

Health Options Program

Abridged Prescription Drug Formulary for the Medicare Plus Rx Option *(Partial List of Covered Drugs; also called the Drug List)*

2025

PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION ABOUT SOME OF THE DRUGS
WE COVER IN THESE PLANS.

This Abridged Prescription Drug Formulary for the Medicare Plus Rx Option (PDP) was updated on July 30, 2024. This is not a complete list of drugs covered by our plans. For a complete listing or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit HOPbenefits.com.

Important Message About What You Pay for Vaccines – The **Medicare Plus Rx Option** covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call the HOP Administration Unit for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by the **Medicare Plus Rx Option**, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

When this Drug List (formulary) refers to "we," "us," or "our," it means the Health Options Program, which is sponsored by the Pennsylvania Public School Employees'

Retirement System. When it refers to "plan" or "our plan," it means the Medicare Plus Rx Option.

This document includes a partial Drug List (formulary) for our plans, which is current as of July 30, 2024. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Medicare Plus Rx Option Abridged Formulary?

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

OptumRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

This document is a partial formulary and includes only some of the drugs covered by the Medicare Plus Rx Option. For a complete listing of all prescription drugs covered by the Medicare Plus Rx Option, please visit our website at HOPbenefits.com or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Please note that this formulary covers the Medicare Plus Rx Option only. If you have coverage through the Medicare Standard Rx Option or a Medicare Advantage plan through the Health Options Program, you will have to contact the HOP Administration Unit or the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section titled "How do I request an exception to the Medicare Plus Rx Option's Formulary?"

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

- **Drugs removed from the market .** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization,

quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled "How do I request an exception to the Medicare Plus Rx Option Formulary?"

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

The enclosed formulary is current as of July 30, 2024. To get updated information about the drugs covered by the Medicare Plus Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Medicare Plus Rx Option will be posted to HOPbenefits.com.

How do I use the formulary?

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

- **Medical condition**

The formulary begins on page 1. The drugs in this formulary are grouped into

categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

- **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 39. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index, and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index, and find the name of your drug in the first column of the list.

What are generic drugs?

The Medicare Plus Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the

original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** The Medicare Plus Rx Option requires you (or your prescriber) to get prior authorization for certain drugs. This means that you will need to get approval from the Medicare Plus Rx Option before you fill your prescriptions. If you don't get approval, the Medicare Plus Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Medicare Plus Rx Option limits the amount of the drug that will be covered. For example, the Medicare Plus Rx Option covers 30 pills per 30 days for Januvia. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Medicare Plus Rx Option requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Medicare Plus Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization

and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the Medicare Plus Rx Option to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section "How do I request an exception to the Medicare Plus Rx Option Formulary?" on page iv, for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. This document includes only a partial list of covered drugs, so the Medicare Plus Rx Option may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Medicare Plus Rx Option does not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Medicare Plus Rx Option. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Rx Option Formulary?

You can ask the Medicare Plus Rx Option to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare Plus Rx Option limits the amount of drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved, this would lower the amount you must pay for your drug.

Generally, the Medicare Plus Rx Option will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restrictions would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

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

Emergency transitions and level-of-care changes

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay.
- Discharged from a hospital or skilled nursing facility to a home setting.
- Admitted to a hospital or skilled nursing facility from a home setting.
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy.
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit.
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status.

This transition policy applies to drugs that are covered under the Medicare Plus Rx Option and filled at a network pharmacy.

For more information

For more detailed information about the Medicare Plus Rx Option prescription drug coverage, please review your *Evidence of Coverage for the Medicare Plus Rx Option* and other plan materials. If you have questions about the Medicare Plus Rx Option, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit medicare.gov.

Medicare Plus Rx Option Abridged Prescription Drug Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by the Medicare Plus Rx Option.

If you have trouble finding your drug in the list, turn to the Index that begins on page 39.

Remember: This is only a partial listing of drugs covered by the Medicare Plus Rx Option. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ELIQUIS), and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Medicare Plus Rx Option has any special requirements for coverage of your drug.

WHAT THE ABBREVIATIONS MEAN

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

NDS: Non-Extended Day Supply. This prescription drug is not available for an extended day's supply under the Medicare Plus Rx Option.

PA: Prior Authorization. You or your physician need to get approval from the Medicare Plus Rx Option before you fill this prescription. If you don't get approval, the Medicare Plus Rx Option may not cover the drug. See page iv for more information.

QL: Quantity Limit. The Medicare Plus Rx Option limits the amount of this drug that will be covered. See page iv for more information.

ST: Step Therapy. The Medicare Plus Rx Option requires you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iv for more information.

2025 Medicare Plus Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$200 before the Medicare Plus Rx Option pays any portion of your brand-name or specialty prescription drug costs.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$4 for up to a 30-day supply (and a maximum of \$12 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$10 for up to a 30-day supply (and a maximum of \$30 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 20% of the cost.
- In Catastrophic Coverage, you will have no cost sharing with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 30% of the cost.
- In Catastrophic Coverage, you will have no cost sharing with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*
- Specialty drugs are limited to a 30-day supply.

* Refer to the Comprehensive Formulary for the Medicare Plus Rx Option, available at hopbenefits.com, for the Bonus Drug list.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium gel</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium soln 1.5%</i>	2	PA
<i>ibuprofen tabs 400mg, 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	2	
<i>meloxicam tabs</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
Opioid Analgesics, Long-acting		
HYSINGLA ER T24A 20MG, 30MG, 40MG	4	ST
HYSINGLA ER T24A 60MG	5	ST NDS
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	NDS
OXYCODONE HYDROCHLORIDE ER T12A 10MG, 20MG	3	ST
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG	3	ST
OXYCONTIN T12A 40MG, 60MG, 80MG	5	ST NDS
TRAMADOL HCL ER TB24	2	
<i>tramadol hydrochloride er</i>	2	
XTAMPZA ER	3	
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs</i>	2	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	
<i>oxycodone hydrochloride tabs</i>	2	
OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 300MG; 5MG	5	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
TRAMADOL HYDROCHLORIDE TABS 25MG	2	
<i>tramadol hydrochloride tabs 50mg</i>	1	
<i>tramadol hydrochloride tabs 100mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine ptch 5%</i>	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs 250mg</i>	2	
<i>naltrexone hcl tabs</i>	2	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days)
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	4	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride liqd</i>	2	
NALOXONE HYDROCHLORIDE INJ 0.4MG/ML	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin sulfate crea, oint</i>	2	
<i>neomycin sulfate</i>	2	
Antibacterials, Other		
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	2	
<i>nitrofurantoin monohydrate/macrocristals</i>	2	
Beta-lactam, Cephalosporins		
<i>cefadroxil caps</i>	2	
<i>cefдинир caps</i>	2	
<i>cefподoxime proxetil tabs</i>	2	
<i>cefuroxime axetil tabs</i>	2	
CEPHALEXIN TABS	2	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin caps 750mg</i>	2	
<i>cephalexin susr</i>	2	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
AMOXICILLIN CHEW 125MG, 250MG	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>penicillin v potassium tabs</i>	1	
PENICILLIN V POTASSIUM SOLR 250MG/5ML	1	
PENICILLIN V POTASSIUM SOLR 125MG/5ML	2	
Carbapenems		
<i>ertapenem sodium</i>	2	
<i>meropenem inj 1gm, 500mg</i>	2	
Macrolides		
<i>azithromycin susr</i>	2	
<i>azithromycin inj 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 250mg, 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSR	2	
<i>clarithromycin tabs</i>	2	
DIFICID SUSR	5	NDS
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>levofloxacin soln, tabs</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotn</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
Tetracyclines		
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate tabs 150mg, 75mg</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	2	
MINOCYCLINE HYDROCHLORIDE ER TB24 55MG	2	
<i>minocycline hydrochloride er tb24 105mg, 115mg, 135mg, 45mg, 65mg, 80mg, 90mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
NUZYRA INJ	5	NDS
NUZYRA TABS	5	QL (30 EA per 14 days) NDS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	5	PA NDS
EPIDIOLEX	5	PA NDS
EPRONTIA	3	
<i>felbamate</i>	2	
FINTEPLA	5	PA NDS
FYCOMPA SUSP	5	NDS
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT	3	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	5	NDS
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam soln</i>	2	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 750mg</i>	2	
NAYZILAM	3	QL (10 EA per 30 days)
QUDEXY XR CS24 100MG, 25MG, 50MG	4	ST
QUDEXY XR CS24 150MG, 200MG	5	ST NDS
<i>roweepra tabs 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	NDS
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er cs24</i>	2	
<i>topiramate cpsp</i>	2	
<i>topiramate tabs 25mg, 50mg</i>	1	
<i>topiramate tabs 100mg, 200mg</i>	2	
TROKENDI XR CP24 25MG, 50MG	3	
TROKENDI XR CP24 100MG, 200MG	5	NDS
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
<i>ethosuximide</i>	2	
ZARONTIN	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	2	
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE	4	
DEPAKOTE ER	4	
DIACOMIT	5	PA NDS
DIAZEPAM RECTAL GEL GEL 2.5MG	2	
<i>diazepam rectal gel gel 10mg, 20mg</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 100mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 100mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln</i>	2	QL (900 ML per 30 days)
<i>primidone tabs 250mg, 50mg</i>	2	
SYMPAZAN	5	NDS
<i>tiagabine hydrochloride</i>	2	
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days) NDS
<i>vigabatrin</i>	5	PA NDS
<i>vigadrone</i>	5	PA NDS
<i>Sodium Channel Agents</i>		
APTIOM	5	NDS
BANZEL	5	NDS
<i>carbamazepine er</i>	2	
<i>carbamazepine chew</i>	1	
<i>carbamazepine susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN CAPS 30MG	3	
DILANTIN CAPS 100MG	4	
<i>epitol</i>	2	
<i>lacosamide tabs</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR TB24 150MG, 300MG	3	
OXTELLAR XR TB24 600MG	5	NDS
<i>phenytek</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	NDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	5	NDS
TEGRETOL-XR	4	
TEGRETOL TABS	4	
VIMPAT SOLN	5	NDS
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	NDS
XCOPRI TABS 100MG, 150MG, 200MG, 50MG	5	PA NDS
XCOPRI TBPK 0	3	PA
XCOPRI TBPK 0	5	PA NDS
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABS	2	
NAMZARIC CP24	3	QL (30 EA per 30 days) ST
NAMZARIC C4PK	3	QL (56 EA per 365 days) ST
<i>Cholinesterase Inhibitors</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>rivastigmine transdermal system</i>	2	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	QL (30 EA per 30 days)
<i>memantine hydrochloride soln, tabs</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) ST
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	2	QL (90 EA per 30 days)
PERPHENAZINE/AMITRIPTYLINE	2	
QUETIAPINE FUMARATE TABS 150MG	2	QL (90 EA per 30 days)
REMERON SOLTAB	4	ST
REMERON TABS 15MG, 30MG	4	ST
SYMBYAX CAPS 25MG; 3MG, 25MG; 6MG	4	QL (90 EA per 30 days) ST
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (30 EA per 30 days) ST NDS
MARPLAN	3	ST
NARDIL	4	ST
PARNATE	5	ST NDS
<i>phenelzine sulfate</i>	2	
<i>tranlycypromine sulfate</i>	2	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
CELEXA TABS	4	ST
CITALOPRAM HYDROBROMIDE CAPS	3	ST
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DULOXETINE HCL CPEP 40MG	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate soln</i>	2	
<i>escitalopram oxalate tabs 10mg, 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	2	
FETZIMA	3	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days) ST
FLUOXETINE DR	2	QL (4 EA per 28 days)
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln</i>	2	
FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG	2	
<i>fluoxetine hydrochloride tabs 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	QL (60 EA per 30 days)
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	2	
<i>paroxetine hydrochloride tabs 10mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	2	
PAXIL	4	ST
PAXIL CR	4	ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days) ST
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days) ST
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPS	3	ST
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	3	QL (30 EA per 30 days) ST
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er</i>	2	
VIIBRYD TABS	3	QL (30 EA per 30 days) ST
Tricyclics		
<i>amitriptyline hcl tabs 25mg</i>	1	
<i>amitriptyline hcl tabs 150mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 10mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate</i>	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg</i>	1	
<i>nortriptyline hydrochloride caps 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>prochlorperazine maleate tabs</i>	1	
<i>scopolamine</i>	2	
<i>Emetogenic Therapy Adjuncts</i>		
<i>dronabinol caps 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	2	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	B/D
Antifungals		
<i>Antifungals</i>		
<i>clotrimazole crea</i>	1	QL (90 GM per 30 days)
<i>fluconazole susr, tabs</i>	2	
<i>ketoconazole foam, sham</i>	2	
<i>ketoconazole crea</i>	2	QL (90 GM per 30 days)
<i>nystatin crea</i>	1	
<i>nystatin powd</i>	2	QL (120 GM per 30 days)
Antigout Agents		
<i>Antigout Agents</i>		
ALLOPURINOL TABS 200MG	3	
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps</i>	3	
<i>colchicine tabs 0.6mg</i>	2	
MITIGARE	3	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 28 days) PA
AJOVY	3	QL (4.5 ML per 84 days) PA
EMGALITY INJ 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
NURTEC	5	QL (18 EA per 30 days) PA NDS
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	5	QL (8 ML per 30 days) PA NDS
ERGOTAMINE TARTRATE/CAFFEINE	2	QL (24 EA per 28 days)
MIGERGOT	5	QL (20 EA per 28 days) NDS
<i>Serotonin (5-HT) Receptor Agonist</i>		
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide soln</i>	2	
PYRIDOSTIGMINE BROMIDE TABS 30MG	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	2	
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	2	
<i>rifampin caps, inj</i>	2	
Antineoplastics		
<i>Alkylating Agents</i>		
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	2	B/D
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN	5	NDS
MATULANE	5	NDS
VALCHLOR	5	PA NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	2	PA NDS
<i>abiraterone acetate tabs 500mg</i>	5	PA NDS
<i>bicalutamide</i>	2	
CASODEX	5	NDS
ERLEADA TABS 60MG	5	PA NDS
NILANDRON TABS 150MG	5	NDS
<i>nilutamide</i>	5	NDS
NUBEQA	5	PA NDS
XTANDI	5	PA NDS
YONSA	5	PA NDS
<i>Antiangiogenic Agents</i>		
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NDS
POMALYST	5	PA NDS
REVLIMID	5	PA NDS
THALOMID	5	PA NDS
<i>Antiestrogens/Modifiers</i>		
FARESTON	5	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	NDS
<i>Antimetabolites</i>		

Drug Name	Drug Tier	Requirements/Limits
DROXIA	3	
HYDREA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	5	NDS
TABLOID	5	NDS
<i>Antineoplastics, Other</i>		
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NDS
INREBIC	5	PA NDS
KISQALI FEMARA 200 DOSE	5	PA NDS
KISQALI FEMARA 400 DOSE	5	PA NDS
KISQALI FEMARA 600 DOSE	5	PA NDS
<i>leucovorin calcium tabs</i>	2	
LONSURF	5	PA NDS
LYSODREN	5	NDS
ONUREG	5	PA NDS
VONJO	5	PA NDS
ZOLINZA	5	PA NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	2	
AROMASIN	5	NDS
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
AFINITOR DISPERZ	5	PA NDS
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA NDS
ALECENSA	5	PA NDS
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA NDS
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA NDS
AYVAKIT	5	QL (30 EA per 30 days) PA NDS
BALVERSA	5	PA NDS
BOSULIF TABS	5	PA NDS
BRAFTOVI CAPS 75MG	5	PA NDS
BRUKINSA	5	PA NDS
CABOMETYX TABS 40MG, 60MG	5	PA NDS
CABOMETYX TABS 20MG	5	QL (30 EA per 30 days) PA NDS
CALQUENCE CAPS	5	PA NDS
CAPRELSA TABS 300MG	5	PA NDS
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA NDS
COMETRIQ	5	PA NDS
COPIKTRA	5	PA NDS
COTELLIC	5	PA NDS
DAURISMO	5	PA NDS
ERIVEDGE	5	PA NDS
<i>erlotinib hydrochloride tabs</i>	5	PA NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NDS
FOTIVDA	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA NDS
GILOTRIF	5	QL (30 EA per 30 days) PA NDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NDS
ICLUSIG TABS 30MG, 45MG	5	PA NDS
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA NDS
IDHIFA	5	QL (30 EA per 30 days) PA NDS
<i>imatinib mesylate</i>	2	PA NDS
IMBRUVICA CAPS	5	PA NDS
IMBRUVICA TABS 420MG	5	PA NDS
INLYTA	5	PA NDS
INQOVI	5	PA NDS
IRESSA	5	PA NDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA NDS
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA NDS
KISQALI	5	PA NDS
KOSELUGO	5	PA NDS
<i>lapatinib ditosylate</i>	5	PA NDS
LENVIMA 10 MG DAILY DOSE	5	PA NDS
LENVIMA 12MG DAILY DOSE	5	PA NDS
LENVIMA 14 MG DAILY DOSE	5	PA NDS
LENVIMA 18 MG DAILY DOSE	5	PA NDS
LENVIMA 20 MG DAILY DOSE	5	PA NDS
LENVIMA 24 MG DAILY DOSE	5	PA NDS
LENVIMA 4 MG DAILY DOSE	5	PA NDS
LENVIMA 8 MG DAILY DOSE	5	PA NDS
LORBRENA	5	PA NDS
LUMAKRAS TABS 120MG	5	PA NDS
LYNPARZA TABS	5	PA NDS
MEKINIST TABS	5	PA NDS
MEKTOVI	5	PA NDS
NERLYNX	5	QL (180 EA per 30 days) PA NDS
NEXAVAR	5	PA NDS
NINLARO	5	PA NDS
ODOMZO	5	PA NDS
PEMAZYRE	5	QL (30 EA per 30 days) PA NDS
PIQRAY 200MG DAILY DOSE	5	PA NDS
PIQRAY 250MG DAILY DOSE	5	PA NDS
PIQRAY 300MG DAILY DOSE	5	PA NDS
QINLOCK	5	PA NDS
RETEVMO	5	PA NDS
ROZLYTREK CAPS	5	PA NDS
RUBRACA	5	PA NDS
RYDAPT	5	PA NDS
SCEMBLIX TABS 40MG	5	PA NDS
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
SPRYCEL	5	PA NDS
STIVARGA	5	PA NDS
<i>sunitinib malate</i>	5	PA NDS
SUTENT	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
TABRECTA	5	QL (120 EA per 30 days) PA NDS
TAFINLAR CAPS	5	PA NDS
TAGRISSO TABS 80MG	5	PA NDS
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA NDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NDS
TASIGNA	5	PA NDS
TAZVERIK	5	PA NDS
TEPMETKO	5	PA NDS
TIBSOVO	5	PA NDS
TUKYSA	5	PA NDS
VENCLEXTA STARTING PACK	5	PA NDS
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA NDS
VERZENIO	5	PA NDS
VITRAKVI	5	PA NDS
VIZIMPRO	5	PA NDS
VOTRIENT	5	PA NDS
XALKORI CAPS	5	PA NDS
XOSPATA	5	PA NDS
XPOVIO	5	PA NDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NDS
ZELBORAF	5	PA NDS
ZYDELIG	5	PA NDS
ZYKADIA TABS	5	PA NDS
Retinoids		
<i>bexarotene caps</i>	5	PA NDS
PANRETIN	5	NDS
<i>tretinoin caps 10mg</i>	5	NDS
Treatment Adjuncts		
MESNEX TABS	5	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	NDS
<i>ivermectin tabs 3mg</i>	2	PA
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	2	
<i>hydroxychloroquine sulfate tabs</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 0.5mg, 2mg</i>	2	
TRIHXYPHENIDYL HCL SOLN	2	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
GOCOVRI	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER TB24 129MG, 193MG	3	PA
Dopamine Agonists		
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
INBRIJA	5	PA NDS
RYTARY	3	
SINEMET TABS 25MG; 100MG	3	
SINEMET TABS 10MG; 100MG	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HYDROCHLORIDE CONC	2	
<i>chlorpromazine hydrochloride tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
FLUPHENAZINE HCL CONC, INJ	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIX	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
HALDOL DECANOATE 100	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	NDS
<i>aripiprazole odt tbdp 15mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 10mg</i>	5	QL (60 EA per 30 days) NDS
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	2	QL (750 ML per 30 days)
ARISTADA	5	NDS
ARISTADA INITIO	5	NDS
<i>asenapine maleate sl</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAPS 42MG	5	QL (30 EA per 30 days) PA NDS
FANAPT	5	QL (60 EA per 30 days) ST NDS
FANAPT TITRATION PACK	3	QL (16 EA per 365 days) ST
GEODON INJ	4	QL (60 EA per 30 days)
INVEGA HAFYERA	5	ST NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA	5	ST NDS
INVEGA TB24 3MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) NDS
LATUDA TABS 80MG	5	QL (60 EA per 30 days) NDS
LYBALVI	5	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPS	5	PA NDS
NUPLAZID TABS 10MG	5	PA NDS
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
PERSERIS	5	NDS
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	NDS
RISPERDAL SOLN	4	QL (240 ML per 30 days)
RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 0.25MG	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
SAPHRIS	4	QL (60 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST NDS
SEROQUEL TABS 300MG, 400MG	4	QL (60 EA per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	QL (90 EA per 30 days)
VRAYLAR CAPS	5	QL (30 EA per 30 days) NDS
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA ZYDIS TBDP 10MG, 5MG	4	QL (30 EA per 30 days)
ZYPREXA ZYDIS TBDP 15MG, 20MG	5	QL (30 EA per 30 days) NDS
ZYPREXA INJ	4	

Drug Name	Drug Tier	Requirements/Limits
Treatment-Resistant		
CLOZAPINE ODT TBDP 12.5MG	2	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	2	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
CLOZARIL TABS 200MG	4	QL (120 EA per 30 days)
CLOZARIL TABS 50MG	4	QL (180 EA per 30 days)
CLOZARIL TABS 25MG	4	QL (270 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days) NDS
VERSACLOZ	5	QL (540 ML per 30 days) NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABS	5	NDS
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	NDS
Anti-hepatitis B (HBV) Agents		
<i>entecavir</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
LEDIPASVIR/SOFOSBUVIR	5	QL (168 EA per 365 days) PA NDS
MAVYRET TABS	5	QL (336 EA per 365 days) PA NDS
RIBAVIRIN CAPS	2	
RIBAVIRIN TABS 200MG	2	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA NDS
VOSEVI	5	QL (84 EA per 365 days) PA NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 EA per 30 days) NDS
DOVATO	5	QL (30 EA per 30 days) NDS
GENVOYA	5	QL (30 EA per 30 days) NDS
ISENTRESS HD	5	QL (60 EA per 30 days) NDS
ISENTRESS PACK, TABS	5	QL (60 EA per 30 days) NDS
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) NDS
JULUCA	5	QL (30 EA per 30 days) NDS
STRIBILD	5	QL (30 EA per 30 days) NDS
TIVICAY PD	5	QL (180 EA per 30 days) NDS
TIVICAY TABS 10MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 25MG	5	QL (30 EA per 30 days) NDS
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 EA per 30 days) NDS
DELSTRIGO	5	QL (30 EA per 30 days) NDS
EDURANT	5	QL (30 EA per 30 days) NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	QL (30 EA per 30 days) NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) NDS
<i>efavirenz tabs</i>	2	QL (30 EA per 30 days)
<i>etravirine</i>	5	QL (60 EA per 30 days) NDS
INTELENCE TABS 25MG	3	QL (120 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days) NDS
<i>nevirapine er tb24 400mg</i>	2	QL (30 EA per 30 days)
NEVIRAPINE SUSP	2	QL (1200 ML per 30 days)
<i>nevirapine tabs</i>	2	QL (60 EA per 30 days)
PIFELTRO	5	QL (30 EA per 30 days) NDS
SYMFI	5	QL (30 EA per 30 days) NDS
SYMFI LO	5	QL (30 EA per 30 days) NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine</i>	2	QL (30 EA per 30 days)
<i>abacavir tabs</i>	2	QL (60 EA per 30 days)
<i>abacavir soln</i>	2	QL (960 ML per 30 days)
CIMDUO	5	QL (30 EA per 30 days) NDS
COMBIVIR	5	QL (60 EA per 30 days) NDS
DESCOVY	5	QL (30 EA per 30 days) NDS
<i>emtricitabine</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days) NDS
EMTRIVA SOLN	3	QL (850 ML per 30 days)
EMTRIVA CAPS	4	QL (30 EA per 30 days)
EPIVIR SOLN	4	QL (960 ML per 30 days)
EPIVIR TABS 300MG	4	QL (30 EA per 30 days)
EPIVIR TABS 150MG	4	QL (60 EA per 30 days)
EPZICOM	5	QL (30 EA per 30 days) NDS
<i>lamivudine/zidovudine</i>	2	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine tabs 300mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 EA per 30 days)
ODEFSEY	5	QL (30 EA per 30 days) NDS
RETROVIR CAPS	4	QL (180 EA per 30 days)
RETROVIR SYRP	4	QL (1920 ML per 30 days)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 EA per 30 days)
TRIUMEQ	5	QL (30 EA per 30 days) NDS
TRIUMEQ PD	3	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TABS 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	5	QL (30 EA per 30 days) NDS
VIREAD POWD	5	QL (240 GM per 30 days) NDS
VIREAD TABS	5	QL (30 EA per 30 days) NDS
ZIAGEN SOLN	4	QL (960 ML per 30 days)
<i>zidovudine caps</i>	2	QL (180 EA per 30 days)
<i>zidovudine syrp</i>	2	QL (1920 ML per 30 days)
<i>zidovudine tabs</i>	2	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	NDS
<i>maraviroc tabs 300mg</i>	5	QL (120 EA per 30 days) NDS
<i>maraviroc tabs 150mg</i>	5	QL (60 EA per 30 days) NDS
RUKOBIA	5	QL (60 EA per 30 days) NDS
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 25MG	3	QL (480 EA per 30 days)
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) NDS
SELZENTRY TABS 150MG, 75MG	5	QL (60 EA per 30 days) NDS
TYBOST	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	QL (120 EA per 30 days) NDS
<i>atazanavir sulfate caps 300mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir caps 150mg</i>	2	
<i>atazanavir caps 200mg</i>	2	QL (60 EA per 30 days)
EVOTAZ	5	QL (30 EA per 30 days) NDS
<i>fosamprenavir calcium</i>	5	QL (120 EA per 30 days) NDS
KALETRA SOLN	4	
KALETRA TABS 200MG; 50MG	2	
KALETRA TABS 100MG; 25MG	4	
LEXIVA TABS	5	QL (120 EA per 30 days) NDS
<i>lopinavir/ritonavir</i>	2	
NORVIR PACK	3	QL (360 EA per 30 days)
NORVIR TABS	4	QL (360 EA per 30 days)
PREZCOBIX	5	QL (30 EA per 30 days) NDS
PREZISTA SUSP	5	QL (400 ML per 30 days) NDS
PREZISTA TABS 75MG	3	QL (300 EA per 30 days)
PREZISTA TABS 150MG	5	QL (180 EA per 30 days) NDS
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) NDS
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) NDS
REYATAZ PACK	5	QL (180 EA per 30 days) NDS
REYATAZ CAPS 300MG	5	QL (30 EA per 30 days) NDS
REYATAZ CAPS 200MG	5	QL (60 EA per 30 days) NDS
<i>ritonavir</i>	2	QL (360 EA per 30 days)
SYMTUZA	5	QL (30 EA per 30 days) NDS
VIRACEPT TABS 625MG	5	QL (120 EA per 30 days) NDS
VIRACEPT TABS 250MG	5	QL (300 EA per 30 days) NDS
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL (1080 ML per 365 days)
XOFLUZA TBPk 40MG, 80MG	3	
Antitherpetic Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir susp</i>	2	
<i>acyclovir tabs 800mg</i>	1	
<i>acyclovir tabs 400mg</i>	2	
<i>valacyclovir hydrochloride</i>	2	QL (120 EA per 30 days)
Antiviral, Coronavirus Agents		
PAXLOVID TBPk 150MG; 100MG	3	QL (20 EA per 5 days); \$0 Copay
PAXLOVID TBPk 150MG; 100MG	3	QL (30 EA per 5 days); \$0 Copay
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tabs 15mg</i>	2	
<i>buspirone hydrochloride tabs 10mg, 30mg</i>	1	
<i>buspirone hydrochloride tabs 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	2	
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam soln</i>	2	
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam</i>	2	QL (120 EA per 30 days)
VALIUM TABS 10MG	4	QL (120 EA per 30 days)
VALIUM TABS 5MG	4	QL (240 EA per 30 days)
VALIUM TABS 2MG	4	QL (300 EA per 30 days)
XANAX XR TB24 2MG	4	QL (150 EA per 30 days)
XANAX XR TB24 0.5MG, 1MG	4	QL (30 EA per 30 days)
XANAX XR TB24 3MG	5	QL (90 EA per 30 days) NDS

Bipolar Agents

Drug Name	Drug Tier	Requirements/Limits
Mood Stabilizers		
EQUETRO	3	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPS 600MG	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
BYDUREON BCISE	3	QL (3.4 ML per 28 days) PA
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 28 days) PA
BYETTA INJ 5MCG/0.02ML	3	QL (4.8 ML per 28 days) PA
<i>glimepiride</i>	1	
GLIPIZIDE TABS 2.5MG	2	
<i>glipizide tabs 10mg, 5mg</i>	1	
GLYXAMBI	3	
INVOKAMET	3	
INVOKAMET XR	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JENTADUETO XR	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	PA
<i>metformin hydrochloride soln</i>	2	
METFORMIN HYDROCHLORIDE TABS 625MG	5	PA NDS
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL (2 ML per 28 days) PA
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
QTERN	3	ST
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
SEGLUROMET	3	ST
SOLIQUA 100/33	3	
STEGLUJAN	3	ST
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) PA
VICTOZA	3	QL (9 ML per 30 days) PA
XIGDUO XR	3	ST
XULTOPHY 100/3.6	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
<i>diazoxide susp</i>	5	NDS
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM	5	NDS
<i>Insulins</i>		
ADMELOG	4	ST
ADMELOG SOLOSTAR	4	ST
AFREZZA POWD 4UNIT, 8UNIT	3	PA
AFREZZA POWD 0, 12UNIT	5	PA NDS
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	5	NDS
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	
INSULIN GLARGINE-YFGN	3	ST
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	2	QL (60 EA per 30 days)
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
FRAGMIN INJ 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>jantoven tabs 1mg, 7.5mg</i>	2	
PRADAXA CAPS	4	QL (60 EA per 30 days)
<i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>warfarin sodium tabs 1mg, 7.5mg</i>	2	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA NDS
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FULPHILA	5	PA NDS
NEULASTA	5	PA NDS
NEUPOGEN	5	ST NDS
NIVESTYM	5	NDS
NYVEPRIA	5	PA NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA NDS
PROMACTA TABS	5	PA NDS
PROMACTA PACK 12.5MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	5	PA NDS
UDENYCA	5	PA NDS
ZARXIO	5	NDS
ZIEXTENZO	5	PA NDS
Hemostasis Agents		
<i>tranexamic acid tabs</i>	2	
Platelet Modifying Agents		
BRILINTA	3	
<i>clopidogrel tabs 75mg</i>	2	
TAVALISSE	5	PA NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tabs</i>	1	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	PA NDS
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
EDARBI	3	
<i>irbesartan</i>	2	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	2	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>lisinopril tabs</i>	1	
<i>ramipril caps 10mg, 2.5mg, 5mg</i>	1	
<i>ramipril caps 1.25mg</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs</i>	2	
DIGOXIN SOLN	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>flecainide acetate</i>	2	
MULTAQ	3	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	4	
Beta-adrenergic Blocking Agents		
<i>atenolol tabs</i>	1	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tabs</i>	1	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>matzim la</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tabs 80mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	2	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
BIDIL	3	
CORLANOR TABS	3	QL (60 EA per 30 days) PA
EDARBYCLOR	3	
ENTRESTO TABS	3	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
Diuretics, Loop		
<i>bumetanide inj</i>	2	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 0.5mg, 2mg</i>	2	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	2	
FUROSEMIDE ORAL SOLN 40MG/5ML	2	
<i>furosemide oral soln 10mg/ml</i>	2	
<i>torseamide tabs</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
FENOFIBRATE CAPS 150MG, 50MG	2	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
LIVALO	3	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	2	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	2	
<i>simvastatin tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZYPITAMAG TABS 2MG, 4MG	3	ST
Dyslipidemics, Other		
<i>ezetimibe</i>	2	
<i>icosapent ethyl</i>	2	
NEXLETOL	3	QL (30 EA per 30 days) PA
NEXLIZET	3	QL (30 EA per 30 days) PA
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	QL (2 ML per 28 days) PA
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
VASCEPA CAPS 0.5GM	3	
VASCEPA CAPS 1GM	4	
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	2	
<i>spironolactone tabs 100mg, 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL (30 EA per 30 days) ST
INVOKANA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
STEGLATRO TABS 15MG	3	QL (30 EA per 30 days) ST
STEGLATRO TABS 5MG	3	QL (60 EA per 30 days) ST
Vasodilators, Direct-acting Arterial/Venous		
ISOSORBIDE MONONITRATE	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG; 5MG; 5MG	4	QL (90 EA per 30 days) ST
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
VYVANSE	3	QL (30 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 25mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride caps 10mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcR 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbcR 18mg, 27mg, 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcR 36mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tbcR 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA NDS
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen caps</i>	2	
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
ESGIC TABS	4	
FIORICET CAPS	4	
INGREZZA CPPK	5	QL (56 EA per 365 days) PA NDS
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA NDS
NUDEXTA	5	PA NDS
TENCON TABS 325MG; 50MG	3	
Fibromyalgia Agents		
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	5	QL (60 EA per 30 days) PA NDS
AUBAGIO	5	QL (30 EA per 30 days) PA NDS
AVONEX PEN	5	QL (4 EA per 28 days) PA NDS
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
BETASERON	5	QL (15 EA per 30 days) PA NDS
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA NDS
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA NDS
<i>dalfampridine er</i>	2	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	2	QL (60 EA per 30 days) PA NDS
<i>dimethyl fumarate starterpack</i>	5	QL (120 EA per 365 days) PA NDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
MAYZENT STARTER PACK	5	QL (24 EA per 365 days) PA NDS
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA NDS
MAYZENT TABS 2MG	5	QL (30 EA per 30 days) PA NDS
PLEGRIDY	5	QL (1 ML per 28 days) PA NDS
REBIF	5	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA NDS
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA NDS
ZEPOSIA	5	QL (30 EA per 30 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA NDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
EPIDUO	4	
EPIDUO FORTE	4	
FINACEA FOAM	3	QL (50 GM per 30 days)
FINACEA GEL	4	QL (100 GM per 30 days)
METROGEL GEL 1%	4	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
<i>Dermatitis and Pruritus Agents</i>		
<i>clobetasol propionate</i>	2	
CLOBEX LIQD, LOTN	4	
<i>clodan</i>	2	
EUCRISA	3	PA
<i>hydrocortisone crea 1%</i>	1	
<i>mometasone furoate crea 0.1%</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.05%, 0.5%</i>	2	
<i>triderm crea 0.1%</i>	1	
<i>Dermatological Agents, Other</i>		
CARAC	5	NDS
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN	2	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea</i>	1	QL (90 GM per 30 days)
EFUDEX CREA	4	QL (40 GM per 30 days)
FLUOROURACIL CREA 0.5%	5	NDS
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLUOROURACIL SOLN 2%	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod crea 5%</i>	2	QL (48 EA per 30 days)
PROCTOFOAM HC	3	
REGRANEX	5	PA NDS
SANTYL	3	
VECTICAL	3	
<i>Pediculicides/Scabicides</i>		
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days)
<i>permethrin crea</i>	2	
<i>Topical Anti-infectives</i>		
<i>ciclopirox olamine</i>	2	
<i>clindamycin phosphate foam, gel</i>	2	
<i>clindamycin phosphate soln</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate lotn</i>	2	QL (75 ML per 30 days)
<i>mupirocin oint</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride er</i>	2	
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 3%</i>	2	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
<i>deferasirox tabs 360mg, 90mg</i>	2	PA
<i>deferasirox tbso 125mg</i>	2	PA NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	PA NDS
<i>Potassium Binders</i>		
<i>kionex susp</i>	2	
LOKELMA	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
VELTASSA	5	NDS
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
KRISTALOSE	3	ST
LACTULOSE PACK	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS	3	QL (30 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)
MOVANTIK	3	QL (30 EA per 30 days)
TRULANCE	3	QL (30 EA per 30 days)
<i>Anti-Diarrheal Agents</i>		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQD	2	
<i>loperamide hcl caps</i>	2	
VIBERZI	5	QL (60 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
GAVILYTE-C	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
METOCLOPRAMIDE ODT TBDP 5MG	2	
MOVIPREP	4	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	5	PA NDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate susp, tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	3	QL (30 EA per 30 days)
<i>dexlansoprazole</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
NEXIUM CPDR	4	QL (60 EA per 30 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (60 EA per 30 days)
NEXIUM PACK 10MG, 20MG, 40MG	4	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole cpdr 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CPEP 83900UNIT; 21000UNIT; 54700UNIT	5	ST NDS

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJ 1000MG/20ML	5	PA NDS
<i>sodium phenylbutyrate powd, tabs</i>	5	NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	ST NDS
VYNDAQEL	5	QL (120 EA per 30 days) PA NDS
WELIREG	5	PA NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA	4	
MYRBETRIQ TB24	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tabs</i>	2	
ELMIRON	5	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
PREDNISONO INTENSOL	2	
PREDNISONO SOLN	2	
<i>prednisone tbpk</i>	2	
<i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tabs 1mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	2	
GENOTROPIN	5	PA NDS
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA NDS
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO	5	PA NDS
NUTROPIN AQ NUSPIN 10	5	PA NDS
NUTROPIN AQ NUSPIN 20	5	PA NDS
NUTROPIN AQ NUSPIN 5	5	PA NDS
OMNITROPE	5	PA NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
danazol caps	2	
testosterone pump	2	PA
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	2	PA
testosterone soln	2	PA
XYOSTED	3	PA
<i>Estrogens</i>		
BIJUVA CAPS 1MG; 100MG	3	
CLIMARA PRO	3	
ESTRACE CREA	4	
estradiol crea, tabs	2	
ESTRING	3	QL (1 EA per 90 days)
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
MENEST TABS 0.3MG, 0.625MG, 1.25MG	3	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
VAGIFEM TABS 10MCG	4	
xulane	2	
yuvafem	2	
<i>Progestins</i>		
medroxyprogesterone acetate tabs	1	
megestrol acetate tabs	2	
MEGESTROL ACETATE SUSP 625MG/5ML	2	
megestrol acetate susp 40mg/ml	2	
progesterone caps	2	
<i>Selective Estrogen Receptor Modifying Agents</i>		
DUAVEE	3	
OSPHENA	3	QL (30 EA per 30 days) PA
raloxifene hydrochloride	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
levothyroxine sodium tabs	2	
liothyronine sodium tabs	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
cabergoline	2	

Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA NDS
KORLYM	5	QL (120 EA per 30 days) PA NDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA NDS
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA NDS
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA NDS
TRELSTAR MIXJECT INJ 22.5MG	3	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA NDS
<i>icatibant acetate</i>	5	PA NDS
RUCONEST	5	PA NDS
TAKHZYRO INJ 300MG/2ML	5	PA NDS
<i>Immunoglobulins</i>		
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA NDS
GAMMAKED INJ 1GM/10ML	5	PA NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA NDS
GAMUNEX-C INJ 1GM/10ML	5	PA NDS
OCTAGAM INJ 1GM/20ML, 2GM/20ML	5	PA NDS
PANZYGA	5	PA NDS
PRIVIGEN INJ 20GM/200ML	5	PA NDS
<i>Immunological Agents, Other</i>		
COSENTYX SENSOREADY PEN	5	QL (10 ML per 28 days) PA NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA NDS
OTEZLA	5	QL (110 EA per 365 days) PA NDS
RINVOQ TB24 15MG	5	QL (30 EA per 30 days) PA NDS
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA NDS
XELJANZ XR	5	QL (30 EA per 30 days) PA NDS
XELJANZ SOLN	5	QL (300 ML per 30 days) PA NDS
XELJANZ TABS	5	QL (60 EA per 30 days) PA NDS
XOLAIR INJ 150MG/ML, 150MG, 75MG/0.5ML	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
Immunostimulants		
ACTIMMUNE	5	PA NDS
PEGASYS INJ 180MCG/ML	5	PA NDS
Immunosuppressants		
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D
ASTAGRAF XL CP24 5MG	5	B/D NDS
<i>azasan</i>	4	B/D
<i>azathioprine tabs 50mg</i>	2	B/D
CELLCEPT	5	B/D NDS
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
ENBREL MINI	5	QL (8 ML per 28 days) PA NDS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA NDS
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA NDS
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	5	B/D NDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D NDS
<i>gengraf caps 100mg, 25mg</i>	2	B/D
<i>gengraf soln</i>	2	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
IMURAN TABS	4	B/D
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D NDS
<i>mycophenolic acid dr</i>	2	B/D
MYFORTIC TBEC 180MG	4	B/D
MYFORTIC TBEC 360MG	5	B/D NDS
NEORAL	4	B/D
OTREXUP INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PEGASYS INJ 180MCG/0.5ML	5	PA NDS
PROGRAF PACK	3	B/D

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS 0.5MG, 1MG	4	B/D
PROGRAF CAPS 5MG	5	B/D NDS
RAPAMUNE SOLN	5	B/D NDS
RAPAMUNE TABS 1MG, 2MG	5	B/D NDS
RASUVO INJ 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
SANDIMMUNE SOLN	3	B/D
SANDIMMUNE CAPS 100MG, 25MG	4	B/D
<i>sirolimus soln</i>	5	B/D NDS
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D
<i>sirolimus tabs 2mg</i>	2	B/D NDS
<i>tacrolimus caps</i>	2	B/D
TREXALL	3	
XATMEP	3	PA
ZORTRESS TABS 0.25MG	4	B/D
ZORTRESS TABS 0.5MG, 0.75MG, 1MG	5	B/D NDS
Vaccines		
ABRYSVO	3	QL (1 EA per 252 days)
ADACEL	3	
AREXVY	3	QL (1 EA per 999 days)
BOOSTRIX	3	
SHINGRIX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	4	
<i>balsalazide disodium</i>	2	
DIPENTUM	5	NDS
<i>mesalamine dr cpdr</i>	2	ST
MESALAMINE DR TBEC 800MG	2	
<i>mesalamine dr tbec 1.2gm</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine enem, supp</i>	2	
PENTASA	3	
<i>sulfasalazine tabs, tbec</i>	2	
Glucocorticoids		
ANUSOL-HC CREA	4	
<i>budesonide er</i>	5	ST NDS
<i>budesonide cpep</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 10mg</i>	2	
BINOSTO	3	QL (4 EA per 28 days)
FORTEO INJ 600MCG/2.4ML	5	PA NDS
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
PROLIA	3	QL (2 ML per 365 days)
RAYALDEE	5	NDS
SENSIPAR TABS 60MG, 90MG	5	NDS
TERIPARATIDE INJ 620MCG/2.48ML	5	PA NDS
TYMLOS	5	PA NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	QL (200 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Agents, Other		
CEQUA	4	
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>cyclosporine emul 0.05%</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
MIEBO	3	QL (12 ML per 30 days) PA
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
TOBRADEX ST	3	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	3	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl</i>	2	
BEPREVE	4	
<i>epinastine hcl</i>	2	
ZERVIAE	3	
Ophthalmic Anti-Infectives		
AZASITE	3	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin</i>	1	
<i>moxifloxacin hydrochloride soln</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
ALREX	3	
DUREZOL	4	
FLAREX	3	
ILEVRO	3	QL (4 ML per 30 days)
INVELTYS	3	
<i>ketorolac tromethamine</i>	2	
LOTEMAX SM	3	QL (20 GM per 365 days)
LOTEMAX OINT	3	QL (14 GM per 365 days)
LOTEMAX SUSP	4	
LOTEMAX GEL	4	QL (20 GM per 365 days)
NEVANAC	3	QL (4 ML per 30 days)
PREDNISOLONE ACETATE	2	
PROLENSA	3	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
BETIMOL	3	
LEVOBUNOLOL HCL SOLN 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
TIMOPTIC OCUDOSE SOLN 0.25%	3	
TIMOPTIC OCUDOSE SOLN 0.5%	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
ALPHAGAN P SOLN 0.1%	3	
AZOPT	4	
<i>brimonidine tartrate</i>	2	
<i>dorzolamide hydrochloride</i>	2	
RHOPRESSA	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
ZIOPTAN	3	QL (30 EA per 30 days)
Otic Agents		
Otic Agents		
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone susp</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	3	QL (13 GM per 30 days) ST
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST
<i>fluticasone propionate</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days)
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST
QVAR REDHALER	3	QL (21.2 GM per 30 days)
Antihistamines		
<i>azelastine hydrochloride/fluticasone propionate</i>	2	QL (23 GM per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>desloratadine</i>	2	
DYMISTA	4	QL (23 GM per 30 days)
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100MG	2	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride soln, tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium chew 4mg</i>	2	
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium pack</i>	2	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide soln</i>	2	
SPIRIVA HANDHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
TIOTROPIUM BROMIDE	3	QL (30 EA per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate syrp, tabs</i>	2	
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	2	
<i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
VENTOLIN HFA	4	QL (48 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA NDS
TOBI PODHALER	5	QL (224 EA per 56 days) NDS
<i>tobramycin nebu 300mg/5ml</i>	5	B/D NDS
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA NDS
Mast Cell Stabilizers		

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebu</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA
THEO-24	3	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg</i>	2	
<i>theophylline soln</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (90 EA per 30 days) PA NDS
<i>alyq</i>	2	QL (60 EA per 30 days) PA NDS
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA NDS
OPSUMIT	5	QL (30 EA per 30 days) PA NDS
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA NDS
<i>sildenafil citrate susr</i>	2	PA NDS
<i>sildenafil citrate tabs</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	2	QL (60 EA per 30 days) PA NDS
UPTRAVI TITRATION PACK	5	QL (400 EA per 365 days) PA NDS
UPTRAVI TABS	5	QL (60 EA per 30 days) PA NDS
Pulmonary Fibrosis Agents		
ESBRIET	5	PA NDS
OFEV	5	PA NDS
<i>pirfenidone caps</i>	5	PA NDS
PIRFENIDONE TABS 534MG	5	PA NDS
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA NDS
Respiratory Tract Agents, Other		
ADVAIR DISKUS	4	QL (60 EA per 30 days) ST
ADVAIR HFA	4	QL (24 GM per 30 days) ST
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) ST
BREO ELLIPTA	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (10.2 GM per 30 days) ST
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA PEN	5	PA NDS
FASENRA INJ 30MG/ML	5	PA NDS
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA NDS
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) ST
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) ST
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride er</i>	2	
<i>cyclobenzaprine hydrochloride tabs</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL (30 EA per 30 days)
<i>eszopiclone</i>	2	QL (30 EA per 30 days)
<i>temazepam</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE SUBL	2	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	1	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA
<i>modafinil tabs</i>	2	QL (30 EA per 30 days) PA
SUNOSI	3	QL (30 EA per 30 days) PA
XYREM	5	QL (540 ML per 30 days) PA NDS

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NOVOLIN N	20
NOVOLIN N FLEXPEN	20
NOVOLIN R	20
NOVOLIN R FLEXPEN	21
NOVOLOG	21
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NOVOLOG MIX 70/30	21
NOVOLOG MIX 70/30 PREFILLED	21
FLEXPEN	
NOVOLOG PENFILL	21
NUBEQA	9
NUCALA	37
NUCYNTA ER	1
NUDEXTA	25
NUPLAZID	14
NURTEC	8
NUTROPIN AQ NUSPIN 10	30
NUTROPIN AQ NUSPIN 20	30
NUTROPIN AQ NUSPIN 5	30
NUZYRA	3
<i>nystatin</i>	8
NYVEPRIA	21
OCTAGAM	31
<i>octreotide acetate</i>	31
ODEFSEY	16
ODOMZO	11
OFEV	37
<i>ofloxacin</i>	35
<i>ofloxacin</i>	35
<i>olanzapine</i>	14
<i>olanzapine odt</i>	14
<i>olanzapine/fluoxetine</i>	6
<i>olmesartan medoxomil</i>	22
<i>omega-3-acid ethyl esters</i>	24
<i>omeprazole</i>	28
<i>omeprazole dr</i>	28
OMNITROPE	30
<i>ondansetron hcl</i>	8
<i>ondansetron hydrochloride</i>	8
<i>ondansetron odt</i>	8
ONUREG	10
OPSUMIT	37
ORENITRAM	37
ORILISSA	31
<i>oseltamivir phosphate</i>	17

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OSMOLEX ER	13
OSPHERA	30
OTEZLA	31
OTREXUP	32
<i>oxazepam</i>	18
<i>oxcarbazepine</i>	5
OXTELLAR XR	5
<i>oxybutynin chloride</i>	29
<i>oxybutynin chloride er</i>	29
<i>oxycodone hydrochloride</i>	1
OXYCODONE HYDROCHLORIDE ER	1
OXYCODONE/ACETAMINOPHEN	1
OXYCONTIN	1
OZEMPIC	19
<i>pacerone</i>	22
<i>paliperidone er</i>	14
PANCREAZE	28
PANRETIN	12
<i>pantoprazole sodium</i>	28
PANZYGA	31
PARNATE	6
<i>paroxetine</i>	7
<i>paroxetine hcl</i>	7
<i>paroxetine hcl er</i>	7
<i>paroxetine hydrochloride</i>	7
PAXIL	7
PAXIL CR	7
PAXLOVID	18
<i>peg-3350/nacl/na bicarbonate/kcl</i>	28
PEGASYS	32
PEGASYS	32
PEMAZYRE	11
<i>penicillin v potassium</i>	2
PENTASA	33
<i>permethrin</i>	27
<i>perphenazine</i>	13
PERPHENAZINE/AMITRIPTYLINE	6
PERSERIS	14
<i>phenelzine sulfate</i>	6
<i>phenobarbital</i>	4
<i>phenoxybenzamine hydrochloride</i>	22
<i>phenytek</i>	5
<i>phenytoin</i>	5
<i>phenytoin sodium extended</i>	5
PIFELTRO	16
PIMOZIDE	13
PIQRAY 200MG DAILY DOSE	11
PIQRAY 250MG DAILY DOSE	11
PIQRAY 300MG DAILY DOSE	11
<i>pirfenidone</i>	37

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PLEGRIDY	26
<i>polymyxin b sulfate/trimethoprim sulfate</i>	34
POMALYST	9
<i>potassium chloride er</i>	27
PRADAXA	21
PRALUENT	24
<i>pramipexole dihydrochloride</i>	13
<i>pravastatin sodium</i>	23
<i>prazosin hydrochloride</i>	22
PREDNISOLONE ACETATE	35
PREDNISON	29
PREDNISON INTENSOL	29
<i>pregabalin</i>	5
PREMARIN	30
PREMPHASE	30
PREMPRO	30
PREVYMIS	15
PREZCOBIX	17
PREZISTA	17
<i>primidone</i>	5
PRISTIQ	7
PRIVIGEN	31
PROAIR RESPICLICK	36
<i>prochlorperazine maleate</i>	8
PROCRT	21
PROCTOFOAM HC	27
<i>procto-med hc</i>	33
<i>proctosol hc</i>	33
<i>proctozone-hc</i>	33
<i>progesterone</i>	30
PROGLYCEM	20
PROGRAF	32
PROLASTIN-C	29
PROLENSA	35
PROLIA	34
PROMACTA	21
<i>propranolol hcl</i>	22
<i>propranolol hydrochloride</i>	22
<i>propylthiouracil</i>	31
<i>protriptyline hcl</i>	8
PULMICORT FLEXHALER	36
PURIXAN	10
<i>pyridostigmine bromide</i>	9
<i>pyridostigmine bromide er</i>	9
QINLOCK	11
QTERN	19
QUDEXY XR	4
QUETIAPINE FUMARATE	6
<i>quetiapine fumarate</i>	14
<i>quetiapine fumarate er</i>	14

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QVAR REDIHALER	36
<i>raloxifene hydrochloride</i>	30
<i>ramipril</i>	22
<i>ranolazine er</i>	23
RAPAMUNE	33
<i>rasagiline mesylate</i>	13
RASUVO	33
RAYALDEE	34
REBIF	26
REBIF REBIDOSE	26
REBIF REBIDOSE TITRATION PACK	26
REBIF TITRATION PACK	26
REGRANEX	27
REMERON	6
REMERON SOLTAB	6
REPATHA	24
REPATHA PUSHTRONEX SYSTEM	24
REPATHA SURECLICK	24
RESTASIS	34
RESTASIS MULTIDOSE	34
RETACRIT	22
RETEVMO	11
RETROVIR	16
REVLIMID	9
REXULTI	14
REYATAZ	17
REYVOW	8
RHOPRESSA	35
RIBAVIRIN	15
<i>rifabutin</i>	9
<i>rifampin</i>	9
RINVOQ	31
RISPERDAL	14
RISPERDAL CONSTA	14
<i>risperidone</i>	14
RISPERIDONE ODT	14
<i>ritonavir</i>	17
<i>rivastigmine transdermal system</i>	6
<i>rizatriptan benzoate</i>	9
<i>rizatriptan benzoate odt</i>	9
ROCKLATAN	34
<i>ropinirole er</i>	13
<i>ropinirole hcl</i>	13
<i>ropinirole hydrochloride</i>	13
<i>rosuvastatin calcium</i>	23
<i>roweepra</i>	4
ROZLYTREK	11
RUBRACA	11
RUCONEST	31
<i>rufinamide</i>	5

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RUKOBIA	17
RYBELSUS	19
RYDAPT	11
RYTARY	13
SANDIMMUNE	33
SANTYL	27
SAPHRIS	14
SAVELLA	25
SAVELLA TITRATION PACK	25
SCEMBLIX	11
<i>scopolamine</i>	8
SECUADO	14
SEGLUROMET	19
<i>selegiline hcl</i>	13
SELZENTRY	17
SENSIPAR	34
SEREVENT DISKUS	36
SEROQUEL	14
<i>sertraline hcl</i>	7
SERTRALINE HYDROCHLORIDE	7
SHINGRIX	33
<i>sildenafil citrate</i>	37
SIMBRINZA	34
<i>simvastatin</i>	23
SINEMET	13
<i>sirolimus</i>	33
SKYRIZI	31
<i>sodium chloride</i>	27
<i>sodium chloride 0.45%</i>	27
<i>sodium phenylbutyrate</i>	29
<i>sodium polystyrene sulfonate</i>	27
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	28
SOFOSBUVIR/VELPATASVIR	15
SOLIQUA 100/33	19
SOLTAMOX	9
SPIRIVA HANDIHALER	36
SPIRIVA RESPIMAT	36
<i>spironolactone</i>	24
SPRITAM	4
SPRYCEL	11
<i>sps</i>	27
STEGLATRO	24
STEGLUJAN	19
STIOLTO RESPIMAT	37
STIVARGA	11
STRIBILD	15
SUBOXONE	2
<i>subvenite</i>	4
<i>subvenite starter kit/blue</i>	4

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<i>subvenite starter kit/green</i>	4
<i>subvenite starter kit/orange</i>	4
<i>sucralfate</i>	28
<i>sulfacetamide sodium</i>	3
<i>sulfamethoxazole/trimethoprim</i>	3
<i>sulfamethoxazole/trimethoprim ds</i>	3
<i>sulfasalazine</i>	33
<i>sumatriptan succinate</i>	9
<i>sunitinib malate</i>	11
SUNOSI	38
SUPREP BOWEL PREP KIT	28
SUTAB	28
SUTENT	11
SYMBICORT	38
SYMBYAX	6
SYMFI	16
SYMFI LO	16
SYMPAZAN	5
SYMTUZA	17
SYNJARDY	19
SYNJARDY XR	19
TABLOID	10
TABRECTA	12
<i>tacrolimus</i>	33
<i>tadalafil</i>	29
<i>tadalafil</i>	37
TAFINLAR	12
TAGRISSO	12
TAKHZYRO	31
TALZENNA	12
<i>tamoxifen citrate</i>	9
<i>tamsulosin hydrochloride</i>	29
TASIGNA	12
TAVALISSE	22
TAZVERIK	12
TEGRETOL	5
TEGRETOL-XR	5
<i>temazepam</i>	38
TENCON	25
<i>tenofovir disoproxil fumarate</i>	16
TEPMETKO	12
TERIPARATIDE	34
<i>testosterone</i>	30
<i>testosterone pump</i>	30
THALOMID	9
THEO-24	37
<i>theophylline</i>	37
<i>theophylline er</i>	37
<i>thioridazine hcl</i>	13
<i>thiothixene</i>	13

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<i>tiagabine hydrochloride</i>	5
TIBSOVO	12
<i>timolol maleate</i>	35
<i>timolol maleate ophthalmic gel forming</i>	35
TIMOPTIC OCUDOSE	35
TIOTROPIUM BROMIDE	36
TIVICAY	15
TIVICAY PD	15
<i>tizanidine hcl</i>	15
<i>tizanidine hydrochloride</i>	15
TOBI PODHALER	36
TOBRADEX ST	34
<i>tobramycin</i>	35
<i>tobramycin</i>	36
<i>tobramycin/dexamethasone</i>	34
<i>tolterodine tartrate</i>	29
<i>tolterodine tartrate er</i>	29
<i>topiramate</i>	4
<i>topiramate er</i>	4
<i>toremifene citrate</i>	9
<i>toremifene</i>	23
TOUJEO MAX SOLOSTAR	21
TOUJEO SOLOSTAR	21
TRADJENTA	19
TRAMADOL HCL ER	1
TRAMADOL HYDROCHLORIDE	1
<i>tramadol hydrochloride er</i>	1
<i>tranexamic acid</i>	22
<i>tranlycypromine sulfate</i>	6
<i>trazodone hydrochloride</i>	7
TRELEGY ELLIPTA	38
TRELSTAR MIXJECT	31
TRESIBA	21
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<i>tretinoin</i>	12
<i>tretinoin</i>	26
TREXALL	33
<i>triamcinolone acetonide</i>	26
<i>triamterene/hydrochlorothiazide</i>	23
<i>triderm</i>	26
<i>trifluoperazine hcl</i>	13
<i>trifluoperazine hydrochloride</i>	13
TRIHXYPHENIDYL HCL	12
<i>trihexyphenidyl hydrochloride</i>	12
TRIJARDY XR	19
TRIKAFTA	36
<i>trimipramine maleate</i>	8
TRINTELLIX	7
TRIUMEQ	16
TRIUMEQ PD	16

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TROKENDI XR	4
TRULANCE	27
TRULICITY	19
TRUVADA	17
TUKYSA	12
TYBOST	17
TYMLOS	34
UDENYCA	22
UPTRAVI	37
UPTRAVI TITRATION PACK	37
VAGIFEM	30
<i>valacyclovir hydrochloride</i>	18
VALCHLOR	9
<i>valganciclovir</i>	15
<i>valganciclovir hydrochloride</i>	15
VALIUM	18
<i>valproic acid</i>	4
<i>valsartan</i>	22
VALTOCO 10 MG DOSE	5
VALTOCO 15 MG DOSE	5
VALTOCO 20 MG DOSE	5
VALTOCO 5 MG DOSE	5
VASCEPA	24
VECTICAL	27
VELTASSA	27
VENCLEXTA	12
VENCLEXTA STARTING PACK	12
<i>venlafaxine hydrochloride</i>	7
<i>venlafaxine hydrochloride er</i>	7
VENTOLIN HFA	36
<i>verapamil hcl</i>	23
<i>verapamil hcl er</i>	23
<i>verapamil hcl sr</i>	23
<i>verapamil hydrochloride</i>	23
<i>verapamil hydrochloride er</i>	23
VERSACLOZ	15
VERZENIO	12
VIBERZI	27
VICTOZA	19
<i>vigabatrin</i>	5
<i>vigadrone</i>	5
VIIBRYD	7
VIMPAT	5
VIOKACE	29
VIRACEPT	17
VIREAD	17
VITRAKVI	12
VIZIMPRO	12
VONJO	10
VOSEVI	15

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VOTRIENT	12
VRAYLAR	14
VYNDAQEL	29
VYVANSE	24
VYZULTA	35
<i>warfarin sodium</i>	21
WELIREG	29
<i>wixela inhub</i>	38
XALKORI	12
XANAX XR	18
XARELTO	21
XARELTO STARTER PACK	21
XATMEP	33
XCOPRI	5
XELJANZ	31
XELJANZ XR	31
XIFAXAN	28
XIGDUO XR	19
XIIDRA	34
XOFLUZA	18
XOLAIR	31
XOSPATA	12
XPOVIO	12
XPOVIO 60 MG TWICE WEEKLY	12
XPOVIO 80 MG TWICE WEEKLY	12
XTAMPZA ER	1
XTANDI	9
<i>xulane</i>	30
XULTOPHY 100/3.6	19
XYOSTED	30
XYREM	38
YONSA	9
YUPELRI	36
<i>yuvaferm</i>	30
<i>zafirlukast</i>	36
ZARONTIN	4
ZARXIO	22
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ZEPOSIA	26
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ZIAGEN	17
<i>zidovudine</i>	17
ZIEXTENZO	22
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<i>ziprasidone hcl</i>	14
<i>ziprasidone mesylate</i>	14
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<i>zonisamide</i>	5
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ZYPREXA	14
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ZYPREXA ZYDIS	14

This abridged formulary was updated on July 30, 2024. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit HOPbenefits.com.

THE MEDICARE PLUS RX OPTION (PDP) IS A STAND-ALONE PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN THE MEDICARE PLUS RX OPTION (PDP) DEPENDS ON CONTRACT RENEWAL. CMS CONTRACT NUMBER: E3014; FORMULARY ID: 25344



Pennsylvania Public School Employees' Retirement System (PSERS)

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-773-7725. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-773-7725。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-773-7725。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-773-7725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-773-7725. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-773-7725 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-773-7725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-773-7725 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-773-7725 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-773-7725. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、 1-800-773-7725 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。