Health Choice Pathway (HMO D-SNP)

2021 Formulary

(List of Covered Drugs)

Formulario de 2021

(Lista de Medicamentos Cubiertos)

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

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

This formulary was updated on 12/1/2021. For more recent information or other questions, please contact Health Choice Pathway Member Services at 1-800-656-8991 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.HealthChoicePathway.com.

Este formulario se actualizó en 12/1/2021. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, Health Choice Pathway al Departamento de Servicios para Miembros, al 1-800-656-8991 o para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a.m. a 8:00 p.m., hora local. O bien, visite www.HealthChoicePathway.com.

The formulary may change at any time. You will receive notice when necessary.

El formulario puede modificarse en cualquier momento. Recibirá un aviso cuando sea necesario.

HPMS Approved Formulary
File Submission ID 21213,
Version Number 19

Health CHOICE PATHWAY

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Non-Discrimination

In Compliance with Section 1557 of the Affordable Care Act

Health Choice Pathway (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Choice Pathway does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Choice Pathway:

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

Health Choice Pathway
Address: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Email: HCH.GrievanceForms@HealthChoiceAZ.com

If you believe that Health Choice Pathway has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email to:

Health Choice Pathway
Address: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Email: HCH.GrievanceForms@HealthChoiceAZ.com

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

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

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

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

Aviso de No Discriminación

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

Health Choice Pathway (HMO D-SNP) cumple con las leyes de derechos civiles federales vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Health Choice Pathway no excluye a las personas ni las trata de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

Health Choice Pathway:

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

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

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

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

Health Choice Pathway
Dirección: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Correo electrónico:
HCH.GrievanceForms@HealthChoiceAZ.com

Si considera que Health Choice Pathway no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal por correo, fax o correo electrónico:

Health Choice Pathway
Dirección: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Correo electrónico:
HCH.GrievanceForms@HealthChoiceAZ.com

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

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

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

Los formularios de queja están disponibles en http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Interpreter Services

Health CHOICE PATHWAY | BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

as required by Section 1557 of the Affordable Care Act

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-656-8991** (TTY: **711),** 8 a.m. – 8 p.m., 7 days a week.

ATENCIÓN: si usted habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-800-656-8991** (TTY: **711).**

注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の番号までお電話してください：**1-800-656-8991** (TTY: **711)**

Bilagáana bizaad doo bee yáníłti' dago dóó saad nááná ła' bee yáníłti'go, saad bee ata' hane', t'áá níík'eh, ná bee ahóót'i'. Kojį' hodíílnih **1-800-656-8991** (TTY: **711).**

ATENÇÃO: se você fala português brasileiro, oferecemos serviços gratuitos de assistência para idiomas. Ligue para **1-800-656-8991** (TDD: **711).**

CHÚ Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số **1-800-656-8991** (TTY: **711).**

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لديك خدمات المساعدة اللغوية، مجانًا. اتصل على **1-800-656-8991** (هاتف نصي: **711).**

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-656-8991** (TTY: **711).**

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang, gratis, disponib pou ou. Rele **1-800-656-8991** (TTY: **711).**

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Fremdsprachenservice zur Verfügung. Rufen Sie **1-800-656-8991** (TTY: **711)** an.

ΠΡΟΣΟΧΗ: εάν μιλάτε Ελληνικά, μπορείτε να λάβετε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό **1-800-656-8991** (TTY: **711).**

સૂચના: જો તમે બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. સંપર્ક **1-800-656-8991** (TTY: **711).**

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। **1-800-656-8991 (TTY: 711)** पर कॉल करें।

Multi-Language Interpreter Services

Health CHOICE PATHWAY | BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

as required by Section 1557 of the Affordable Care Act

ATTENZIONE: se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiami il numero **1-800-656-8991** (TTY: **711).**

請注意：若您使用繁體中文，您可以接受免費的語言協助服務。請致電 **1-800-656-8991** (TTY: **711)**。

주의: 한국어를 사용하는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-800-656-8991** (TTY: **711)** 번으로 전화하십시오.

โปรดทราบ: หากคุณพูดภาษา ไทย คุณจะสามารถใช้บริการความช่วยเหลือด้านภาษาได้โดยไม่มีค่าใช้จ่าย โทร **1-800-656-8991** (TTY: **711)**

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-656-8991** (TTY: **711).**

សូមយកចិត្តទុកដាក់៖ បុរសិនបើលោកអ្នកនិយាយភាសា ខ្មែរ៉ យើងខ្ញុំមានសេវាកម្មជំនួយភាសាដល់លោកអ្នកដោយមិនគិតថ្លៃនៃហោះទេ។ សូមហៅទូរសព្ទមកលេខ **1-800-656-8991** (TTY៖ **711)**។

UWAGA: Jeżeli mówi Pan/Pani po polsku, oferujemy bezpłatne usługi pomocy językowej. Prosimy o kontakt pod numerem **1-800-656-8991** (telefon tekstowy (TTY): **711).**

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Pozovite **1-800-656-8991** (TTY: **711).**

ATENSIYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, na walang singil, ay magagamit mo. Tumawag sa **1-800-656-8991** (TTY: **711).**

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات زبانی رایگان به شما ارائه می‌شود.با **1-800-656-8991 (711:** TTY). تماس بگیرید.

معيِّرَنوَّةًا: ايِّن بعِالنْوُكٌ دمَخكِة (لِشَّنًا اْسوِّريِيًا) وبمَجَن دلًا اَجِّرًا بنيِّشًا دةِشمِشةًا و عَدرَنةًا.**1-800-656-800-1 8991 (711:** TTY) عبُّود شقَلَيبَّلةًا بنَن مِنيِّنًا.

Health Choice Pathway (HMO D-SNP)

2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00021213, Version Number 19

This formulary was updated on 12/1/2021. For more recent information or other questions, please contact Health Choice Pathway Member Services at **1-800-656-8991** or, for TTY users, **711**, 8 a.m. to 8 p.m., 7 days a week, or visit **www.HealthChoicePathway.com.**

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

When this drug list (formulary) refers to "we," "us", or "our," it means Health Choice Arizona, Inc. When it refers to "plan" or "our plan," it means Health Choice Pathway.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

Health Choice Pathway is affiliated with Blue Cross® Blue Shield® of Arizona.

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What is the Health Choice Pathway Formulary?

A formulary is a list of covered drugs selected by Health Choice Pathway in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Health Choice Pathway will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Choice Pathway network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Health Choice Pathway's 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Health Choice Pathway's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2021. To get updated information about the drugs covered by Health Choice Pathway, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes will be posted to our website at **www.HealthChoicePathway.com**

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page number 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 76. The Index provides an alphabetical list of all of 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?

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, Health Choice Pathway limits the amount of the drug that Health Choice Pathway will cover. For example, Health Choice Pathway provides 12 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Health Choice Pathway requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Choice Pathway will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Health Choice Pathway to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Choice Pathway's 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 Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by Health Choice Pathway. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Health Choice Pathway.

- You can ask Health Choice Pathway to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Health Choice Pathway's Formulary?

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

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Choice Pathway limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Health Choice Pathway will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For current Health Choice Pathway members moving from one treatment setting to another a transition fill of a Part D medication will be provided. Examples of these level of care changes include but are not limited to the following: beneficiary enters an LTC facility from a hospital, beneficiary is discharged from a hospital to a home, beneficiary ends a skilled nursing facility Medicare Part A stay and reverts to the Part D plan formulary, beneficiary gives up hospice status and reverts to standard Medicare Part A and B benefits, beneficiary ends a LTC facility stay and returns to the community, and beneficiary is discharged from psychiatric hospitals with drug regimens that are highly individualized. Additionally for beneficiaries admitted to or discharged from an LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit.

For more information

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

If you have questions about Health Choice Pathway, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Health Choice Pathway's Formulary

The formulary below provides coverage information about the drugs covered by Health Choice Pathway. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

The information in the Requirements/Limits column tells you if Health Choice Pathway has any special requirements for coverage of your drug.

List of Abbreviations

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

EA: Each.

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

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

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

ST: Step Therapy. In some cases, Health Choice Pathway requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Choice Pathway will then cover Drug B.

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

Health Choice Pathway HMO D-SNP

2021 Formulario

(Lista de medicamentos cubiertos)

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE ESTE PLAN CUBRE

ID de envío del archivo del formulario aprobado por el HPMS 00021213, versión número 19

Este formulario se actualizó el 12/1/2021. Para información más reciente u otras preguntas, póngase en contacto con los Servicios a los miembros al número de Health Choice Pathway al **1-800-656-8991** o, para usuarios TTY, al **711,** de 8 a.m. to 8 p.m., los 7 días de la semana, o visite **www.HealthChoicePathway.com**.

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

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro(s)” hablamos de Health Choice Arizona, Inc. Cuando se refiere a “plan” o a “nuestro plan”, hablamos de Health Choice Pathway.

Este documento incluye la lista de medicamentos (formulario) de nuestro plan, que se actualizó el 12/1/2021. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Por lo general, debe usar las farmacias de la red para obtener los beneficios para medicamentos de venta con receta médica. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguro pueden cambiar el 1 de enero de 2022 y de vez en cuando durante el año.

Health Choice Pathway está afiliada a Blue Cross® Blue Shield® de Arizona.

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¿Qué es el formulario de Health Choice Pathway?

Un formulario es una lista de medicamentos cubiertos seleccionados por Health Choice Pathway en consulta con un equipo de proveedores de atención médica, que representa las terapias prescritas que se cree que son una parte necesaria de un programa de tratamiento de calidad. Health Choice Pathway generalmente cubrirá los medicamentos listados en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, si la receta se surte en una farmacia de la red de Health Choice Pathway y se siguen otras reglas del plan. Para obtener más información sobre cómo surtir sus recetar médicas, revise su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

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

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

- **Nuevos medicamentos genéricos.** Es posible que eliminemos inmediatamente un medicamento de marca de nuestra lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparece en el mismo nivel de costo compartido o en uno inferior y con las mismas restricciones o menos. Además, cuando se agrega un nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra lista de medicamentos, pero lo cambiaremos inmediatamente a un nivel distinto de costo compartido o agregaremos restricciones nuevas. Si actualmente toma dicho medicamento de marca, es posible que no le informemos con anticipación de dicho cambio, pero después le proporcionaremos información específica sobre los cambios precisos que hemos hecho.
    - Si hacemos dicho cambio, usted o el médico que emite las recetas pueden pedirnos que hagamos una excepción y sigamos con la cobertura del medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción y, además, puede encontrar información en la sección de abajo que se titula “¿Cómo solicito una excepción al formulario de Health Choice Pathway?”

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o si el fabricante retira el medicamento del mercado, eliminaremos inmediatamente dicho medicamento de nuestro formulario y les avisaremos a los miembros que toman dicho medicamento.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar a uno de marca que aparece actualmente en el formulario, o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel distinto de costo compartido. O podemos hacer cambios según las nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, debemos informar del cambio a los miembros afectados 30 días antes de la entrada en vigencia del cambio o en el momento en que el miembro solicite una renovación del medicamento, en cuyo caso recibirá un suministro para 31 días del medicamento.

- Si hacemos estos cambios, usted o el médico que emita las recetas pueden pedirnos que hagamos una excepción y sigamos con la cobertura del medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción y, además, encontrará información en la sección de abajo que se titula "¿Cómo solicito una excepción al formulario de Health Choice Pathway?"

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si usted toma un medicamento que aparece en nuestro formulario 2021 que estuvo cubierto al principio del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2021, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para los miembros que toman los medicamentos durante el resto del año de cobertura. Este año no se le notificarán directamente los cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, esos cambios le afectarán, y es importante revisar la lista de medicamentos para el nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto entrará en vigencia el 1 de diciembre de 2021. Comuníquese con nosotros para obtener información actualizada de los medicamentos cubiertos por Health Choice Pathway. Nuestra información de contacto aparece en la portada y en la contraportada. Los cambios a mitad de año relacionados con los medicamentos que no son de mantenimiento se publicarán en nuestro sitio web **www.HealthChoicePathway.com**

¿Cómo uso el formulario?

Hay dos formas de buscar un medicamento en el formulario:

Afección

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

Lista por orden alfabético

Si no está seguro en qué categoría buscar, debería buscar el medicamento en el Índice que comienza en la página 76. El Índice proporciona una lista por orden alfabético de todos los medicamentos que se incluyen en este documento. En el Índice aparecen los medicamentos genéricos y los de marca. Busque su medicamento en el Índice. Al lado del nombre del medicamento, verá el número de página donde puede encontrar la información de cobertura. Vaya a la página que indica el Índice y busque el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Health Choice Pathway cubre los medicamentos de marca y los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (Food and

Drug Administration, FDA) porque tiene los mismos ingredientes activos que el medicamento de marca. Por lo general, los medicamentos genéricos son más baratos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden ser, entre otros, los siguientes:

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

- **Límites en la cantidad:** Para ciertos medicamentos, Health Choice Pathway limita la cantidad de medicamento que cubrirá Health Choice Pathway. Por ejemplo, Health Choice Pathway proporciona 12 comprimidos por receta médica de Sumatriptán. Esto puede ser adicional al suministro estándar para uno o tres meses.

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

Para saber si su medicamento tiene algún requisito o límite adicionales, busque en el formulario que comienza en la página 7. Además, puede visitar nuestro sitio web para encontrar más información sobre las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede pedir a Health Choice Pathway que haga una excepción para estas restricciones o límites, o puede pedir una lista de otros medicamentos similares para tratar su afección. Consulte la sección: “¿Cómo solicito una excepción al formulario de Health Choice Pathway?” en la página xii para obtener información sobre cómo solicitar una excepción.

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

Si el medicamento no se incluye en este formulario (lista de medicamentos cubiertos), primero debería comunicarse con Servicios para Miembros y preguntar si el medicamento está cubierto.

Si le indicaron que Health Choice Pathway no cubre su medicamento, tiene dos opciones:

- Puede pedir a Servicios para Miembros una lista de medicamentos similares que están cubiertos por Health Choice Pathway. Cuando reciba la lista, muéstresela al médico y pídale que le recete un medicamento similar que esté cubierto por Health Choice Pathway.

- Puede pedir a Health Choice Pathway que haga una excepción y cubra su medicamento. Lea abajo la información sobre cómo solicitar una excepción.

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

Puede pedir a Health Choice Pathway que haga una excepción a nuestras normas de cobertura. Hay distintos tipos de excepciones que puede solicitarnos.

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

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

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

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

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

Para cada uno de los medicamentos que no aparecen en nuestro formulario, o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal para 31 días. Si la receta es por menos días, autorizaremos renovaciones para proporcionarle un suministro para 31 días de medicamento, como máximo. Después del suministro para los primeros 31 días, no pagaremos estos medicamentos, incluso si ha sido afiliado del plan durante menos de 90 días.

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

Para afiliados actuales de Health Choice Pathway que cambian de un entorno de tratamiento a otro, se surtirá una receta de transición de un medicamento de la parte D. Algunos ejemplos de cambios en este nivel de atención son, entre otros, los siguientes: un beneficiario ingresa a un centro de atención a largo plazo (long term care, LTC) desde un hospital, el beneficiario recibe el alta de un hospital a un hogar, el beneficiario finaliza una estancia en un centro de enfermería especializada de la parte A de Medicare y vuelve a la parte D del formulario del plan, el beneficiario renuncia al estado de cuidados paliativos y vuelve a los beneficios estándar de la parte A y B de Medicare, el beneficiario pone fin a una estancia en un centro de LTC y vuelve a la comunidad y el beneficiario recibe el alta de un hospital psiquiátrico con un régimen de medicamentos que es altamente personalizado. Además, para los beneficiarios ingresados o que reciban el alta de un centro LTC, no se usan modificaciones de renovación antes de plazo para limitar el acceso adecuado y necesario a los beneficios de la parte D.

Para obtener más información

Para obtener información detallada sobre la cobertura de medicamentos de venta con receta médica de Health Choice Pathway, revise la Evidencia de cobertura y otro material del plan.

Si tiene preguntas sobre Health Choice Pathway, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos de venta con receta médica de Medicare, llame al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

¿Qué es el formulario de Health Choice Pathway?

El formulario que comienza abajo proporciona información de la cobertura de los medicamentos cubiertos por Health Choice Pathway. Si tiene algún problema para buscar su medicamento en la lista, vaya al Índice en la página 75.

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

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

Lista de abreviaturas

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

EA: Cada uno.

NM: Medicamento no solicitado por correo. Este medicamento de venta con receta médica no está disponible mediante la orden de servicio por correo CVS Caremark Mail-Order Service Pharmacy. Puede estar disponible para su venta por correo mediante CVS Specialty Pharmacy. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios para el Afiliado al **1-800-656-8991** o, para usuarios TTY al **711,** los 7 días de la semana, de 8 a.m. a 8 p.m.

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

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

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

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

CY21_1T_SNP eff 12/01/2021

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
probenecid TABS 500mg	1	
NSAIDS		
celecoxib CAPS 50mg	1	QL (240 caps / 30 days)
celecoxib CAPS 100mg	1	QL (120 caps / 30 days)
celecoxib CAPS 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diflunisal TABS 500mg	1	
ec-naproxen TBEC 375mg, 500mg	1	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
flurbiprofen TABS 100mg	1	
ibu TABS 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg; TBEC 375mg, 500mg	1	
naproxen sodium TABS 275mg, 550mg	1	
piroxicam CAPS 10mg, 20mg	1	
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	1	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
atovaquone SUSP 750mg/5ml	1	
aztreonam SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
colistimethate sodium SOLR 150mg	1	
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
daptomycin SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg	1	QL (12 tabs / 365 days)
ertapenem sodium SOLR 1gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
imipenem-cilastatin intravenous for soln 500 mg	1	
ivermectin TABS 3mg	1	PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
meropenem SOLR 1gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole TABS 250mg, 500mg	1	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	1	
nitrofurantoin monohyd macro CAPS 100mg	1	
paromomycin sulfate CAPS 250mg	1	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
praziquantel TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	
streptomycin sulfate SOLR 1gm	1	
SULFADIAZINE TABS 500mg	1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
SYNERCID INJ 500MG	1	
tobramycin NEBU 300mg/5ml	1	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
AMBISOME SUSR 50mg	1	B/D
amphotericin b SOLR 50mg	1	B/D
caspofungin acetate SOLR 50mg, 70mg	1	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine CAPS 250mg, 500mg	1	
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole CAPS 100mg	1	PA
ketoconazole TABS 200mg	1	PA
micafungin sodium SOLR 50mg, 100mg	1	
NOXAFIL SUSP 40mg/ml	1	QL (630 mL / 30 days)
nystatin TABS 500000unit	1	
posaconazole TBEC 100mg	1	QL (93 tabs / 30 days)
terbinafine hcl TABS 250mg	1	QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	1	PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	1	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg; SOLN 100mg/ml	1	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	NM
CRIXIVAN CAPS 200mg, 400mg	1	NM
EDURANT TABS 25mg	1	NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
emtricitabine CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
etravirine TABS 100mg, 200mg	1	NM
fosamprenavir calcium TABS 700mg	1	NM
FUZEON SOLR 90mg	1	NM
INTELENCE TABS 25mg, 100mg, 200mg	1	NM
INVIRASE TABS 500mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	1	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	1	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	1	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
ritonavir TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg, 150mg, 300mg	1	NM
stavudine CAPS 15mg, 20mg, 30mg, 40mg	1	NM
tenofovir disoproxil fumarate TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM, LA
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	NM
BIKTARVY TAB	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 200/25MG	1	NM
DOVATO TAB 50-300MG	1	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
KALETRA TAB 100-25MG	1	NM
KALETRA TAB 200-50MG	1	NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM
lopinavir-ritonavir tab 200-50 mg	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TEMIXYS TAB 300-300	1	NM
TRIUMEQ TAB	1	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	1	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PASER PACK 4gm	1	
PRIFTIN TABS 150mg	1	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	LA, PA
TRECATOR TABS 250mg	1	
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM
entecavir TABS .5mg, 1mg	1	NM
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
EPIVIR HBV SOLN 5mg/ml	1	NM
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM, PA
HARVONI PAK 45-200MG	1	NM, PA
HARVONI TAB 45-200MG	1	NM, PA
HARVONI TAB 90-400MG	1	NM, PA
lamivudine (hbv) TABS 100mg	1	NM
MAVYRET TAB 100-40MG	1	NM, PA
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	1	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 1gm, 500mg	1	
valganciclovir hcl SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	1	NM, PA
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 20mg, 40mg	1	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN INJ 1GM/50ML	1	

Drug Name	Drug Tier	Requirements/Limits
cefazolin sodium SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
cefepime hcl SOLR 1gm, 2gm	1	
cefixime SUSR 100mg/5ml, 200mg/5ml	1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	1	
CEFTAZIDIME/ SOL D5W 2GM	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
tazicef SOLR 1gm, 2gm	1	
TAZICEF SOLR 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
e.e.s. 400 TABS 400mg	1	
ery-tab TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
erythrocin stearate TABS 250mg	1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate TABS 400mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
dicloxacillin sodium CAPS 250mg, 500mg	1	
nafcillin sodium SOLR 1gm, 2gm, 10gm	1	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
minocycline hcl CAPS 50mg, 75mg, 100mg	1	
mondoxyne nl CAPS 100mg	1	
tetracycline hcl CAPS 250mg, 500mg	1	PA
tigecycline SOLR 50mg	1	
TIGECYCLINE SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	1	B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml; TABS 25mg, 50mg	1	B/D
LEUKERAN TABS 2mg	1	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
paraplatin SOLN 1000mg/100ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	1	B/D
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal INJ 2mg/ml	1	B/D
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	1	B/D
azacitidine SUSR 100mg	1	B/D, NM
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NM, LA, PA
PURIXAN SUSP 2000mg/100ml	1	NM
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	1	NM, PA
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	1	
EMCYT CAPS 140mg	1	
ERLEADA TABS 60mg	1	NM, LA, PA
exemestane TABS 25mg	1	
flutamide CAPS 125mg	1	
fulvestrant SOLN 250mg/5ml	1	B/D
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	
megestrol acetate TABS 20mg, 40mg	1	
nilutamide TABS 150mg	1	
NUBEQA TABS 300mg	1	NM, LA, PA
ORGOVYX TABS 120mg	1	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	1	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	1	NM, LA, PA
ZYTIGA TABS 500mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	1	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	1	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
bexarotene CAPS 75mg	1	NM, PA
hydroxyurea CAPS 500mg	1	
INQOVI TAB 35-100MG	1	NM, LA, PA
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	1	NM, PA
KISQALI 400 PAK FEMARA	1	NM, PA
KISQALI 600 PAK FEMARA	1	NM, PA
LONSURF TAB 15-6.14	1	NM, PA
LONSURF TAB 20-8.19	1	NM, PA
MATULANE CAPS 50mg	1	NM, LA
SYNRIBO SOLR 3.5mg	1	NM, PA
tretinoin (chemotherapy) CAPS 10mg	1	
WELIREG TABS 40mg	1	NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	1	B/D
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	1	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
toposar SOLN 1gm/50ml, 100mg/5ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	1	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	1	NM, LA, PA
ALUNBRIG PAK	1	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	1	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	1	NM, LA, PA
BORTEZOMIB SOLR 3.5mg	1	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	1	NM, PA
BRAFTOVI CAPS 75mg	1	NM, LA, PA
BRUKINSA CAPS 80mg	1	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NM, LA, PA
CAPRELSA TABS 100mg, 300mg	1	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NM, LA, PA
COMETRIQ KIT 100MG	1	NM, LA, PA
COMETRIQ KIT 140MG	1	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NM, LA, PA
COTELLIC TABS 20mg	1	NM, LA, PA
DAURISMO TABS 25mg, 100mg	1	NM, LA, PA
ERIVEDGE CAPS 150mg	1	NM, LA, PA
erlotinib hcl TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	1	NM, LA, PA
FARYDAK CAPS 10mg, 15mg, 20mg	1	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg	1	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 30mg, 45mg	1	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg	1	QL (112 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 280mg	1	QL (56 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 420mg, 560mg	1	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NM, LA, PA
IRESSA TABS 250mg	1	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KISQALI TBPK 200mg	1	NM, PA
lapatinib ditosylate TABS 250mg	1	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NM, LA, PA
LENVIMA CAP 14 MG	1	NM, LA, PA
LENVIMA CAP 18 MG	1	NM, LA, PA
LENVIMA CAP 24 MG	1	NM, LA, PA
LORBRENA TABS 25mg, 100mg	1	NM, LA, PA
LUMAKRAS TABS 120mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	1	NM, LA, PA
MEKTOVI TABS 15mg	1	NM, LA, PA
MONJUVI SOLR 200mg	1	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	1	NM, LA, PA
NERLYNX TABS 40mg	1	NM, LA, PA
NEXAVAR TABS 200mg	1	NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NM, PA
ODOMZO CAPS 200mg	1	NM, LA, PA
OGIVRI SOLR 150mg	1	NM, PA
OGIVRI INJ 420MG	1	NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NM, LA, PA
PHESGO SOL	1	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NM, PA
PIQRAY 250MG TAB DOSE	1	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NM, PA
QINLOCK TABS 50mg	1	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	1	NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	1	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	1	NM, LA, PA
RITUXAN INJ HYCELA	1	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	1	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
RYDAPT CAPS 25mg	1	NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	1	NM, PA
STIVARGA TABS 40mg	1	NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .25mg, 1mg	1	NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	1	NM, PA
TAZVERIK TABS 200mg	1	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, LA, PA
TEPMETKO TABS 225mg	1	NM, LA, PA
TIBSOVO TABS 250mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	1	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	1	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	1	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	1	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	NM, LA, PA
TURALIO CAPS 200mg	1	NM, LA, PA
UKONIQ TABS 200mg	1	NM, LA, PA
VELCADE SOLR 3.5mg	1	NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	1	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NM, LA, PA
VOTRIENT TABS 200mg	1	NM, LA, PA
XALKORI CAPS 200mg, 250mg	1	NM, LA, PA
XOSPATA TABS 40mg	1	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	1	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	1	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	1	NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	1	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	1	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	1	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	1	NM, LA, PA
ZEJULA CAPS 100mg	1	NM, LA, PA
ZELBORAF TABS 240mg	1	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, PA
ZOLINZA CAPS 100mg	1	NM, PA
ZYDELIG TABS 100mg, 150mg	1	NM, LA, PA
ZYKADIA TABS 150mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	1	
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	1	
ENTRESTO TAB 49-51MG	1	
ENTRESTO TAB 97-103MG	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
NORPACE CR CP12 100mg, 150mg	1	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sorine TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm; POWD 4gm/dose	1	
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	1	NM, LA, PA
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	1	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	1	
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	1	QL (60 tabs / 30 days)
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	

Drug Name	Drug Tier	Requirements/Limits
NYMALIZE SOLN 6mg/ml	1	
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	1	
aliskiren fumarate TABS 150mg, 300mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	1	
digitek TABS .125mg, .25mg	1	QL (30 tabs / 30 days)
digox TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
guanfacine hcl TABS 1mg, 2mg	1	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
METHYLDOPA TABS 250mg, 500mg	1	PA; PA if 70 years and older
metyrosine CAPS 250mg	1	PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg	1	QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, LA, PA
ranolazine TB12 500mg, 1000mg	1	
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	1	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg	1	QL (120 tabs / 30 days), NM, LA, PA
bosentan TABS 125mg	1	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	1	QL (60 tabs / 30 days)
BANZEL TABS 200mg, 400mg	1	PA
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	1	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	1	NM, LA, PA
diazepam CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	

Drug Name	Drug Tier	Requirements/Limits
diazepam inj SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	1	
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg, 4mg, 6mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	1	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
NAYZILAM SOLN 5mg/0.1ml	1	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
PEGANONE TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	1	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
primidone TABS 50mg, 250mg	1	
roweepra TABS 500mg	1	
rufinamide SUSP 40mg/ml; TABS 200mg, 400mg	1	PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	1	
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	1	
vigabatrin PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	1	QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	1	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	1	
VIMPAT TABS 50mg	1	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI TABS 50mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	1	QL (56 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
zonisamide CAPS 25mg, 50mg, 100mg	1	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg	1	QL (90 caps / 30 days)
rivastigmine tartrate CAPS 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	1	
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	1	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	1	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
imipramine hcl TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
paroxetine hcl SUSP 10mg/5ml	1	QL (900 mL / 30 days)
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	1	
PAXIL SUSP 10mg/5ml	1	QL (900 mL / 30 days)
phenelzine sulfate TABS 15mg	1	
protriptyline hcl TABS 5mg, 10mg	1	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg	1	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	1	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	1	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	1	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	1	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml	1	QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	1	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	1	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone TABS 200mg	1	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	1	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS 1mg	1	QL (30 tabs / 30 days)
rasagiline mesylate TABS .5mg	1	QL (60 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	1	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	1	QL (30 caps / 30 days)
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (135 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	1	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	PA
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	1	QL (1 injection / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
LATUDA TABS 80mg	1	QL (60 tabs / 30 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	QL (1 injection / 30 days)
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg, 4mg	1	QL (60 tabs / 30 days)
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	1	PA
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	1	QL (90 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	1	NM, LA, PA
temazepam CAPS 7.5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam CAPS 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg, 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	1	
dihydroergotamine mesylate SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	1	
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 inhalers / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	1	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 40-80MG	1	QL (28 caps / 28 days), NM, PA
LITHIUM SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
LYRICA CR TB24 82.5mg, 165mg, 330mg	1	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
pregabalin (once-daily) TB24 82.5mg, 165mg, 330mg	1	QL (60 tabs / 30 days), PA
pyridostigmine bromide TABS 60mg	1	
riluzole TABS 50mg	1	
tetrabenazine TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine TABS 25mg	1	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	1	NM, PA
GILENYA CAPS .5mg	1	QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	1	
carisoprodol TABS 350mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	1	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol TABS 500mg, 750mg	1	PA; PA if 70 years and older
tizanidine hcl TABS 2mg, 4mg	1	
vanadom TABS 350mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (90 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
buprenorphine hcl SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	1	PA
CHANTIX CONTINUING MONTH TABS 1mg	1	PA
CHANTIX PAK 0.5& 1MG	1	PA
disulfiram TABS 250mg, 500mg	1	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
VARENICLINE TARTRATE TABS .5mg, 1mg	1	PA
VIVITROL SUSR 380mg	1	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	1	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	1	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	1	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	1	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	1	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	1	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days)
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	1	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP FLEX INJ TOUCH	1	
FIASP INJ 100/ML	1	
FIASP PENFIL INJ U-100	1	
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	1	
LEVEMIR SOLN 100unit/ml	1	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD KIT STARTER	1	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	1	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	1	
SOLIQUA INJ 100/33	1	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (1 kit / 30 days), PA
V-GO 30 KIT	1	QL (1 kit / 30 days), PA
V-GO 40 KIT	1	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
FORTEO SOPN 620mcg/2.48ml	1	NM, PA
ibandronate sodium TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 injection / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TYMLOS SOPN 3120mcg/1.56ml	1	NM, PA
XGEVA SOLN 120mg/1.7ml	1	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	1	NM, PA
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	PA

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
bekyree	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
caziant	1	
chateal	1	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
elinest	1	
ELLA TABS 30mg	1	
eluryng	1	
emoquette	1	
enpresse-28	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1	
falmina	1	
fayosim	1	
femynor	1	
gianvi	1	
hailey 1.5/30	1	
hailey 24 fe	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jasmiel	1	
jolessa	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	

Drug Name	Drug Tier	Requirements/Limits
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levora 0.15/30-28	1	
lillow	1	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna	1	
low-ogestrel	1	
lutera	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
melodetta 24 fe	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-linyah	1	
necon 0.5/35-28	1	
nikki	1	
nora-be TABS .35mg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 7/7/7	1	
nymyo	1	
ocella	1	
orsythia	1	
philith	1	
pimtrea	1	
pirmella 1/35	1	
portia-28	1	
previfem	1	
reclipsen	1	
rivelsa	1	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	

Drug Name	Drug Tier	Requirements/Limits
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-previfem	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora-28	1	
tulana TABS .35mg	1	
tydemy	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
zafemy	1	
zarah	1	
zovia 1/35e	1	
zumandimine	1	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	
ESTROGENS		
amabelz	1	
DELESTROGEN OIL 10mg/ml	1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol valerate OIL 20mg/ml, 40mg/ml	1	
fyavolv tab 0.5mg-2.5mcg	1	
fyavolv tab 1mg-5mcg	1	
jinteli	1	
lopreeza	1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
mimvey	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
cortisone acetate TABS 25mg	1	
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, LA, PA
cabergoline TABS .5mg	1	
CARBAGLU TABS 200mg	1	NM, LA, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, LA, PA
cinacalcet hcl TABS 30mg, 90mg	1	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl TABS 60mg	1	B/D, QL (60 tabs / 30 days), NM
CYSTADANE POW	1	NM, LA
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	1	NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, LA, PA
KORLYM TABS 300mg	1	NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
miglustat CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg	1	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml	1	NM, PA
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
OSPHENA TABS 60mg	1	PA
raloxifene hcl TABS 60mg	1	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, LA, PA
STIMATE SOLN 1.5mg/ml	1	NM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	1	QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS 667mg	1	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	1	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	1	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	1	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	1	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
compro SUPP 25mg	1	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg/5ml	1	B/D
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	1	B/D
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
glycopyrrolate TABS 1mg, 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
famotidine SUSR 40mg/5ml	1	QL (300 mL / 30 days)
famotidine TABS 20mg	1	QL (120 tabs / 30 days)
famotidine TABS 40mg	1	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg; TB24 9mg	1	
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm	1	QL (120 caps / 30 days)
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	1	
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	1	
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	1	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
NULYTELY SOL LMN/LIME	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	1	
SUPREP BOWEL SOL PREP KIT	1	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
GATTEX KIT 5mg	1	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	1	
misoprostol TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg	1	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	PA
sucralfate TABS 1gm	1	
TRULANCE TABS 3mg	1	QL (30 tabs / 30 days)
ursodiol CAPS 300mg; TABS 250mg, 500mg	1	
XIFAXAN TABS 550mg	1	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000	1	
ZENPEP CAP 40000	1	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	1	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	
tamsulosin hcl CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	1	
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	1	
metronidazole vaginal GEL .75%	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
vandazole GEL .75%	1	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NACL INJ 25000UNT	1	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
heparin sodium (porcine) 100 unit/ml in d5w	1	
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	1	
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	1	
HEPARIN/NACL INJ 25000UNT	1	

Drug Name	Drug Tier	Requirements/Limits
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NM, LA, PA
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOLN 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	QL (60 tabs / 30 days), NM, LA, PA
sajazir SOLN 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	1	
clopidogrel bisulfate TABS 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
dipyridamole TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	1	QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	1	QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	1	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	1	NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLEXIS SOLR 100mg	1	NM, LA, PA
RINVOQ TB24 15mg	1	QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	1	QL (7 kits / year), NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (7 syringes / year), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (7 pens / year), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	1	NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	1	NM, LA, PA
ARCALYST SOLR 220mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	1	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	1	NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	1	B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D, NM
ZORTRESS TABS 1mg	1	B/D, NM
VACCINES		
ACTHIB INJ	1	
ADACEL INJ	1	
BCG VACCINE INJ	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
KINRIX INJ	1	
M-M-R II INJ	1	

Drug Name	Drug Tier	Requirements/Limits
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	
ZOSTAVAX SUSR 19400unt/0.65ml	1	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	
D5W/NACL INJ 0.3%	1	
D10W/NACL INJ 0.2%	1	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	

Drug Name	Drug Tier	Requirements/Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
lactated ringer's solution	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
MG SO4/D5W INJ 10MG/ML	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL/NACL INJ 20MEQ/L	1	
POT CHL/NACL INJ 40MEQ/L	1	
potassium chloride SOLN 2meq/ml	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	1	
PNV FOLIC AC TAB + IRON	1	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
PRENATAL VIT TAB LOW IRON	1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
TRICARE TAB PRENATAL	1	
IV NUTRITION		
AMINOSYN-PF INJ 7%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	1	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
FREAMINE III INJ 10%	1	B/D
hepatamine	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
plenamine	1	B/D
PREMASOL SOL 10%	1	B/D
PROCALAMINE INJ 3%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentak OINT .3%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	
NATACYN SUSP 5%	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
bromfenac sodium (ophth) SOLN .09%	1	
BROMSITE SOLN .075%	1	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate EMUL .05%	1	
DUREZOL EMUL .05%	1	
FLAREX SUSP .1%	1	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ILEVRO SUSP .3%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
bepotastine besilate SOLN 1.5%	1	
BEPREVE SOLN 1.5%	1	
cromolyn sodium (ophth) SOLN 4%	1	
LASTACAFT SOLN .25%	1	
olopatadine hcl SOLN .2%	1	
PAZEO SOLN .7%	1	
ZERVIATE SOLN .24%	1	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	1	
AZOPT SUSP 1%	1	
betaxolol hcl (ophth) SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
brimonidine tartrate SOLN .15%, .2%	1	
brinzolamide SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	1	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
SIMBRINZA SUS 1-0.2%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily SOLN .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM, LA, PA
CYSTARAN SOLN .44%	1	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	1	
proparacaine hcl SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	1	
cetirizine hcl SOLN 1mg/ml	1	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	1	PA; PA if 70 years and older
diphenhydramine hcl SOLN 50mg/ml	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	1	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act	1	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	1	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
ESBRIET CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	1	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	1	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	1	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	1	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	1	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	1	NM, LA, PA
ZEMAIRA SOLR 1000mg	1	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist	1	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	1	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	1	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	1	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	1	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	1	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	1	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	1	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AER 160-4.5	1	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 20mg, 30mg, 40mg	1	PA
amnesteem CAPS 10mg, 20mg, 40mg	1	PA
avita CREA .025%; GEL .025%	1	QL (45 gm / 30 days), PA
benzoyl peroxide-erythromycin gel 5-3%	1	
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosphate (topical) GEL 1%	1	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
ery PADS 2%	1	
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	1	PA
sulfacetamide sodium (acne) LOTN 10%	1	
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%	1	QL (30 gm / 30 days)
gentamicin sulfate (topical) OINT .1%	1	
mupirocin OINT 2%	1	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
tazarotene CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented CREA .05%; GEL .05%; LOTN .05%; OINT .05%	1	
betamethasone valerate CREA .1%; LOTN .1%; OINT .1%	1	
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	1	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%, .025%; OIL .01%; OINT .025%	1	
fluocinolone acetonide SOLN .01%	1	QL (90 mL / 30 days)
fluocinonide CREA .05%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
triamcinolone acetonide (topical) CREA .1%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

Drug Name	Drug Tier	Requirements/Limits
triderm CREA .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA
lidocaine hcl GEL 2%	1	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
diclofenac sodium (topical) GEL 1%	1	QL (1000 gm / 30 days), PA
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 2.5%	1	
imiquimod CREA 5%	1	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
metronidazole (topical) CREA .75%; GEL .75%; LOTN .75%	1	
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
PICATO GEL .05%	1	QL (2 tubes / 30 days)
PICATO GEL .015%	1	QL (3 tubes / 30 days)
podofilox SOLN .5%	1	
procto-med hc CREA 2.5%	1	
procto-pak CREA 1%	1	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
rosadan CREA .75%	1	
tacrolimus (topical) OINT .03%, .1%	1	QL (100 gm / 30 days)
TARGRETIN GEL 1%	1	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	1	
permethrin CREA 5%	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
paroex SOLN .12%	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	
OTIC		
acetic acid (otic) SOLN 2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
flac OIL .01%	1	
fluocinolone acetonide (otic) OIL .01%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	

Index

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