINES		
avidoxy tabs 100mg	6	
demeclocycline hcl tabs 150mg, 300mg	6	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 100mg	6	
doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg	6	
minocycline hcl caps 50mg, 75mg, 100mg	6	
mondoxyne nl caps 100mg	6	
tetracycline hcl caps 250mg, 500mg	6	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	2	MT
propylthiouracil tabs 50mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
THYROID HORMONES		
ADTHYZA TABS 15MG, 16.25MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG, 120MG, 130MG	3	MT
AMERITHROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	3	MT
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	3	MT
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MT
EVEXITHROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG, 180MG	3	MT
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MT
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	6	MT
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MT
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MT
liomny tabs 5mcg, 25mcg, 50mcg	2	MT
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	2	MT
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	3	MT
NP THYROID 15 TABS 15MG	3	MT
NP THYROID 30 TABS 30MG	3	MT
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, 45MG, 60MG, 75MG, 90MG, 120MG	3	MT
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	6	MT
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	3	MT
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MT
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	1	ACA
BOOSTRIX INJ	1	ACA
DAPTACEL INJ	1	ACA

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	1	ACA
KINRIX INJ	1	ACA
PEDIARIX INJ 0.5ML	1	ACA
PENTACEL 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
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	6	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	6	
glycopyrrolate tabs 1mg, 2mg	6	
hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg	6	MT
methscopolamine bromide tabs 2.5mg, 5mg	6	
H-2 ANTAGONISTS		
cimetidine hcl soln 300mg/5ml	6	MT
famotidine susr 40mg/5ml	6	
nizatidine caps 150mg, 300mg	6	MT
MISC. ANTI-ULCER		
sucralfate tabs 1gm	6	MT
PROTON PUMP INHIBITORS		
esomeprazole magnesium cpdr 20mg, 40mg	6	PA, QL (30 caps every 30 days); MT
esomeprazole magnesium pack 10mg, 20mg, 40mg	6	PA, QL (30 packets every 30 days); MT
lansoprazole cpdr 15mg, 30mg	6	PA, QL (30 caps every 30 days); MT
omeprazole cpdr 10mg, 20mg, 40mg	6	PA, QL (30 caps every 30 days); MT
pantoprazole sodium tbec 20mg, 40mg	6	PA, QL (30 tabs every 30 days); MT
rabeprazole sodium tbec 20mg	6	PA, QL (30 tabs every 30 days); MT
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tabs 100mcg, 200mcg	6	MT
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tb24 7.5mg, 15mg	6	MT
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	6	MT
solifenacin succinate tabs 5mg, 10mg	6	MT

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	6	MT
trospium chloride cp24 60mg; tabs 20mg	6	MT
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tb24 25mg, 50mg	6	MT
MYRBETRIQ SRER 8MG/ML	6	MT
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	6	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tabs 100mg	6	MT
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	1	ACA
BCG VACCINE SOLR 50MG	6	
BEXSERO SUSY .5ML	1	ACA
BIOTHRAX INJ	6	
CAPVAXIVE SOSY .5ML	1	ACA
HIBERIX SOLR 10MCG	1	ACA
MENQUADFI SOLN .5ML	1	ACA
MENVEO INJ	1	ACA
MENVEO SOL	1	ACA
PEDVAXHIB SUSP 7.5MCG/0.5ML	1	ACA
PENBRAYA INJ	1	ACA
PENMENVY INJ	1	ACA
PNEUMOVAX 23 SOSY 25MCG/0.5ML	1	ACA
PREVNAR 20 INJ	1	ACA
TRUMENBA SUSY .5ML	1	ACA
VAXNEUVANCE INJ	1	ACA
VIRAL VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	1	ACA
AREXVY SUSR 120MCG/0.5ML	1	ACA
COMIRNATY INJ 2026-27 SUSP 10MCG/0.3ML; SUSY 30MCG/0.3ML	1	ACA
DENGVAXIA SUS	1	ACA
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	1	ACA
FLUAD INJ 2026-27	1	ACA
FLUARIX INJ 2026-27	1	ACA
FLUBLOK INJ 2026-27	1	ACA
FLUCELVAX INJ 2026-27	1	ACA
FLULAVAL INJ 2026-27	1	ACA
FLUMIST NASA LIQ 2026-27	1	ACA
FLUZONE HD INJ 2026-27	1	ACA
FLUZONE INJ 2026-27	1	ACA
GARDASIL 9 SUSP .5ML; SUSY .5ML	1	ACA

Drug Name	Drug Tier	Requirements/Limits
HAVRIX SUSP 720ELU/0.5ML; SUSY 720ELU/0.5ML, 1440UNIT/ML	1	ACA
HEPLISAV-B SOSY 20MCG/0.5ML	1	ACA
IMOVAX RABIES (H.D.C.V.) SUSR 2.5UNIT/ML	6	
IPOL INJ INACTIVE	1	ACA
IXIARO INJ	6	
JYNNEOS SUSP .5ML	1	ACA
M-M-R II INJ	1	ACA
MFLUSIVA INJ 2026-27	1	ACA
MNEXSPIKE INJ 2026-27 SUSY 10MCG/0.2ML	1	ACA
MRESVIA SUSY 50MCG/0.5ML	1	ACA
NUVAXOVID INJ 2026-27 SUSY 5MCG/0.5ML	1	ACA
PREHEVBRIO SUSP 10MCG/ML	1	ACA
PRIORIX INJ	1	ACA
PROQUAD INJ	1	ACA
RABAVERT INJ	6	
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	1	ACA
ROTARIX SUS	1	ACA
ROTATEQ SOL	1	ACA
SHINGRIX SUSR 50MCG/0.5ML; SUSY 50MCG/0.5ML	1	ACA
SPIKEVAX INJ 2026-27 SUSY 25MCG/0.25ML, 50MCG/0.5ML	1	ACA
STAMARIL INJ	6	
TICOVAC SUSY 1.2MCG/0.25ML, 2.4MCG/0.5ML	6	
TWINRIX INJ	1	ACA
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	1	ACA
VARIVAX SUSR 1350PFU/0.5ML	1	ACA
VIMKUNYA SUSY 40MCG/0.8ML	6	
YF-VAX INJ	6	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
OPTIONS GYNOL II VAGINAL GEL 3%	1	OTC; ACA
TODAY SPONGE MISC 1000MG	1	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	1	OTC; ACA
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	6	
clindamycin phosphate vaginal crea 2%	6	
GYNAZOLE-1 CREA 2%	6	
metronidazole vaginal gel .75%	6	
miconazole 3 supp 200mg	6	
terconazole vaginal crea .4%, .8%; supp 80mg	6	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	1	ACA

Drug Name	Drug Tier	Requirements/Limits
PHEXXI GEL	1	ACA
VAGINAL ESTROGENS		
estradiol vaginal crea .1mg/gm; tabs 10mcg	6	MT
PREMARIN CREA .625MG/GM	6	MT
yuvafem tabs 10mcg	6	MT
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE SOSY .3MG/0.3ML	6	
epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml	6	QL (4 pens every 30 days)
epinephrine (anaphylaxis) soaj .15mg/0.15ml	6	QL (2 pens every 30 days)
EPIPEN 2-PAK SOAJ .3MG/0.3ML	6	QL (4 pens every 30 days)
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	6	QL (4 pens every 30 days)
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	6	QL (4 sprays every 30 days)
VASOPRESSORS		
epinephrine soln 1mg/ml	6	
midodrine hcl tabs 2.5mg, 5mg, 10mg	6	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	6	MT
phytonadione tabs 5mg	6	

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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.

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[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. يُرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298)

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).

เอาใจใส่: ถ้าท่านเว้าพาสา พาสาลาว, มีการบໍລิการ ช่วยเหຼือด้านพาสา และ การช่วยเหຼือ และ การบໍລิการที่ เหมาะสົมให้ท่าน. กะลุนาโทหาเบิ่ดของฝ่ายบໍລิการสะมาຊิก ที่มีຢู่ด้านหຼังบัด ID สะมาຊิกของท่าน หຼื 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 સેવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય ID કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

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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 नि:शुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर 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 (TTY: 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 1-800-565-9140 (TTY: 1-800-848-0298) 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 yáníłti'go, t'áá jiik'eh saad bee áka'anáwo' bee áka'anída'awo'í dóó t'áadoole'é binahjí' bee adahodooníłígíí diné bich'į' anídahazt'i'í bee bika'aanída'awo'í ná dahóló. T'áá shóódí Bił Ha'dít'éhí Bika'aná'awo' Bił Ha'dít'éhí ID naaltsoos nitł'izí bine'dęę' 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).