

Health Options Program

Abridged Prescription Drug Formulary for the Enhanced and Basic Medicare Rx Options *(Partial List of Covered Drugs)*

2024

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

This Abridged Prescription Drug Formulary for the Enhanced and Basic Medicare Rx Options (PDP) was updated on July 25, 2023. 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 **Enhanced Medicare Rx Option** covers most Part D vaccines at no cost to you. The **Basic Medicare 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 **Enhanced Medicare Option**, no matter what cost-sharing tier it's on. You won't pay more than \$35 for a one-month supply of each insulin product covered by the **Basic Medicare 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 Enhanced or Basic Medicare Rx Option.

This document includes a partial list of the drugs (formulary) for our plans, which is current as of July 25, 2023. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Enhanced and Basic Medicare Rx Options Abridged Formulary?

A formulary is a list of covered drugs selected by the Enhanced and Basic Medicare Rx Options 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 Enhanced and Basic Medicare Rx Options 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 Enhanced and Basic Medicare Rx Options. For a complete listing of all prescription drugs covered by the Enhanced and Basic Medicare Rx Options, 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 Enhanced and Basic Medicare Rx Options only. If you have coverage through the Value Medicare 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 (drug list) change?

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less expensive drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs. We must follow Medicare rules in making these changes. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?"

Drugs removed from the market . If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?”

The enclosed formulary is current as of July 25, 2023. To get updated information about the drugs covered by the Enhanced and Basic Medicare Rx Options, 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 Enhanced and Basic Medicare Rx Options 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 Enhanced and Basic Medicare Rx Options cover 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 cost less than brand-name drugs.

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 Enhanced and Basic Medicare Rx Options require you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Enhanced and Basic Medicare Rx Options before you fill your prescriptions. If you don't get approval, the Enhanced and Basic Medicare Rx Options may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Enhanced and Basic Medicare Rx Options limit the amount of the drug that will be covered. For example, the Enhanced and Basic Medicare Rx Options cover 30 pills per 30 days for Crestor. 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 Enhanced and Basic Medicare Rx Options require 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 Enhanced and Basic Medicare Rx Options 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 Enhanced or Basic Medicare 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 Enhanced and Basic Medicare Rx Options 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 Enhanced and Basic Medicare Rx Options 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 Enhanced and Basic Medicare Rx Options do not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Enhanced and Basic Medicare Rx Options. 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 Enhanced and Basic Medicare Rx Options Formulary?

You can ask the Enhanced and Basic Medicare Rx Options 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 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Enhanced and Basic Medicare Rx Options limit 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.

Generally, the Enhanced or Basic Medicare 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can

fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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. 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 Enhanced or Basic Medicare Rx Option and filled at a network pharmacy.

For more information

For more detailed information about the Enhanced and Basic Medicare Rx Options prescription drug coverage, please review your *Evidence of Coverage for the Enhanced and Basic Medicare Rx Options* and other plan materials. If you have questions about the Enhanced and Basic Medicare Rx Options, 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.

Enhanced and Basic Medicare Rx Options Abridged Prescription Drug Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by the Enhanced and Basic Medicare Rx Options.

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 Enhanced and Basic Medicare Rx Options. 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., LIDODERM), and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Enhanced and Basic Medicare Rx Options have 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 Enhanced or Basic Medicare Rx Option.

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

QL: Quantity Limit. The Enhanced and Basic Medicare Rx Options limit the amount of this drug that will be covered. See page iii for more information.

ST: Step Therapy. The Enhanced and Basic Medicare Rx Options require you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iii for more information.

2024 Enhanced Medicare Rx Option

DEDUCTIBLE

- There is no annual deductible under the Enhanced Medicare Rx Option.

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 the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. 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 \$11 for up to a 30-day supply (and a maximum of \$33 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. 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 25% to a maximum of \$150 for up to a 30-day supply and 25% to a maximum of \$300 (\$280 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. 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 35% to a maximum of \$200 for up to a 30-day supply and 35% to a maximum of \$400 (\$380 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list.*

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 25% of the cost.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. 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 Enhanced and Basic Medicare Rx Option, available at hopbenefits.com, for the Bonus Drug list.*

2024 Basic Medicare Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$100 before the Basic Medicare 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 \$5 for up to a 30-day supply (and a maximum of \$15 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$12 for up to a 30-day supply (and a maximum of \$36 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, after you satisfy the annual deductible, you'll pay 30% of the cost to a maximum of \$200 for up to a 30-day supply and 30% to a maximum of \$500 (\$450 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 40% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you'll pay 30% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.
- Specialty drugs are limited to a 30-day supply.

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 soln 1.5%</i>	2	PA
<i>meloxicam tabs</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>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>tramadol hcl tabs</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	
<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	
NALOXONE HYDROCHLORIDE INJ 0.4MG/ML	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
NARCAN LIQD	4	

Drug Name	Drug Tier	Requirements/Limits
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>nitrofurantoin monohydrate/macrocrystals</i>	2	
XENLETA TABS	5	NDS
Beta-lactam, Cephalosporins		
<i>cefuroxime axetil tabs</i>	2	
CEPHALEXIN TABS	2	
CEPHALEXIN CAPS 750MG	2	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	2	
SUPRAX CHEW	3	
Beta-lactam, Penicillins		
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</i>	2	
<i>meropenem</i>	2	
Macrolides		
<i>azithromycin susr</i>	2	
<i>azithromycin inj 500mg</i>	2	
<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		
CIPROFLOXACIN HCL TABS 100MG	1	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
LEVOFLOXACIN SOLN	2	
<i>levofloxacin tabs</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotn</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 100mg, 150mg, 75mg</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	5	NDS
ORACEA	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	5	PA NDS
EPIDIOLEX	5	PA NDS
EPRONTIA	3	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	5	NDS
FINTEPLA	5	PA NDS
FYCOMPA SUSP	5	NDS
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
KEPPRA XR	5	NDS
KEPPRA SOLN	5	NDS
KEPPRA TABS 250MG	4	
KEPPRA TABS 1000MG, 500MG, 750MG	5	NDS
LAMICTAL CHEWABLE DISPERSIBLE	5	NDS
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	5	NDS
LAMICTAL STARTER/TAKING VALPROATE	4	
LAMICTAL XR KIT	3	
LAMICTAL XR TB24 25MG	4	
LAMICTAL XR TB24 100MG, 200MG, 250MG, 300MG, 50MG	5	NDS
LAMICTAL TABS	5	NDS
<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	
<i>levetiracetam soln</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 750mg</i>	2	
NAYZILAM	5	QL (10 EA per 30 days) NDS
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	
TOPAMAX SPRINKLE CPSP 15MG	4	
TOPAMAX SPRINKLE CPSP 25MG	5	NDS
TOPAMAX TABS 25MG, 50MG	4	
TOPAMAX TABS 100MG, 200MG	5	NDS
<i>topiramate er cs24</i>	2	
<i>topiramate csp</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	
XCOPRI TABS	5	PA NDS
XCOPRI TBPK 0	3	PA
XCOPRI TBPK 0	5	PA NDS
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
<i>ethosuximide</i>	2	
ZARONTIN	4	
Gamma-aminobutyric Acid (GABA) Augmenting 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
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
DIAZEPAM RECTAL GEL	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)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
GABITRIL TABS 12MG, 16MG, 2MG, 4MG	5	NDS
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
LYRICA SOLN	4	QL (900 ML per 30 days)
LYRICA CAPS 300MG	4	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days)
MYSOLINE TABS	5	NDS
NEURONTIN SOLN	4	QL (2160 ML per 30 days)
NEURONTIN CAPS 400MG	4	QL (270 EA per 30 days)
NEURONTIN CAPS 100MG, 300MG	4	QL (360 EA per 30 days)
NEURONTIN TABS 800MG	5	QL (150 EA per 30 days) NDS
NEURONTIN TABS 600MG	5	QL (180 EA per 30 days) NDS
<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	
<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 pack</i>	5	PA NDS
Sodium Channel Agents		
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
PHENYTEK	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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
<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>		
<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	
REMERON SOLTAB	4	ST
REMERON TABS 15MG, 30MG	4	ST
SYMBYAX CAPS 25MG; 3MG, 25MG; 6MG	4	QL (90 EA per 30 days) ST
WELLBUTRIN SR TB12 150MG, 200MG	4	QL (60 EA per 30 days) ST
WELLBUTRIN SR TB12 100MG	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

Drug Name	Drug Tier	Requirements/Limits
NARDIL	4	ST
PARNATE	5	ST NDS
<i>phenelzine sulfate</i>	2	
<i>tranlycypromine sulfate</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
CELEXA TABS	4	ST
CITALOPRAM HYDROBROMIDE CAPS	3	ST
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
CYMBALTA CPEP 20MG, 60MG	4	QL (60 EA per 30 days) ST
CYMBALTA CPEP 30MG	4	QL (90 EA per 30 days) ST
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)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
EFFEXOR XR	4	ST
<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 hcl caps 20mg</i>	2	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 40mg</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)
LEXAPRO TABS	4	ST
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 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SERTRALINE HYDROCHLORIDE CAPS	3	ST
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	3	QL (30 EA per 30 days) ST
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	2	
VIIBRYD STARTER PACK	3	QL (60 EA per 365 days) ST
VIIBRYD TABS	3	QL (30 EA per 30 days) ST
ZOLOFT	4	ST
Tricyclics		
<i>amitriptyline hcl tabs 25mg</i>	1	
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 10mg</i>	1	
<i>amitriptyline hydrochloride tabs 50mg</i>	2	
AMOXAPINE	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	
<i>imipramine pamoate</i>	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
NORTRIPTYLINE HCL SOLN	2	
<i>nortriptyline hcl caps 25mg, 75mg</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		
Antiemetics, Other		
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>prochlorperazine maleate tabs</i>	1	
Emetogenic Therapy Adjuncts		
<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
Antifungals		
Antifungals		
<i>fluconazole susr, tabs</i>	2	
JUBLIA	5	NDS
<i>ketoconazole foam, sham</i>	2	
<i>ketoconazole crea</i>	2	QL (90 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
COLCHICINE CAPS	3	
<i>colchicine tabs 0.6mg</i>	2	
MITIGARE	3	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	2	QL (8 ML per 30 days) PA NDS
<i>ergotamine tartrate/caffeine</i>	2	QL (24 EA per 28 days)
MIGERGOT	5	QL (20 EA per 28 days) NDS
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 30 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 30 days) PA
AJOVY	3	QL (4.5 ML per 90 days) PA
EMGALITY INJ 120MG/ML	3	QL (1 ML per 30 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 30 days) PA NDS
<i>Serotonin (5-HT) Receptor Agonist</i>		
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA
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	NDS
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

Drug Name	Drug Tier	Requirements/Limits
<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
Antiangiogenic Agents		
FOTIVDA	5	PA NDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NDS
POMALYST	5	PA NDS
QINLOCK	5	PA NDS
REVLIMID	5	PA NDS
TABRECTA	5	QL (120 EA per 30 days) PA NDS
THALOMID	5	PA NDS
Antiestrogens/Modifiers		
EMCYT	5	NDS
FARESTON	5	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	NDS
Antimetabolites		
DROXIA	3	
HYDREA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	5	NDS
TABLOID	3	
Antineoplastics, Other		
GAVRETO	5	PA NDS
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NDS
IDHIFA	5	QL (30 EA per 30 days) 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
LUMAKRAS TABS 120MG	5	PA NDS
NINLARO	5	PA NDS
ONUREG	5	PA NDS
PEMAZYRE	5	QL (30 EA per 30 days) PA NDS
RETEVMO	5	PA NDS
SCEMBLIX TABS 40MG	5	PA NDS
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
SYNRIBO	5	PA NDS
TAZVERIK	5	PA NDS
TUKYSA	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
VONJO	5	PA NDS
XPOVIO	5	PA NDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NDS
ZOLINZA	5	PA NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	2	
AROMASIN	5	NDS
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
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	5	PA NDS
BRAFTOVI CAPS 75MG	5	PA NDS
BRUKINSA	5	PA NDS
CABOMETYX	5	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 100mg, 25mg</i>	2	PA NDS
<i>erlotinib hydrochloride tabs 150mg</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
EXKIVITY	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
<i>imatinib mesylate</i>	2	PA NDS
IMBRUVICA CAPS, TABS	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

Drug Name	Drug Tier	Requirements/Limits
<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
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
ODOMZO	5	PA NDS
PIQRAY 200MG DAILY DOSE	5	PA NDS
PIQRAY 250MG DAILY DOSE	5	PA NDS
PIQRAY 300MG DAILY DOSE	5	PA NDS
ROZLYTREK	5	PA NDS
RUBRACA	5	PA NDS
RYDAPT	5	PA NDS
SPRYCEL	5	PA NDS
STIVARGA	5	PA NDS
<i>sunitinib malate</i>	5	PA NDS
SUTENT	5	PA NDS
TAFINLAR CAPS	5	PA NDS
TAGRISSE TABS 80MG	5	PA NDS
TAGRISSE 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
TEPMETKO	5	PA NDS
TIBSOVO	5	PA NDS
TURALIO CAPS 200MG	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
WELIREG	5	PA NDS
XALKORI	5	PA NDS
XOSPATA	5	PA NDS
ZEJULA CAPS	5	PA NDS
ZELBORAF	5	PA NDS
ZYDELIG	5	PA NDS
ZYKADIA TABS	5	PA NDS

Retinoids

Drug Name	Drug Tier	Requirements/Limits
<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 200mg</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 0.5mg, 2mg</i>	2	
TRIHENYPHENIDYL 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
OSMOLEX ER TB24 129MG, 193MG	3	PA
Dopamine Agonists		
KYNMOBI	5	QL (150 EA per 30 days) PA NDS
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</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		
<i>chlorpromazine hcl tabs</i>	2	
CHLORPROMAZINE HYDROCHLORIDE CONC	2	
<i>fluphenazine decanoate inj</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HCL CONC, INJ	2	
<i>fluphenazine hcl tabs</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIX	2	
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	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</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)
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 (8 EA per 180 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 1.5MG, 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)

Drug Name	Drug Tier	Requirements/Limits
<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, 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	4	QL (60 EA per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	QL (90 EA per 30 days)
SEROQUEL TABS 400MG	5	QL (60 EA per 30 days) NDS
VRAYLAR CPPK	3	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST 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	
Treatment-Resistant		
CLOZAPINE ODT TBDP 150MG	2	QL (180 EA per 30 days)
CLOZAPINE ODT TBDP 12.5MG	2	QL (90 EA per 30 days)
CLOZAPINE ODT TBDP 200MG	5	QL (120 EA per 30 days) NDS
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	NDS
ISENTRESS PACK, TABS	5	NDS
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	NDS
JULUCA	5	QL (30 EA per 30 days) NDS
STRIBILD	5	QL (30 EA per 30 days) NDS
TIVICAY PD	5	NDS
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	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	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
EFAVIRENZ CAPS	2	
<i>efavirenz tabs</i>	2	
<i>etravirine</i>	5	NDS
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	5	NDS
<i>nevirapine er</i>	2	
NEVIRAPINE SUSP	2	
<i>nevirapine tabs</i>	2	
PIFELTRO	5	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</i>	2	
<i>abacavir sulfate/lamivudine</i>	2	QL (30 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
COMBIVIR	5	QL (60 EA per 30 days) NDS
DESCOVY	5	QL (30 EA per 30 days) NDS
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 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	
EMTRIVA CAPS	4	
EPIVIR	4	
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	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	5	QL (30 EA per 30 days) NDS
RETROVIR CAPS, SYRP	4	
<i>tenofovir disoproxil fumarate</i>	2	
TRIUMEQ	5	QL (30 EA per 30 days) NDS
TRIUMEQ PD	5	QL (180 EA per 30 days) NDS
TRIZIVIR	5	QL (60 EA per 30 days) NDS
TRUVADA TABS 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	5	QL (30 EA per 30 days) NDS
VIREAD	5	NDS
ZIAGEN	4	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	NDS
<i>maraviroc</i>	5	NDS
RUKOBIA	5	NDS
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 150MG, 300MG, 75MG	5	NDS
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	NDS
<i>atazanavir</i>	2	
<i>atazanavir sulfate caps 300mg</i>	2	
EVOTAZ	5	QL (30 EA per 30 days) NDS
<i>fosamprenavir calcium</i>	5	NDS
KALETRA SOLN	4	
KALETRA TABS 200MG; 50MG	2	
KALETRA TABS 100MG; 25MG	4	
LEXIVA SUSP	3	
LEXIVA TABS	5	NDS
<i>lopinavir/ritonavir</i>	2	
NORVIR PACK	3	
NORVIR TABS	4	
PREZCOBIX	5	QL (30 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSP	5	NDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG, 600MG, 800MG	5	NDS
REYATAZ PACK	5	NDS
REYATAZ CAPS 200MG, 300MG	5	NDS
<i>ritonavir</i>	2	
SYMTUZA	5	QL (30 EA per 30 days) NDS
VIRACEPT	5	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)
<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 80MG	3	QL (2 EA per 365 days)
XOFLUZA TBPk 40MG	3	QL (4 EA per 365 days)
Antihherpetic 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 hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 30mg</i>	1	
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone 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)

Drug Name	Drug Tier	Requirements/Limits
<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
XANAX TABS 0.25MG, 0.5MG, 1MG	4	QL (120 EA per 30 days)
XANAX TABS 2MG	5	QL (150 EA per 30 days) NDS
Bipolar Agents		
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		
AMARYL	4	
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
FARXIGA	3	ST
<i>glimepiride</i>	1	
GLYXAMBI	3	
INVOKAMET	3	
INVOKAMET XR	3	
INVOKANA	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KOMBIGLYZE XR	3	ST
<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	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
ONGLYZA	3	QL (30 EA per 30 days) ST
OZEMPIC INJ 4MG/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

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET	3	ST
SOLIQUA 100/33	3	PA
STEGLATRO	3	ST
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>	2	
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT	4	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
PROGLYCEM	4	
Insulins		
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	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)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	
INSULIN GLARGINE	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	
LEVEMIR	3	
LEVEMIR FLEXPEN	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	
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

Anticoagulants

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	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days) NDS
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days) NDS
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days) NDS
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days) NDS
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days) NDS
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days) NDS
FRAGMIN INJ 5000UNIT/0.2ML	5	QL (7 ML per 90 days) 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)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/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, 60MCG/ML	5	PA NDS
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJ 20000UNIT/ML	5	PA NDS
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
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 tabs 300mg</i>	2	
<i>losartan potassium tabs</i>	1	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<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		
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>metoprolol succinate er</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<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 tbc 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 tbc 180mg</i>	2	
<i>verapamil hydrochloride tabs</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tabs 250mg</i>	2	
BIDIL	3	
CORLANOR TABS	3	QL (60 EA per 30 days) PA
EDARBYCLOR	3	
ENTRESTO	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 inj</i>	2	
FUROSEMIDE ORAL SOLN 40MG/5ML	2	
<i>furosemide oral soln 10mg/ml</i>	2	
<i>furosemide tabs 40mg, 80mg</i>	1	
Diuretics, Potassium-sparing		

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone</i>	2	
<i>spironolactone tabs 100mg, 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
Dyslipidemics, Fibrin Acid Derivatives		
FENOFIBRATE CAPS 150MG, 50MG	2	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibrate tabs 120mg, 145mg, 160mg, 40mg, 48mg</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
LIVALO	3	
<i>simvastatin tabs</i>	1	
ZYPITAMAG TABS 2MG, 4MG	3	ST
Dyslipidemics, Other		
<i>ezetimibe</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	
Vasodilators, Direct-acting Arterial/Venous		
ISOSORBIDE MONONITRATE	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin lingual soln</i>	2	
<i>nitroglycerin transdermal</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		

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	2	QL (60 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)
RELEXXII TBCR 72MG	4	QL (30 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
NUEDEXTA	5	PA NDS
TENCON TABS 325MG; 50MG	3	
Fibromyalgia Agents		
LYRICA CR TB24 330MG	4	QL (60 EA per 30 days)
LYRICA CR TB24 165MG, 82.5MG	4	QL (90 EA per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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
EXTAVIA	5	QL (15 EA per 30 days) PA NDS
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 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
<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
ZEPOSIA STARTER KIT	5	QL (74 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	
METROGEL GEL 1%	4	
<i>metronidazole</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 Pruitus Agents</i>		
<i>clobetasol propionate</i>	2	
CLOBEX LIQD	4	
CLOBEX LOTN	5	NDS
<i>clodan</i>	2	
EUCRISA	3	PA
<i>triamcinolone acetonide crea 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	2	
<i>triamcinolone acetonide aers, 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	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents, Other		
CARAC	5	NDS
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	
EFUDEX CREA	4	QL (40 GM per 30 days)
FLUOROURACIL SOLN	2	
FLUOROURACIL CREA 0.5%	5	NDS
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
<i>imiquimod crea 5%</i>	2	
REGRANEX	5	PA NDS
SANTYL	3	
VECTICAL	3	
Pediculicides/Scabicides		
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days)
<i>permethrin crea</i>	2	
Topical Anti-infectives		
<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		
Electrolyte/Mineral Replacement		
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq</i>	2	
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 3%</i>	2	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox tabs 90mg</i>	2	PA
<i>deferasirox tabs 360mg</i>	2	PA NDS
<i>deferasirox tbso 125mg</i>	2	PA NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	PA NDS
<i>sodium polystyrene sulfonate</i>	2	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	3	
<i>sevelamer carbonate tabs</i>	2	
<i>sevelamer carbonate pack</i>	2	NDS
VELPHORO	5	NDS
Potassium Binders		
LOKELMA	3	QL (90 EA per 30 days)
SPS	2	
VELTASSA	5	NDS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
KRISTALOSE	3	ST

Drug Name	Drug Tier	Requirements/Limits
LACTULOSE PACK	2	
<i>lactulose soln</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)
Anti-Diarrheal Agents		
<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
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 SOLN 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
<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	
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>esomeprazole magnesium</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

Drug Name	Drug Tier	Requirements/Limits
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
PROLASTIN-C INJ 1000MG	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
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

Antispasmodics, Urinary

MYRBETRIQ TB24	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrup</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	ST

Benign Prostatic Hypertrophy Agents

<i>finasteride tabs</i>	2	
<i>tamsulosin hydrochloride</i>	2	

Genitourinary Agents, Other

<i>bethanechol chloride tabs</i>	2	
ELMIRON	5	NDS

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLN	2	
<i>prednisone tbpk</i>	2	
<i>prednisone tabs 10mg, 2.5mg, 50mg, 5mg</i>	1	
<i>prednisone tabs 1mg</i>	2	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate tabs</i>	2	
GENOTROPIN	5	PA NDS
GENOTROPIN MINIQUICK	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NDS
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 (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	2	
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone soln</i>	2	PA
XYOSTED	3	PA
<i>Estrogens</i>		
BIJUVA	3	
CLIMARA PRO	3	
ESTRACE CREA	4	
<i>estradiol crea, tabs</i>	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	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>Progestins</i>		
<i>medroxyprogesterone acetate tabs</i>	1	
<i>megestrol acetate susp, tabs</i>	2	PA
<i>progesterone caps</i>	2	
<i>Selective Estrogen Receptor Modifying Agents</i>		
DUAVEE	3	
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>levothyroxine sodium tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tabs</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	NDS
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
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
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA NDS
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 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 500mcg/ml</i>	5	PA NDS
ORLISSA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
ORLISSA 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>		
FLEBOGAMMA DIF INJ 5GM/50ML	5	PA NDS
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	5	QL (10 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN	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	5	PA NDS
Immunostimulants		
ACTIMMUNE	5	PA NDS
PEGASYS	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</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 PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (4 EA per 365 days) PA NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL (4 EA per 28 days) PA NDS
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN INJ 40MG/0.4ML, 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL (2 EA per 28 days) PA NDS
HUMIRA INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA NDS
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

Drug Name	Drug Tier	Requirements/Limits
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
PROGRAF PACK	3	B/D
PROGRAF CAPS 0.5MG, 1MG	4	B/D
PROGRAF CAPS 5MG	5	B/D NDS
RAPAMUNE SOLN	5	B/D NDS
RAPAMUNE TABS 0.5MG	4	B/D
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>	2	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	
ZORTRESS	5	B/D NDS
Vaccines		
ADACEL	3	
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 cp24</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	

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<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	5	PA NDS
TYMLOS	5	PA NDS
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	QL (200 EA per 30 days)
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
CEQUA	3	PA
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	4	
RESTASIS MULTIDOSE	4	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
TOBRADEX ST	3	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	3	QL (60 EA per 30 days) ST
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		
BEPREVE	4	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	
ZERVIAE	3	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE	3	
BESIVANCE	3	
<i>erythromycin</i>	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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 0.5%</i>	2	
TIMOPTIC OCUDOSE SOLN 0.25%	3	
TIMOPTIC OCUDOSE SOLN 0.5%	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide tabs 125mg</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 Prostanoid 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		
CIPRODEX	4	
<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
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) ST
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days) ST
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) ST
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) ST
<i>fluticasone propionate</i>	1	
<i>момetasone furoate</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) ST
Antihistamines		
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
DYMISTA	4	QL (23 GM per 30 days)
<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	
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days) NDS
SPIRIVA HANDIHALER	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)
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	
ALBUTEROL SULFATE NEBU 2.5MG/0.5ML	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		
<i>cromolyn sodium nebu</i>	5	B/D NDS

Drug Name	Drug Tier	Requirements/Limits
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</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
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)
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	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	5	PA NDS
FASENRA PEN	5	PA NDS
<i>fluticasone propionate/salmeterol diskus</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>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)
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		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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</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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<i>phenelzine sulfate</i>	7
<i>phenobarbital</i>	5
<i>phenoxybenzamine hydrochloride</i>	22
PHENYTEK	5
<i>phenytoin</i>	5
<i>phenytoin sodium extended</i>	5
PHOSLYRA	27
PIFELTRO	16
PIMOZIDE	14
PIQRAY 200MG DAILY DOSE	12
PIQRAY 250MG DAILY DOSE	12
PIQRAY 300MG DAILY DOSE	12
PLEGRIDY	26
<i>polymyxin b sulfate/trimethoprim sulfate</i>	34

Drug Name	Page #
POMALYST	10
<i>potassium chloride er</i>	27
PRADAXA	21
PRALUENT	24
<i>pramipexole dihydrochloride</i>	13
<i>pramipexole dihydrochloride er</i>	13
<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	18
<i>primidone</i>	5
PRISTIQ	7
PRIVIGEN	31
PROAIR RESPICLICK	36
<i>prochlorperazine maleate</i>	8
PROCRT	22
<i>procto-med hc</i>	33
<i>procto-pak</i>	34
<i>proctosol hc</i>	34
<i>proctozone-hc</i>	34
<i>progesterone</i>	30
PROGLYCEM	20
PROGRAF	33
PROLASTIN-C	29
PROLENSA	35
PROLIA	34
PROMACTA	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	10
QTERN	19
QUDEXY XR	4
<i>quetiapine fumarate</i>	15
<i>quetiapine fumarate er</i>	14
QVAR REDIHALER	36
<i>raloxifene hydrochloride</i>	30
<i>ramipril</i>	23
<i>ranolazine er</i>	23
RAPAMUNE	33

Drug Name	Page #
<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
RELEXXII	25
REMERON	6
REMERON SOLTAB	6
REPATHA	24
REPATHA PUSHTRONEX SYSTEM	24
REPATHA SURECLICK	24
RESTASIS	34
RESTASIS MULTIDOSE	34
RETACRIT	22
RETEVMO	10
RETROVIR	17
REVLIMID	10
REXULTI	15
REYATAZ	18
REYVOW	9
RHOPRESSA	35
RIBAVIRIN	16
<i>rifabutin</i>	9
<i>rifampin</i>	9
RINVOQ	32
RISPERDAL	15
RISPERDAL CONSTA	15
<i>risperidone</i>	15
RISPERIDONE ODT	15
<i>ritonavir</i>	18
<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>roweepira</i>	4
ROZLYTREK	12
RUBRACA	12
RUCONEST	31
<i>rufinamide</i>	6
RUKOBIA	17
RYBELSUS	19
RYDAPT	12
RYTARY	13
SANDIMMUNE	33

Drug Name	Page #
SANTYL	27
SAPHRIS	15
SAVELLA	25
SAVELLA TITRATION PACK	25
SCEMBLIX	10
SECUADO	15
SEGLUROMET	20
<i>selegiline hcl</i>	13
SELZENTRY	17
SENSIPAR	34
SEREVENT DISKUS	36
SEROQUEL	15
<i>sertraline hcl</i>	7
SERTRALINE HYDROCHLORIDE	8
<i>sevelamer carbonate</i>	27
SHINGRIX	33
<i>sildenafil citrate</i>	37
SIMBRINZA	34
<i>simvastatin</i>	24
SINEMET	13
<i>sirolimus</i>	33
SKYRIZI	32
<i>sodium chloride</i>	27
<i>sodium chloride 0.45%</i>	27
<i>sodium phenylbutyrate</i>	29
<i>sodium polystyrene sulfonate</i>	27
SOFOSBUVIR/VELPATASVIR	16
SOLQUA 100/33	20
SOLTAMOX	10
SPIRIVA HANDIHALER	36
SPIRIVA RESPIMAT	36
<i>spironolactone</i>	24
SPRITAM	4
SPRYCEL	12
SPS	27
STEGLATRO	20
STEGLUJAN	20
STIOLTO RESPIMAT	37
STIVARGA	12
STRIBILD	16
SUBOXONE	1
<i>subvenite</i>	4
<i>subvenite starter kit/blue</i>	4
<i>subvenite starter kit/green</i>	4
<i>subvenite starter kit/orange</i>	4
<i>sucrafate</i>	28
<i>sulfacetamide sodium</i>	2
<i>sulfamethoxazole/trimethoprim</i>	2
<i>sulfamethoxazole/trimethoprim ds</i>	2
<i>sulfasalazine</i>	33

Drug Name	Page #
<i>sumatriptan succinate</i>	9
<i>sunitinib malate</i>	12
SUNOSI	38
SUPRAX	2
SUPREP BOWEL PREP KIT	28
SUTAB	28
SUTENT	12
SYMBICORT	37
SYMBYAX	6
SYMFI	16
SYMFI LO	16
SYMPAZAN	5
SYMTUZA	18
SYNJARDY	20
SYNJARDY XR	20
SYNRIBO	10
TABLOID	10
TABRECTA	10
<i>tacrolimus</i>	33
<i>tadalafil</i>	37
TAFINLAR	12
TAGRISSO	12
TAKHZYRO	31
TALZENNA	12
<i>tamoxifen citrate</i>	10
<i>tamsulosin hydrochloride</i>	29
TASIGNA	12
TAVALISSE	22
TAZVERIK	10
TEGRETOL	6
TEGRETOL-XR	6
<i>temazepam</i>	38
TENCON	25
<i>tenofovir disoproxil fumarate</i>	17
TEPMETKO	12
TERIPARATIDE	34
<i>testosterone</i>	30
<i>testosterone pump</i>	30
THALOMID	10
THEO-24	37
<i>theophylline</i>	37
<i>theophylline er</i>	37
<i>thioridazine hcl</i>	14
<i>thiothixene</i>	14
<i>tiagabine hydrochloride</i>	5
TIBSOVO	12
<i>timolol maleate</i>	35
<i>timolol maleate ophthalmic gel forming</i>	35
TIMOPTIC OCUDOSE	35
TIVICAY	16

Drug Name	Page #
TIVICAY PD	16
<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
TOPAMAX	4
TOPAMAX SPRINKLE	4
<i>topiramate</i>	4
<i>topiramate er</i>	4
<i>toremifene citrate</i>	10
TOUJEO MAX SOLOSTAR	21
TOUJEO SOLOSTAR	21
TOVIAZ	29
TRADJENTA	20
<i>tramadol hcl</i>	1
TRAMADOL HCL ER	1
<i>tramadol hydrochloride</i>	1
<i>tramadol hydrochloride er</i>	1
<i>tranexamic acid</i>	22
<i>tranlycypromine sulfate</i>	7
<i>trazodone hydrochloride</i>	8
TRELEGY ELLIPTA	37
TRELSTAR MIXJECT	31
TRESIBA	21
TRESIBA FLEXTOUCH	21
<i>tretinoin</i>	13
<i>tretinoin</i>	26
TREXALL	33
<i>triamcinolone acetonide</i>	26
<i>triamterene/hydrochlorothiazide</i>	23
<i>triderm</i>	26
<i>trifluoperazine hcl</i>	14
<i>trifluoperazine hydrochloride</i>	14
TRIHEXYPHENIDYL HCL	13
<i>trihexyphenidyl hydrochloride</i>	13
TRIJARDY XR	20
TRIKAFTA	36
<i>trimipramine maleate</i>	8
TRINTELLIX	8
TRIUMEQ	17
TRIUMEQ PD	17
TRIZIVIR	17
TROKENDI XR	4
TRULANCE	28
TRULICITY	20

Drug Name	Page #
TRUVADA	17
TUKYSA	10
TURALIO	12
TYBOST	17
TYMLOS	34
UDENYCA	22
UPTRAVI	37
UPTRAVI TITRATION PACK	37
VAGIFEM	30
<i>valacyclovir hcl</i>	18
<i>valacyclovir hydrochloride</i>	18
VALCHLOR	9
<i>valganciclovir</i>	15
<i>valganciclovir hydrochloride</i>	16
VALIUM	19
<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
VELPHORO	27
VELTASSA	27
VENCLEXTA	12
VENCLEXTA STARTING PACK	12
<i>venlafaxine hcl er</i>	8
<i>venlafaxine hydrochloride</i>	8
<i>venlafaxine hydrochloride er</i>	8
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	28
VICTOZA	20
<i>vigabatrin</i>	5
<i>vigadrone</i>	5
VIIBRYD	8
VIIBRYD STARTER PACK	8
VIMPAT	6
VIOKACE	29
VIRACEPT	18
VIREAD	17
VITRAKVI	12
VIZIMPRO	12

Drug Name	Page #
VONJO	11
VOSEVI	16
VOTRIENT	12
VRAYLAR	15
VYNDAQEL	29
VYVANSE	24
VYZULTA	35
<i>warfarin sodium</i>	21
WELIREG	12
WELLBUTRIN SR	6
<i>wixela inhub</i>	37
XALKORI	12
XANAX	19
XANAX XR	19
XARELTO	22
XARELTO STARTER PACK	21
XATMEP	33
XCOPRI	4
XELJANZ	32
XELJANZ XR	32
XENLETA	2
XIFAXAN	28
XIGDUO XR	20
XIIDRA	34
XOFLUZA	18
XOLAIR	32
XOSPATA	12
XPOVIO	11
XPOVIO 60 MG TWICE WEEKLY	11
XPOVIO 80 MG TWICE WEEKLY	11
XTAMPZA ER	1
XTANDI	10
<i>xulane</i>	30
XULTOPHY 100/3.6	20
XYOSTED	30
XYREM	38
YONSA	10
YUPELRI	36
<i>yuvafem</i>	30
<i>zafirlukast</i>	36
ZARONTIN	4
ZARXIO	22
ZEJULA	12
ZELBORAF	12
ZENPEP	29
ZEPOSIA	26
ZEPOSIA 7-DAY STARTER PACK	26
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ZERVIAE	34
ZIAGEN	17

Drug Name	Page #
<i>zidovudine</i>	17
ZIEXTENZO	22
ZIOPTAN	35
<i>ziprasidone hcl</i>	15
<i>ziprasidone mesylate</i>	15
ZIRGAN	35
ZOLINZA	11
ZOLOFT	8
ZOLPIDEM TARTRATE	38
<i>zolpidem tartrate er</i>	38
ZOMACTON	30
<i>zonisamide</i>	6
ZORTRESS	33
ZYDELIG	12
ZYKADIA	12
ZYLET	34
ZYPITAMAG	24
ZYPREXA	15
ZYPREXA RELPREVV	15
ZYPREXA ZYDIS	15

This abridged formulary was updated on July 25, 2023. 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 ENHANCED AND BASIC MEDICARE Rx OPTIONS (PDP) ARE STAND-ALONE PRESCRIPTION DRUG PLANS WITH A MEDICARE CONTRACT. ENROLLMENT IN THE ENHANCED OR BASIC MEDICARE Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL. CMS CONTRACT NUMBER: E3014; FORMULARY ID: 24073



Pennsylvania Public School Employees' Retirement System (PSERS)

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; TTY: 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725; TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-773-7725; TTY: 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-773-7725; TTY: 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-773-7725; TTY: 711]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-773-7725; TTY: 711]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-773-7725; TTY: 711] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-773-7725; TTY: 711]. 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; TTY: 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725; TTY: 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725; TTY: 711. 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; TTY: 711. 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; TTY: 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725; TTY: 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725; TTY: 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pom ożew uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725; TTY: 711. Ta usługa ja est 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; TTY: 711 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。

Cambodian (Khmer): ខ្ញុំ: យើងមានសេវាកម្មប្រែប្រួលភាសាដោយឥតគិតថ្លៃ ដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីផែនការសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែប្រួលភាសា សូមទូរសព្ទមកកាន់យើងខ្ញុំតាមរយៈលេខ 1-800-773-7725; TTY: 711។ អ្នកដែលចេះនិយាយភាសាអង់គ្លេស/ខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιοσδήποτε ερωτήσεις που μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή το πρόγραμμα χορήγησης φαρμάκων μας. Για υπηρεσίες διερμηνείας, καλέστε μας στο 1-800-773-7725. Τηλέτυπο: 711. Κάποιο άτομο που μιλάει αγγλικά/ελληνικά μπορεί να σας βοηθήσει. Αυτή η υπηρεσία είναι δωρεάν.

Gujarati: અમારી સ્વાસ્થ્ય કેદવા યોજના વિશે તમને કોઈ પણ પ્રશ્ન હોઈ શકે છે, તેનો જવાબ આપવા માટે અમારી પાસે નિ:શુલ્ક અનુવાદક ની સેવાઓ છે. અનુવાદક મેળવવા માટે કૃત્ત અમને કોલ કરો, 1-800-773-7725; તેમજ મુકબધીરો માટે સ્ત્રી ટાઇપરાઇટર નંબર 711 પર. અંગ્રેજી/ગુજરાતી ભાષા બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ સેવા નિ:શુલ્ક છે.

Hrvatski: pružamo besplatne usluge usmenog prevođenja kako bismo odgovorili na sva Vaša eventualna pitanja o pokriću zdravstvenih usluga ili lijekova. Za razgovor s usmenim prevoditeljem nazovite nas na broj telefona: 1-800-773-7725; TTY: 711. Pomoći će Vam govornik engleskoga/hrvatskoga jezika. Ova je usluga besplatna.

Ukrainian: Ми надаємо безкоштовні послуги перекладача, який відповість на будь-які питання щодо нашого медичного обслуговування та призначення лікарських препаратів. Щоб скористатися послугами перекладача, зателефонуйте за номером 1-800-773-7725; текстовий телефон: 711. Вам допоможе людина, яка розмовляє англійською або українською мовою. Послуга безкоштовна.