2023

Formulary

(List of Covered Drugs)

HPMS Approved Formulary File Submission ID 23386, Version Number 10
Massachusetts:
eternalHealth Give Back PPO

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

This formulary was updated on 04/01/2023. For more recent information or other questions, please contact eternalHealth Pharmacy Member Service at **1-800-891-6989 or 1-617-684-2458 (locally),** (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalHealth.com.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Pharmacy Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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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 eternalHealth. When it refers to “plan” or “our plan,” it means eternalHealth Give Back PPO.

This document includes a list of the drugs (formulary) for our plan which is current as of May 1, 2023. 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, 2024, and from time to time during the year.

What is the eternalHealth Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an eternalHealth 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 find information in the section below titled “How do I request an exception to the eternalHealth’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 the 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we

must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the eternalHealth's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 May 1, 2023. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online monthly with all applicable changes. The web address is located on the front and back cover of this formulary

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from eternalHealth before you fill your prescriptions. If you don't get approval, eternalHealth may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that eternalHealth will cover. For example, our plan provides 60 tablets per prescription for pantoprazole. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 eternalHealth 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 eternalHealth's formulary?" on page 6 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 Pharmacy Member Services and ask if your drug is covered.

If you learn that eternalHealth does not cover your drug, you have two options:

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

- You can ask eternalHealth 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 eternalHealth's Formulary?

You can ask eternalHealth 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, eternalHealth will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier**, **or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a current member and have a change to a different level of care, for example being admitted or discharged from a long-term care facility, you may be prescribed medications not on our formulary. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. During this transition, you will be able to access a refill upon admission or discharge to prevent a gap in care.

For more information

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

If you have questions about eternalHealth, 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.

eternalHealth Formulary

The formulary below provides coverage information about the drugs covered by eternalHealth. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

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

Most drugs included in this formulary are available via our mail-order benefit. Contact us for details. Our contact information appears on the front and back cover pages.

B/D = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. Information may need to be provided that describes the use and setting of the drug to determine coverage. These drugs may require prior authorization to determine coverage under Part B or Part D.

PA = Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescription. If you don't get approval, we may not cover the drug.

QL = Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets per 30 days per prescription for pantoprazole.

ST = Step Therapy. In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

NDS = Non-Extended Day Supply. This prescription drug is available as a 30-day supply or less at retail and mail pharmacies.

Drug Tier Copayment and Coinsurance Amounts:

You can identify which tier your drug is on by looking at the "Drug Tier" column. The chart below describes what types of drugs are included in each tier and shows how costs may change with each tier. Please call our Pharmacy Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Our contact information appears on the front and back cover pages.

Drug Tier	Includes
Tier 1 (Preferred Generic Drugs)	Tier 1 is the lowest copay tier and includes preferred generic drugs.
Tier 2 (Generic Drugs)	Tier 2 includes generic drugs and some brand drugs other than those considered preferred generic drugs covered at a higher generic copay.
Tier 3 (Preferred Brand Drugs)	Tier 3 includes preferred brand and non-preferred generic drugs at a lowest brand copay.
Tier 4 (Non-Preferred Drug):	Tier 4 includes brand drugs and certain generic drugs other than those considered preferred brand drugs at the highest brand copay.
Tier 5 (Specialty Tier):	Tier 5 is the highest tier. It contains high-cost brand and generic drugs, which may require special handling and/or close monitoring/management.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule	2	QL (60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	2	
diclofenac sodium er	3	
diclofenac sodium gel 1%	2	QL (1000 GM per 30 days)
diclofenac sodium external solution 1.5%	3	PA
diflunisal tablet 500mg	3	
ec-naproxen tablet delayed release 500mg	4	
etodolac capsule, tablet	3	
flurbiprofen tablet	2	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	4	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL (20 EA per 30 days)
meloxicam tablet	1	
nabumetone tablet	2	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet delayed release 375mg	2	
naproxen tablet delayed release 500mg	4	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin	3	
piroxicam capsule	3	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
BUPRENORPHINE	4	QL (4 EA per 28 days) NDS
fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl tablet	2	NDS
methadone hcl solution	3	NDS
methadone hydrochloride intensol	3	NDS
methadone hydrochloride concentrate	3	NDS
methadose sugar-free	3	NDS
methadose concentrate 10mg/ml	3	NDS
morphine sulfate er tablet extended release	3	NDS
tramadol hydrochloride er	4	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		

Drug Name	Drug Tier	Requirements/Limits
acetaminophen/codeine	2	NDS
codeine sulfate tablet 60mg	4	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	PA NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	PA NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg, 4mg	2	NDS
hydromorphone hcl tablet 8mg	4	NDS
hydromorphone hydrochloride dosette	4	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	4	NDS
lorcet	2	NDS
lorcet hd	2	NDS
lorcet plus tablet 325mg; 7.5mg	2	NDS
morphine sulfate oral solution, tablet	3	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	2	NDS
oxycodone hydrochloride solution	3	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	NDS
oxycodone hydrochloride tablet 20mg, 30mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg	3	NDS
tramadol hcl tablet	1	NDS
tramadol hydrochloride/acetaminophen	2	NDS
vicodin hp tablet 300mg; 10mg	4	NDS
Anesthetics		
Local Anesthetics		
glydo	2	QL (30 ML per 30 days) PA
lidocaine hcl jelly prefilled syringe	2	QL (30 ML per 30 days) PA
lidocaine hcl prefilled syringe	2	QL (30 ML per 30 days) PA
lidocaine-prilocaine-cream base cream	2	QL (30 GM per 30 days) PA
lidocaine/prilocaine cream	2	QL (30 GM per 30 days) PA
lidocaine ointment 5%	4	QL (150 GM per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
lidocaine patch 5%	4	PA
premium lidocaine	4	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	4	
disulfiram tablet	3	
naltrexone hcl tablet	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL (360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL (90 EA per 30 days)
buprenorphine hcl tablet sublingual	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	3	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	3	QL (90 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	2	
naloxone hcl injection 2mg/2ml	3	
NALOXONE HYDROCHLORIDE LIQUID	3	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL (60 EA per 30 days)
NICOTROL NS	4	QL (360 ML per 365 days)
varenicline starting month box	4	QL (504 EA per 365 days)
varenicline tartrate	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	
gentamicin sulfate pediatric	2	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	3	
gentamicin sulfate ointment 0.1%	3	
neomycin sulfate	2	
paromomycin sulfate	4	
streptomycin sulfate injection 1gm	5	
tobramycin sulfate injection	3	
Antibacterials, Other		
aztreonam	4	

Drug Name	Drug Tier	Requirements/Limits
clindacin etz pledgets	2	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hcl	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	2	
colistimethate sodium	5	
DAPTOMYCIN INJECTION 350MG	5	
daptomycin injection 500mg	5	
IMPAVIDO	5	
KIMYRSA	5	
lincomycin hcl injection	2	
linezolid tablet	4	QL (56 EA per 28 days)
linezolid suspension reconstituted	5	QL (1800 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
linezolid injection 600mg/300ml	4	
methenamine hippurate	4	
metronidazole vaginal	3	
metronidazole injection 500mg/100ml	2	
metronidazole tablet 250mg, 500mg	1	
nitrofurantoin macrocrystals capsule 100mg, 50mg	4	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate capsule	2	
ORBACTIV	5	
tinidazole	3	
trimethoprim tablet	2	
vancomycin hydrochloride capsule 125mg	4	QL (120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	4	QL (240 EA per 30 days)
vancomycin hydrochloride injection 250mg	2	
vancomycin hydrochloride injection 1gm, 500mg, 750mg	3	
VOQUEZNA DUAL PAK	4	PA
VOQUEZNA TRIPLE PAK	4	PA
XENLETA TABLET	5	
Beta-lactam, Cephalosporins		
cefaclor capsule	2	
cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
cefadroxil capsule, suspension reconstituted	2	
cefazolin sodium injection 1gm	4	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INJECTION 2GM	4	
cefdinir capsule	2	
cefdinir suspension reconstituted	3	
cefepime	4	
cefepime hydrochloride injection 100gm, 2gm	4	
cefixime capsule	4	
cefotaxime sodium injection 1gm, 2gm, 500mg	2	
cefotetan injection 1gm, 2gm	3	
cefoxitin sodium injection 10gm, 1gm, 2gm	3	
cefpodoxime proxetil suspension reconstituted	3	
cefpodoxime proxetil tablet	4	
cefprozil	3	
ceftazidime/dextrose injection 2gm/50ml; 5%	3	
ceftazidime injection 1gm, 2gm, 6gm	3	
ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg	3	
cefuroxime axetil tablet	2	
cefuroxime sodium injection 1.5gm, 7.5gm, 750mg	3	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
FETROJA	5	
tazicef injection 1gm, 2gm, 6gm	3	
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er	4	
amoxicillin/clavulanate potassium tablet chewable	2	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	
amoxicillin capsule, suspension reconstituted, tablet	1	
amoxicillin tablet chewable 125mg	1	
amoxicillin tablet chewable 250mg	2	
ampicillin sodium injection 1gm	3	
ampicillin-sulbactam	3	
ampicillin capsule 500mg	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	5	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	2	
nafcillin sodium injection 10gm, 1gm, 2gm	4	
oxacillin sodium injection 10gm, 1gm, 2gm	4	
penicillin g sodium	5	
penicillin v potassium	2	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem	4	
ertapenem sodium	4	
imipenem/cilastatin	4	
meropenem	4	
Macrolides		
azithromycin packet	2	
azithromycin suspension reconstituted	3	
azithromycin injection 500mg	3	
azithromycin tablet 250mg	1	
azithromycin tablet 500mg, 600mg	3	
clarithromycin er	4	
clarithromycin tablet	3	
clarithromycin suspension reconstituted	4	
DIFICID	5	
erythromycin dr	4	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	4	
Quinolones		
BAXDELA TABLET	5	
CIPRO SUSPENSION RECONSTITUTED	4	
ciprofloxacin hcl tablet 750mg	2	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	3	
ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml	4	
levofloxacin in d5w	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride	4	
moxifloxacin hydrochloride tablet 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin tablet 300mg, 400mg	4	
Sulfonamides		
sulfadiazine tablet	4	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim tablet	1	
sulfamethoxazole/trimethoprim suspension	3	
Tetracyclines		
demeclocycline hcl tablet	4	
demeclocycline hydrochloride tablet 300mg	4	
doxy 100	4	
doxycycline hyclate capsule 100mg	2	
doxycycline hyclate capsule 50mg	3	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg	2	
doxycycline monohydrate capsule 50mg	3	
doxycycline monohydrate tablet 100mg	2	
doxycycline monohydrate tablet 50mg	3	
doxycycline suspension reconstituted	3	
MINOCIN INJECTION	5	
minocycline hcl capsule 75mg	2	
minocycline hydrochloride capsule 100mg, 50mg	2	
mondoxyne nl capsule 100mg	2	
morgidox 1x100mg capsule	2	
morgidox 2x100mg capsule	2	
tetracycline hydrochloride capsule	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
felbamate tablet	4	
felbamate suspension	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
lamotrigine er	4	
lamotrigine odt	4	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine starter kit/orange	4	
lamotrigine titration	4	
lamotrigine tablet	1	
lamotrigine tablet chewable	2	
levetiracetam er	3	
levetiracetam solution, tablet	2	
NAYZILAM	4	QL (10 EA per 30 days)
roweepra	2	
roweepra xr	3	
SPRITAM	4	
subvenite	1	
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
topiramate tablet	1	
topiramate capsule sprinkle	3	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg-150mg)
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	4	
ethosuximide	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	4	
clonazepam odt tablet disintegrating 2mg	3	QL (300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL (90 EA per 30 days)
clonazepam tablet 2mg	1	QL (300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days)
DIACOMIT	5	PA
diazepam rectal gel	4	
divalproex sodium dr	2	
divalproex sodium er	2	
divalproex sodium capsule delayed release sprinkle	2	
gabapentin capsule 100mg, 300mg	1	QL (360 EA per 30 days)
gabapentin capsule 400mg	2	QL (270 EA per 30 days)
gabapentin solution	4	QL (2160 ML per 30 days)
gabapentin tablet 800mg	2	QL (150 EA per 30 days)
gabapentin tablet 600mg	2	QL (180 EA per 30 days)
phenobarbital elixir 20mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	
primidone tablet	2	
SYMPAZAN	5	
tiagabine hydrochloride	4	
VALTOCO	5	QL (10 EA per 30 days)
vigabatrin	5	PA
vigadrone	5	PA
Sodium Channel Agents		
APTIOM	5	
carbamazepine er tablet extended release 12 hour	3	
carbamazepine er capsule extended release 12 hour	4	
carbamazepine tablet chewable	2	
carbamazepine suspension, tablet	3	
DILANTIN CAPSULE 30MG	4	
epitol	3	
lacosamide solution	3	
lacosamide tablet	4	
oxcarbazepine tablet	2	
oxcarbazepine suspension	4	
PEGANONE TABLET 250MG	4	
phenytoin infatabs	2	
phenytoin sodium extended	2	
phenytoin tablet chewable, suspension	2	
rufinamide suspension	5	
rufinamide tablet 200mg	3	
rufinamide tablet 400mg	5	
ZONISADE	4	ST
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	4	QL (56 EA per 365 days) ST
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating	2	
donepezil hcl tablet 10mg	1	
donepezil hcl tablet 23mg	4	
donepezil hydrochloride tablet 10mg, 5mg	1	
galantamine hydrobromide er	4	
galantamine hydrobromide solution, tablet	4	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate	2	
rivastigmine transdermal system	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	2	
memantine hydrochloride er	4	QL (30 EA per 30 days)
memantine hydrochloride tablet	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL (60 EA per 30 days) ST
bupropion hcl tablet 100mg	2	
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	2	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	2	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	2	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL (90 EA per 30 days)
bupropion hydrochloride tablet 75mg	2	
maprotiline hcl	2	
mirtazapine odt	3	
mirtazapine tablet	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
phenelzine sulfate	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide tablet	1	
citalopram hydrobromide solution	4	
desvenlafaxine er tablet extended release 24 hour 100mg	2	QL (120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL (90 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 60mg	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hydrochloride capsule delayed release particles 30mg	2	QL (90 EA per 30 days)
escitalopram oxalate tablet	1	
escitalopram oxalate solution	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
fluoxetine hcl capsule 20mg	1	
fluoxetine hcl solution	4	
fluoxetine hydrochloride capsule 10mg, 40mg	1	
fluvoxamine maleate	2	
nefazodone hydrochloride	4	
paroxetine hcl tablet 30mg, 40mg	2	
paroxetine hydrochloride suspension	4	
paroxetine hydrochloride tablet 10mg, 20mg	2	
sertraline hcl concentrate	3	
sertraline hcl tablet 25mg, 50mg	1	
sertraline hydrochloride tablet 100mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
TRINTELLIX	4	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER	4	ST
venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg	2	
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
vilazodone hydrochloride	4	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tablet 10mg, 50mg	3	
amoxapine	4	
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate	4	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	4	
imipramine hydrochloride tablet 10mg	4	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution	4	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate capsule	4	
Antiemetics		
Antiemetics, Other		
compro	4	
meclizine hcl tablet	4	
phenadoz	4	
prochlorperazine edisylate injection 10mg/2ml	4	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hcl plain	3	
promethazine hcl suppository 12.5mg, 25mg	4	
promethazine hcl tablet 12.5mg	4	
promethazine hydrochloride tablet 25mg, 50mg	4	
promethegan suppository 12.5mg, 25mg	4	
scopolamine	4	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPSULE	4	QL (2 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	4	
aprepitant capsule 40mg	4	QL (1 EA per 30 days) B/D
aprepitant capsule 125mg	4	QL (2 EA per 30 days) B/D
aprepitant capsule 0	4	QL (6 EA per 30 days) B/D
aprepitant capsule 80mg	4	QL (8 EA per 30 days) B/D
DRONABINOL CAPSULE 10MG	4	QL (60 EA per 30 days) PA
dronabinol capsule 2.5mg, 5mg	4	QL (60 EA per 30 days) PA
ondansetron hcl solution	4	QL (450 ML per 30 days) B/D
ondansetron hydrochloride tablet	1	B/D
ondansetron hydrochloride injection 4mg/2ml	4	
ondansetron odt	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
AMBISOME	5	B/D
amphotericin b liposome	5	B/D
amphotericin b injection	4	B/D
caspofungin acetate injection 70mg	4	
caspofungin acetate injection 50mg	5	
clotrimazole cream	2	
clotrimazole troche	3	
econazole nitrate cream	2	

Drug Name	Drug Tier	Requirements/Limits
fluconazole in dextrose injection 56mg/ml; 200mg/100ml	2	
fluconazole in sodium chloride	3	
fluconazole tablet	2	
fluconazole suspension reconstituted	3	
flucytosine capsule	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	PA
JUBLIA	5	
ketoconazole shampoo, tablet	2	
ketoconazole cream	2	QL (90 GM per 30 days)
micafungin injection 50mg	5	
naftifine hydrochloride gel	4	
NOXAFIL SUSPENSION	5	PA
nyamyc	2	QL (120 GM per 30 days)
nystatin cream, ointment, suspension	2	
nystatin powder	2	QL (120 GM per 30 days)
nystatin tablet	3	
nystop	2	QL (120 GM per 30 days)
posaconazole dr	5	PA
posaconazole suspension	5	PA
terbinafine hcl tablet	2	QL (84 EA per 180 days)
terconazole cream	3	
voriconazole tablet	4	
voriconazole suspension reconstituted	5	
voriconazole injection	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
COLCHICINE TABLET 0.6MG	3	
febuxostat	4	
probenecid/colchicine	2	
probenecid tablet	2	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate solution	5	QL (8 ML per 30 days) PA
ergotamine tartrate/caffeine	3	QL (24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL (1 ML per 30 days) PA
AIMOVIG INJECTION 70MG/ML	4	QL (2 ML per 30 days) PA
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 30 days) PA
timolol maleate tablet 10mg, 20mg, 5mg	3	
UBRELVY	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl	3	QL (9 EA per 30 days)
rizatriptan benzoate	2	QL (18 EA per 30 days)
rizatriptan benzoate odt	3	QL (18 EA per 30 days)
sumatriptan succinate tablet	2	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (5 ML per 30 days)
sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml	4	QL (5 ML per 30 days)
SUMATRIPTAN SOLUTION	4	QL (12 EA per 30 days)
zolmitriptan tablet	3	QL (12 EA per 30 days)
zolmitriptan solution 2.5mg	4	QL (18 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	
pyridostigmine bromide tablet 60mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	3	
rifabutin	4	
Antituberculars		
CAPASTAT SULFATE	5	
cycloserine	5	
ethambutol hydrochloride	2	
ISONIAZID INJECTION	4	
isoniazid tablet	1	
isoniazid syrup	3	
PASER	4	
PRIFTIN	4	
pyrazinamide tablet	3	
rifampin capsule	3	
rifampin injection	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide monohydrate injection	5	
CYCLOPHOSPHAMIDE CAPSULE	3	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
IFOSFAMIDE INJECTION 3GM	4	
LEUKERAN	5	
MATULANE	5	
thiotepa injection 100mg	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate	5	PA
bicalutamide	2	
ERLEADA	5	PA
flutamide	3	
nilutamide	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
lenalidomide	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
tamoxifen citrate tablet	2	
toremifene citrate	5	
Antimetabolites		
DROXIA	4	
hydroxyurea capsule	2	
INFUGEM INJECTION 1900MG/190ML; 0.9%	5	
mercaptopurine tablet	3	
nelarabine	5	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
arsenic trioxide injection 10mg/10ml	4	
ASPARLAS	5	
BESREMI	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
IXEMPRA KIT INJECTION 15MG	5	
KIMMTRAK	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	PA
ONUREG	5	PA
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHESGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	PA
RYLAZE	5	
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TICE BCG	4	
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
ORSERDU	5	PA
Aromatase Inhibitors, 3rd Generation		

Drug Name	Drug Tier	Requirements/Limits
anastrozole tablet	1	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
ETOPOPHOS	5	
Molecular Target Inhibitors		
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
erlotinib hydrochloride	5	PA
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL (30 EA per 30 days) PA
EXKIVITY	5	PA
FARYDAK	5	PA
FYARRO	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL (30 EA per 30 days) PA
imatinib mesylate	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA
JAYPIRCA TABLET 100MG	5	QL (90 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
lapatinib ditosylate	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA
ODOMZO	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
sorafenib	5	PA
sorafenib tosylate	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
sunitinib malate	5	PA
TAFINLAR	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	PA
UKONIQ	5	PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA	5	PA
DARZALEX FASPRO	5	PA
JEMPERLI	5	PA
KANJINTI	5	PA
MONJUVI	5	PA
MVASI	5	PA
POLIVY	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
bexarotene	5	PA
PANRETIN	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
ELITEK	5	
leucovorin calcium tablet	3	
leucovorin calcium injection 500mg	4	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		

Drug Name	Drug Tier	Requirements/Limits
albendazole tablet	5	
ivermectin tablet	3	PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl	3	
BENZNIDAZOLE	3	
chloroquine phosphate tablet	3	
COARTEM	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hcl	2	
nitazoxanide	5	
pentamidine isethionate injection	3	
pentamidine isethionate inhalation solution reconstituted	3	B/D
primaquine phosphate tablet	3	
pyrimethamine tablet	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	2	
trihexyphenidyl hcl solution	2	
trihexyphenidyl hydrochloride	4	
Antiparkinson Agents, Other		
entacapone	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
pramipexole dihydrochloride	2	
ropinirole er	4	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er	3	
carbidopa/levodopa odt	4	
carbidopa tablet	4	

Drug Name	Drug Tier	Requirements/Limits
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate, injection, tablet	4	
fluphenazine hydrochloride elixir	4	
haloperidol decanoate injection	3	
haloperidol lactate	3	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	2	
molindone hydrochloride	4	
perphenazine tablet 2mg, 4mg	3	
perphenazine tablet 16mg, 8mg	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	3	
trifluoperazine hcl tablet 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg	4	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole odt	5	QL (60 EA per 30 days)
aripiprazole tablet	2	QL (30 EA per 30 days)
aripiprazole solution	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA
FANAPT	5	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABLET 80MG	5	QL (60 EA per 30 days)
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID	5	PA
olanzapine odt	3	QL (30 EA per 30 days)
olanzapine tablet	2	QL (30 EA per 30 days)
olanzapine injection	4	
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL (30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	4	QL (60 EA per 30 days)
PERSERIS	5	
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	2	QL (60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	2	QL (90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL (60 EA per 30 days)
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
risperidone odt tablet disintegrating 0.25mg	3	QL (60 EA per 30 days)
risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 EA per 30 days)
risperidone tablet	1	QL (60 EA per 30 days)
risperidone solution	4	QL (240 ML per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE THERAPY PACK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPSULE	5	QL (30 EA per 30 days) ST
ziprasidone hcl	3	QL (60 EA per 30 days)
ziprasidone mesylate	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
clozapine odt tablet disintegrating 150mg	4	QL (180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	4	QL (270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	4	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine odt tablet disintegrating 200mg	5	QL (120 EA per 30 days)
clozapine tablet 25mg	2	QL (270 EA per 30 days)
clozapine tablet 50mg	3	QL (180 EA per 30 days)
clozapine tablet 200mg	4	QL (120 EA per 30 days)
clozapine tablet 100mg	4	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg	2	
baclofen tablet 5mg	3	
dantrolene sodium capsule	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir injection 500mg/10ml, 500mg	2	B/D
LIVTENCITY	5	
PREVYMIS	5	
valganciclovir	3	
valganciclovir hydrochloride	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE SOLUTION	5	QL (600 ML per 30 days)
entecavir	4	QL (30 EA per 30 days)
EPIVIR HBV SOLUTION	4	
lamivudine tablet 100mg	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL (336 EA per 365 days) PA
MAVYRET PACKET	5	QL (560 EA per 365 days) PA
REBETOL SOLUTION	5	
ribavirin tablet 200mg	3	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL (30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
efavirenz	4	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
etravirine tablet 100mg	4	
etravirine tablet 200mg	5	
INTELENCE TABLET 25MG	4	
nevirapine er	4	
nevirapine suspension	2	
nevirapine tablet	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	4	
abacavir sulfate/lamivudine	4	QL (30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
didanosine capsule delayed release 200mg, 250mg, 400mg	4	
emtricitabine	2	
emtricitabine/tenofovir disoproxil	5	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
EMTRIVA SOLUTION	4	
lamivudine/zidovudine	4	QL (60 EA per 30 days)
lamivudine solution 10mg/ml	3	
lamivudine tablet 150mg, 300mg	3	
ODEFSEY	5	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETROVIR IV INFUSION	4	
stavudine capsule	4	
TEMIXYS	5	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	QL (60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
atazanavir	4	
atazanavir sulfate capsule 300mg	4	
EVOTAZ	5	QL (30 EA per 30 days)
fosamprenavir calcium	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
lopinavir/ritonavir	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
PREZISTA TABLET 600MG, 800MG	5	
REYATAZ PACKET	5	
ritonavir	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl capsule, solution	2	
oseltamivir phosphate capsule 75mg	3	QL (110 EA per 365 days)
oseltamivir phosphate capsule 30mg	3	QL (168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL (84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	3	QL (1080 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
rimantadine hydrochloride	3	
TAMIFLU CAPSULE 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPSULE 30MG	4	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	4	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	4	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL (2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hcl tablet 1gm	3	QL (120 EA per 30 days)
valacyclovir hydrochloride tablet 500mg	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hcl tablet 30mg	4	
buspirone hydrochloride tablet 10mg, 5mg	1	
buspirone hydrochloride tablet 7.5mg	4	
hydroxyzine pamoate capsule	4	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam tablet 2mg	1	QL (150 EA per 30 days)
chlordiazepoxide hcl capsule 5mg	2	QL (120 EA per 30 days)
chlordiazepoxide hcl capsule 10mg	2	QL (900 EA per 30 days)
chlordiazepoxide hydrochloride capsule 25mg	2	QL (360 EA per 30 days)
clorazepate dipotassium tablet 15mg	4	QL (180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	4	QL (360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	4	QL (720 EA per 30 days)
diazepam intensol	2	
diazepam concentrate, oral solution	2	
diazepam injection 5mg/ml	4	
diazepam tablet 10mg	1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
diazepam tablet 5mg	1	QL (240 EA per 30 days)
diazepam tablet 2mg	1	QL (300 EA per 30 days)
lorazepam intensol	3	
lorazepam tablet 2mg	1	QL (150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium	2	
lithium carbonate er	2	
lithium carbonate capsule, tablet	1	
valproic acid capsule, solution	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	2	
CYCLOSET	4	
FARXIGA	3	
glimepiride	1	
glipizide er	1	
glipizide xl	1	
glipizide/metformin hydrochloride	1	
glipizide tablet	1	
glyburide/metformin hydrochloride	1	
glyburide tablet 1.25mg, 2.5mg, 5mg	1	
GLYXAMBI	3	
INVOKAMET	4	ST
INVOKAMET XR	4	ST
INVOKANA	4	ST
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	1	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
miglitol	3	
MOUNJARO	5	QL (2 ML per 28 days) ST
nateglinide	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days) ST

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) ST
pioglitazone hcl/metformin hcl	2	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
repaglinide	1	
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) ST
RYBELSUS TABLET 3MG	3	QL (60 EA per 365 days) ST
SOLIQUA 100/33	3	ST
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
tolazamide tablet 250mg, 500mg	1	
tolbutamide	1	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide suspension	5	
GLUCAGEN HYPOKIT	4	ST
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
glucagon emergency kit for low blood sugar injection 1mg	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL (90 EA per 30 days)
enoxaparin sodium injection 30mg/0.3ml	4	QL (10.5 ML per 90 days)
enoxaparin sodium injection 300mg/3ml	4	QL (105 ML per 90 days)
enoxaparin sodium injection 40mg/0.4ml	4	QL (14 ML per 90 days)
enoxaparin sodium injection 60mg/0.6ml	4	QL (21 ML per 90 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	4	QL (28 ML per 90 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	4	QL (35 ML per 90 days)
fondaparinux sodium injection 2.5mg/0.5ml	4	QL (17.5 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium injection 5mg/0.4ml	5	QL (14 ML per 90 days)
fondaparinux sodium injection 7.5mg/0.6ml	5	QL (21 ML per 90 days)
fondaparinux sodium injection 10mg/0.8ml	5	QL (28 ML per 90 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJECTION 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJECTION 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJECTION 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJECTION 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	5	QL (7 ML per 90 days)
heparin sodium injection 5000unit/ml	3	
jantoven	1	
warfarin sodium tablet	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET SOLUBLE	5	QL (240 EA per 30 days) PA
OXBRYTA TABLET 300MG	5	QL (240 EA per 30 days) PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	5	QL (60 EA per 30 days) PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
ZARXIO	5	
Hemostasis Agents		
tranexamic acid tablet	3	
Platelet Modifying Agents		
aspirin/dipyridamole	4	

Drug Name	Drug Tier	Requirements/Limits
aspirin/dipyridamole er	4	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA
cilostazol	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
prasugrel	2	
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl patch weekly	4	
clonidine hydrochloride tablet	1	
droxidopa	5	PA
guanfacine hcl tablet 1mg	4	
guanfacine hydrochloride tablet 2mg	4	
methyldopa tablet 250mg, 500mg	4	
midodrine hcl	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule	2	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
EDARBI	4	
irbesartan	1	
losartan potassium tablet	1	
olmesartan medoxomil tablet	1	
telmisartan	1	
valsartan tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg, 40mg, 5mg	1	
benazepril hydrochloride tablet 20mg	1	
captopril tablet	2	
enalapril maleate tablet	1	
fosinopril sodium	1	
lisinopril tablet	1	
moexipril hcl	2	
perindopril erbumine	2	
quinapril hcl tablet 20mg, 40mg	1	
quinapril hydrochloride tablet 10mg, 5mg	1	
ramipril	1	

Drug Name	Drug Tier	Requirements/Limits
trandolapril	1	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	1	
amiodarone hydrochloride tablet 100mg, 400mg	3	
digitek tablet 0.125mg	2	
digitek tablet 0.25mg	2	
digox	2	
digoxin solution	4	
digoxin tablet 125mcg, 250mcg, 62.5mcg	2	
disopyramide phosphate capsule	4	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl capsule 150mg	3	
mexiletine hcl capsule 200mg, 250mg	4	
MULTAQ	3	
pacerone tablet 200mg	1	
pacerone tablet 100mg, 400mg	3	
propafenone hcl	2	
propafenone hydrochloride er	4	
quinidine sulfate tablet	2	
sorine	2	
sotalol hcl	2	
sotalol hydrochloride (af)	2	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	2	
acebutolol hydrochloride	2	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	3	
bisoprolol fumarate	2	
carvedilol	1	
carvedilol phosphate er	4	
labetalol hydrochloride tablet	2	
metoprolol succinate er	2	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tablet 75mg	2	
nadolol tablet 20mg, 40mg	2	
nadolol tablet 80mg	3	
nebivolol hydrochloride	3	
nebivolol tablet 5mg	3	
pindolol tablet	3	

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	2	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	2	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
isradipine	4	
nicardipine hcl capsule	4	
nifedipine er	2	
nimodipine capsule	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hci er tablet extended release 24 hour 120mg	4	
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour	4	
diltiazem hcl tablet	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 180mg	4	
matzim la	4	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour	3	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet	1	
Cardiovascular Agents, Other		
acetazolamide	3	
ADRENALIN INJECTION 1MG/ML	4	
aliskiren	2	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/valsartan	1	
amlodipine/olmesartan medoxomil	2	
atenolol/chlorthalidone	2	
benazepril hcl/hydrochlorothiazide	1	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg	1	
bisoprolol fumarate/hydrochlorothiazide	2	
CAMZYOS	5	QL (30 EA per 30 days) PA
candesartan cilexetil/hydrochlorothiazide	1	
captopril/hydrochlorothiazide	2	
CORLANOR SOLUTION	4	QL (450 ML per 30 days) PA
CORLANOR TABLET	4	QL (60 EA per 30 days) PA
EDARBYCLOR	4	
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO	3	QL (60 EA per 30 days)
epinephrine injection 1mg/ml	3	
fosinopril sodium/hydrochlorothiazide	2	
irbesartan/hydrochlorothiazide	1	
isosorbide dinitrate/hydralazine hydrochloride	3	
KERENDIA	4	QL (30 EA per 30 days) PA
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	1	
pentoxifylline er	2	
quinapril/hydrochlorothiazide	1	
ranolazine er	2	
spironolactone/hydrochlorothiazide	2	
telmisartan/hydrochlorothiazide	1	
trandolapril/verapamil hcl er	1	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
bumetanide injection, tablet	2	
furosemide tablet	1	
furosemide oral solution	2	
furosemide injection	3	
torsemide tablet	1	
Diuretics, Potassium-sparing		

Drug Name	Drug Tier	Requirements/Limits
amiloride hcl tablet	2	
eplerenone	3	
spironolactone tablet	1	
Diuretics, Thiazide		
chlorothiazide tablet	2	
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr	3	
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin	4	
fluvastatin sodium er	4	
LIVALO	4	ST
lovastatin tablet	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin tablet	1	
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	3	
colesevelam hydrochloride tablet	4	
colestipol hcl	3	
ezetimibe	2	
ezetimibe/simvastatin	2	
icosapent ethyl	4	PA
JUXTAPID CAPSULE 10MG, 40MG, 5MG, 60MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 20MG, 30MG	5	QL (60 EA per 30 days) PA
NEXLETOL	4	QL (30 EA per 30 days) PA
NEXLIZET	4	QL (30 EA per 30 days) PA
niacin er	3	
omega-3-acid ethyl esters	3	
PRALUENT	3	QL (2 ML per 28 days) PA
prevalite	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR	4	
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er tablet extended release 24 hour 30mg, 60mg	1	
isosorbide mononitrate er tablet extended release 24 hour 120mg	2	
NITRO-BID	4	
nitroglycerin lingual solution	4	
nitroglycerin transdermal	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection	4	
hydralazine hcl tablet 10mg	1	
hydralazine hydrochloride tablet 25mg, 50mg	1	
hydralazine hydrochloride tablet 100mg	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL (60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	3	QL (60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL (60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL (60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL (60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL (60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet	3	QL (90 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	4	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	3	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tablet 30mg	3	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 15mg, 20mg, 5mg	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 25mg	4	QL (30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	4	QL (60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg	4	QL (30 EA per 30 days)
guanfacine er tablet extended release 24 hour 2mg	3	
guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg	3	
methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 36mg	4	QL (60 EA per 30 days)
methylphenidate hydrochloride tablet	2	QL (90 EA per 30 days)
methylphenidate hydrochloride solution 5mg/5ml	4	
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	3	
INGREZZA CAPSULE 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	5	PA
RADICAVA ORS	5	PA
RADICAVA ORS STARTER KIT	5	PA
RELYVRIO	5	QL (60 EA per 30 days) PA
riluzole	4	PA
tetrabenazine tablet 12.5mg	4	PA
tetrabenazine tablet 25mg	5	PA
ZTALMY	5	PA
Fibromyalgia Agents		
pregabalin capsule 300mg	2	QL (60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (90 EA per 30 days)
pregabalin solution	4	QL (900 ML per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
BETASERON	5	QL (15 EA per 30 days) PA
dalfampridine er	3	QL (60 EA per 30 days) PA
dimethyl fumarate	5	QL (60 EA per 30 days) PA
dimethyl fumarate starterpack	5	QL (120 EA per 365 days) PA
fingolimod	5	QL (30 EA per 30 days) PA
GILENYA	5	QL (30 EA per 30 days) PA
glatiramer acetate injection 40mg/ml	5	QL (12 ML per 28 days) PA
glatiramer acetate injection 20mg/ml	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABLET 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	5	QL (30 EA per 30 days) PA
OCREVUS	5	QL (40 ML per 365 days) PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (4 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
teriflunomide	4	QL (30 EA per 30 days) PA
TYSABRI	5	PA
VUMERITY	5	QL (120 EA per 30 days) PA
ZEPOSIA	5	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution	1	
DENTA 5000 PLUS	2	
doxycycline hyclate tablet 20mg	2	
KEPIVANCE	5	
lidocaine viscous	2	
oralone dental paste	3	
paroex	1	
pilocarpine hydrochloride	4	
PREVIDENT 5000 PLUS	2	
sf 5000 plus	2	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride 5000 plus	2	
sodium fluoride 5000 ppm cream	2	
triamcinolone acetonide dental paste	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE	4	
acitretin	4	
amnesteem	4	
azelaic acid	4	
claravis	4	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	3	
clindamycin/benzoyl peroxide	3	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	3	QL (50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
metronidazole lotion 0.75%	4	
myorisan	4	
rosadan	3	
tazarotene cream, gel	4	
tretinoin cream 0.025%	2	PA
tretinoin cream 0.05%	4	PA
zenatane	4	
Dermatitis and Pruitus Agents		
ala-cort cream 2.5%	2	
alclometasone dipropionate	3	
amcinonide lotion	4	
ammonium lactate cream, lotion	2	
betamethasone dipropionate augmented cream	2	
betamethasone dipropionate augmented ointment	3	
betamethasone dipropionate augmented gel	4	
betamethasone dipropionate cream, lotion	3	
betamethasone dipropionate ointment	4	
betamethasone valerate ointment	2	
betamethasone valerate cream, lotion	3	
CIBINQO	5	QL (30 EA per 30 days) PA
clobetasol propionate e	4	
clobetasol propionate cream, ointment	2	
clobetasol propionate gel, solution	3	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate shampoo	4	
desonide cream	3	
desonide ointment	3	QL (120 GM per 30 days)
desoximetasone cream 0.25%	3	QL (100 GM per 30 days)
desoximetasone ointment 0.25%	3	
EUCRISA	4	PA
fluocinolone acetonide body	3	
fluocinolone acetonide scalp	3	
fluocinolone acetonide cream 0.01%, 0.025%	3	
fluocinolone acetonide ointment 0.025%	3	
fluocinolone acetonide solution 0.01%	3	
fluocinonide cream 0.05%	3	
fluocinonide cream 0.1%	3	QL (120 GM per 30 days)
fluocinonide gel, ointment, solution	3	
fluticasone propionate cream 0.05%	2	
fluticasone propionate ointment 0.005%	2	
halobetasol propionate cream	3	
halobetasol propionate ointment	4	
hydrocortisone valerate cream	3	QL (60 GM per 30 days)
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 2.5%	2	
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
OPZELURA	5	QL (240 GM per 30 days) PA
selenium sulfide	2	
tacrolimus ointment 0.03%, 0.1%	4	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm	2	
Dermatological Agents, Other		
calcipotriene solution	3	QL (60 ML per 30 days)
calcipotriene cream, ointment	4	QL (120 GM per 30 days)
clotrimazole/betamethasone dipropionate cream	2	
diclofenac sodium gel 3%	4	QL (300 GM per 30 days) ST
fluorouracil cream 5%	2	QL (40 GM per 30 days)
fluorouracil solution 2%	3	
fluorouracil solution 5%	4	

Drug Name	Drug Tier	Requirements/Limits
imiquimod cream 5%	3	
KLISYRI	5	ST
nystatin/triamcinolone	3	
PICATO	5	ST
podofilox	3	
SANTYL	4	
silver sulfadiazine	2	
ssd	2	
urea lotion 40%	4	
Pediculicides/Scabicides		
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
acyclovir ointment 5%	4	
BACTROBAN NASAL	4	
ciclodan solution	2	PA
ciclopirox nail lacquer	2	PA
ciclopirox olamine	2	
ciclopirox gel	2	
ciclopirox shampoo, suspension	3	
clindamycin phosphate lotion 1%	4	QL (75 ML per 30 days)
clindamycin phosphate external solution 1%	2	QL (60 ML per 30 days)
ery	3	
erythromycin gel 2%	2	
erythromycin pad 2%	3	
erythromycin solution 2%	3	
mupirocin ointment	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
carglumic acid	5	
dextrose 5%	2	
dextrose 5%/nacl 0.45%	3	
dextrose 5%/nacl 0.9%	3	
effer-k tablet effervescent 25meq	2	
klor-con	4	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	3	
klor-con m20	2	
klor-con sprinkle	2	
klor-con/ef	2	
magnesium sulfate injection 50%	3	
plenamine	4	B/D
potassium chloride er capsule extended release	2	
potassium chloride er tablet extended release 20meq	2	
potassium chloride er tablet extended release 10meq, 20meq, 8meq	2	
potassium chloride er tablet extended release 15meq	3	
potassium chloride sr tablet extended release 8meq	2	
potassium chloride packet, solution	4	
potassium citrate er	4	
sodium chloride 0.45% injection	3	
sodium chloride injection 0.45%, 0.9%	3	
XENPOZYME	5	PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	

Drug Name	Drug Tier	Requirements/Limits
CLOVIQUE	5	PA
deferasirox packet	5	PA
deferasirox tablet soluble 500mg	4	PA
deferasirox tablet soluble 125mg, 250mg	5	PA
deferasirox tablet 90mg	3	PA
deferasirox tablet 360mg	4	PA
deferasirox tablet 180mg	5	PA
deferiprone	5	PA
sodium polystyrene sulfonate powder 0	3	
trientine hydrochloride	5	PA
Phosphate Binders		
AURYXIA	5	PA
calcium acetate capsule	4	
calcium acetate tablet 667mg	3	
lanthanum carbonate	4	
sevelamer carbonate tablet	4	
sevelamer carbonate packet	5	
VELPHORO	5	
Potassium Binders		
kionex suspension	3	
sodium polystyrene sulfonate oral suspension 15gm/60ml	3	
sodium polystyrene sulfonate rectal suspension 30gm/120ml, 50gm/200ml	3	
sps	3	
veltassa	5	
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose solution	2	
LINZESS	3	QL (30 EA per 30 days)
LUBIPROSTONE	4	QL (60 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)
pegylax	2	
polyethylene glycol 3350 packet 17gm	2	
polyethylene glycol 3350 powder 17gm/scoop	2	

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TABLET	5	QL (90 EA per 30 days) ST
RELISTOR INJECTION 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 30 days) ST
Anti-Diarrheal Agents		
alosetron hydrochloride	4	PA
diphenoxylate hydrochloride/atropine sulfate	3	
loperamide hcl capsule	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution	4	
dicyclomine hydrochloride capsule, tablet	2	
glycopyrrolate oral solution	4	PA
glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	4	
glycopyrrolate tablet 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	2	
gavilyte-h	2	
gavilyte-n/flavor pack	2	
metoclopramide hcl injection, oral solution	2	
metoclopramide hcl tablet 5mg	1	
metoclopramide hydrochloride tablet 10mg	1	
peg 3350/electrolytes	2	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
SUPREP BOWEL PREP KIT	3	
trilyte	2	
URSODIOL CAPSULE 300MG	4	
ursodiol tablet	3	
XIFAXAN	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine suspension reconstituted	4	
famotidine tablet 20mg, 40mg	2	
nizatidine solution	4	

Drug Name	Drug Tier	Requirements/Limits
Protectants		
misoprostol tablet 100mcg	2	
misoprostol tablet 200mcg	3	
SUCRALFATE SUSPENSION	4	
sucralfate tablet	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
DEXLANSOPRAZOLE	4	QL (30 EA per 30 days)
esomeprazole magnesium capsule delayed release	2	QL (60 EA per 30 days)
lansoprazole capsule delayed release	2	QL (60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	2	QL (60 EA per 30 days)
omeprazole capsule delayed release 20mg, 40mg	1	QL (60 EA per 30 days)
omeprazole capsule delayed release 10mg	2	QL (60 EA per 30 days)
pantoprazole sodium dr tablet delayed release 40mg	1	QL (60 EA per 30 days)
pantoprazole sodium tablet delayed release	1	QL (60 EA per 30 days)
rabeprazole sodium	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON	4	
ELAPRASE	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
miglustat	5	PA
NAGLAZYME	5	PA
nitisinone	5	
ORFADIN SUSPENSION	5	
ORFADIN CAPSULE 20MG	5	

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJECTION 1000MG	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder, tablet	5	
STRENSIQ	5	PA
SUCRAID	5	
TEGSEDI	5	PA
VIMIZIM	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	4	
flavoxate hcl	3	
GELNIQUE PUMP	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride solution	2	
oxybutynin chloride syrup	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	3	
trospium chloride	3	
trospium chloride er	4	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride/tamsulosin hydrochloride	4	
dutasteride capsule	2	
finasteride tablet	1	
silodosin	4	
tadalafil tablet 2.5mg, 5mg	3	QL (30 EA per 30 days) PA
tamsulosin hydrochloride	2	
Genitourinary Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
acetic acid 0.25%	1	
bethanechol chloride tablet	2	
d-penamine	5	
ELMIRON	4	
penicillamine tablet	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	3	
dexamethasone elixir, solution	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone tablet 16mg	2	
methylprednisolone tablet 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone sodium phosphate solution 25mg/5ml	3	
prednisolone sodium phosphate solution 20mg/5ml, 5mg/5ml	4	
prednisolone solution	2	
prednisone tablet therapy pack	2	
prednisone solution	4	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
triamcinolone acetonide injection 10mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate injection	5	
desmopressin acetate nasal solution 0.01%, 0.1mg/ml	4	
desmopressin acetate nasal solution 1.5mg/ml	5	
FENSOLVI	5	QL (1 EA per 168 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
SKYTROFA	5	PA
STIMATE SOLUTION	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Requirements/Limits
KORLYM	5	QL (120 EA per 30 days) PA
mifepristone	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	5	PA
oxandrolone tablet 2.5mg	3	QL (240 EA per 30 days) PA
oxandrolone tablet 10mg	4	QL (60 EA per 30 days) PA
Androgens		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
danazol capsule 100mg, 50mg	3	
danazol capsule 200mg	4	
STRIANT	4	PA
testosterone cypionate injection 100mg/ml, 200mg/ml	2	PA
testosterone enanthate injection	3	PA
TESTOSTERONE PUMP GEL 1%	3	PA
testosterone pump gel 1.62%	3	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3	PA
Estrogens		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amabelz	4	
amethia	4	QL (91 EA per 91 days)
amethia lo	4	QL (91 EA per 91 days)
amethyst	3	
ashlyna	4	QL (91 EA per 91 days)
aubra eq	3	
aurovela 1.5/30	3	
aurovela 1/20	3	
aurovela fe 1.5/30	3	
aurovela fe 1/20	3	
aviane	3	
ayuna	3	
azurette	3	
balziva	3	
bekyree	3	
blisovi fe 1.5/30	3	
blisovi fe 1/20	3	

Drug Name	Drug Tier	Requirements/Limits
briellyn	3	
camrese	4	QL (91 EA per 91 days)
camrese lo	4	QL (91 EA per 91 days)
chateal	3	
chateal eq	3	
CLIMARA PRO	4	
cryselle-28	3	
cyclafem 1/35	3	
cyclafem 7/7/7	3	
dasetta 1/35	3	
dasetta 7/7/7	3	
daysee	4	QL (91 EA per 91 days)
delyla	3	
desogestrel/ethinyl estradiol tablet 0; 0	3	
DIVIGEL	4	
dolishale	3	
DOTTI	4	
elinest	3	
enpresse-28	3	
estarylla	3	
estradiol/norethindrone acetate	4	
estradiol cream, oral tablet	2	
estradiol gel, patch twice weekly, patch weekly, vaginal tablet	4	
ESTRING	4	QL (1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol	3	
falmina	3	
fayosim	4	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
femynor	3	
FYAVOLV	4	
hailey 1.5/30	3	
hailey fe 1.5/30	3	
hailey fe 1/20	3	
iclevia	4	QL (91 EA per 91 days)
introvale	4	QL (91 EA per 91 days)
jaimiess	4	QL (91 EA per 91 days)
jinteli	4	
jolessa	4	QL (91 EA per 91 days)
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	3	

Drug Name	Drug Tier	Requirements/Limits
junel fe 1/20	3	
kariva	3	
kelnor 1/35	3	
kelnor 1/50	3	
kimidess	3	
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	3	
larin fe 1/20	3	
larissia	3	
lessina	3	
levonest	3	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	3	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	4	QL (91 EA per 91 days)
levora 0.15/30-28	3	
lillow	3	
lojaimiess	4	QL (91 EA per 91 days)
lopreeza	4	
low-ogestrel	3	
lutera	3	
lyllana	4	
marlissa	3	
MENEST	4	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	3	
microgestin fe 1/20	3	
mili	3	
mimvey	4	
mimvey lo	4	
mono-linyah	3	
mononessa	3	
necon 0.5/35-28	3	
necon 7/7/7	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	3	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norgestimate/ethinyl estradiol	3	
nortrel 0.5/35 (28)	3	
nortrel 1/35	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	3	
orsythia	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	
pirmella 7/7/7	3	
portia-28	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
previfem	3	
rivelsa	4	QL (91 EA per 91 days)
setlakin	4	QL (91 EA per 91 days)
simliya	3	
simpesse	4	QL (91 EA per 91 days)
sprintec 28	3	
sronyx	3	
tarina fe 1/20 eq	3	
tri femynor	3	
tri-estarylla	3	
tri-linyah	3	
tri-mili	3	
tri-nymyo	3	
tri-previfem	3	
tri-sprintec	3	
tri-vylibra	3	
trinessa	3	
trivora-28	3	
vienva	3	

Drug Name	Drug Tier	Requirements/Limits
viorele	3	
volnea	3	
vyfemla	3	
vylibra	3	
wera	3	
yuvafem	4	
zovia 1/35	3	
zovia 1/35e	3	
Progestins		
camila	3	
deblitane	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
errin	3	
heather	3	
incassia	3	
jencycla	3	
jolivette	3	
lyleq	3	
lyza	3	
MAKENA INJECTION 275MG/1.1ML	5	PA
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate injection	2	QL (1 ML per 90 days)
megestrol acetate tablet	2	PA
megestrol acetate suspension 40mg/ml	3	PA
megestrol acetate suspension 625mg/5ml	4	PA
nora-be	3	
norethindrone acetate tablet	2	
norethindrone tablet	3	
norlyda	3	
norlyroc	3	
progesterone capsule	2	
sharobel	3	
tulana	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL (30 EA per 30 days) PA
raloxifene hydrochloride	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
levothyroxine sodium tablet	2	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
liothyronine sodium tablet	2	
np thyroid 120	4	
np thyroid 15	4	
np thyroid 30	4	
np thyroid 60	4	
np thyroid 90	4	
SYNTHROID TABLET	3	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	3	
FIRMAGON INJECTION 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	5	QL (4 EA per 365 days) PA
LANREOTIDE ACETATE	5	PA
leuprolide acetate injection 1mg/0.2ml	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
MYFEMBREE	5	QL (30 EA per 30 days) PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX	5	PA

Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABLET 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABLET 200MG	5	QL (60 EA per 30 days) PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	QL (1 EA per 365 days) PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	4	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
icatibant acetate	5	PA
sajazir	5	PA
Immunoglobulins		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
carimune nanofiltered injection 12gm, 6gm	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML, 300UNIT/2ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGAM RABIES-HT INJECTION 300UNIT/2ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
KEDRAB	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
Immunological Agents, Other		
ADBRY	5	QL (4 ML per 28 days) PA
ARCALYST	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ENTYVIO	5	PA
ILARIS INJECTION 150MG/ML	5	QL (2 ML per 28 days) PA
ILUMYA	5	PA
LEMTRADA	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SAPHNELO	5	PA
SKYRIZI	5	PA
SKYRIZI PEN	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION	5	QL (300 ML per 30 days) PA
XELJANZ TABLET	5	QL (60 EA per 30 days) PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
SYLATRON	5	PA
Immunosuppressants		

Drug Name	Drug Tier	Requirements/Limits
azathioprine tablet 50mg	2	B/D
azathioprine tablet 100mg, 75mg	4	B/D
BENLYSTA INJECTION 120MG, 400MG	5	PA
CIMZIA STARTER KIT	5	PA
CIMZIA INJECTION 200MG/ML	5	PA
cyclosporine modified	4	B/D
cyclosporine capsule 100mg, 25mg	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
everolimus tablet 0.25mg	4	B/D
everolimus tablet 0.5mg, 0.75mg, 1mg	5	B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution	4	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
leflunomide	2	
methotrexate sodium tablet	2	
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule, tablet	4	B/D
mycophenolate mofetil suspension reconstituted	5	B/D
mycophenolic acid dr	4	B/D
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLUTION	4	B/D
sirolimus solution	5	B/D

Drug Name	Drug Tier	Requirements/Limits
sirolimus tablet 0.5mg, 1mg	4	B/D
sirolimus tablet 2mg	5	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
diphtheria/tetanus toxoids adsorbed pediatric	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
mesalamine dr tablet delayed release 1.2gm	4	
mesalamine er capsule extended release 24 hour	4	
mesalamine enema, kit, suppository	4	
SFROWASA	4	
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		
budesonide er	5	
budesonide capsule delayed release particles 3mg	4	
colocort	4	
CORTIFOAM FOAM	4	
hydrocortisone enema 100mg/60ml	4	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
TARPEYO	5	QL (120 EA per 30 days) PA
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution	4	
alendronate sodium tablet 10mg, 35mg, 5mg	1	
alendronate sodium tablet 70mg	1	QL (4 EA per 28 days)
calcitonin-salmon solution	3	QL (3.7 ML per 30 days)
calcitriol capsule	2	

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hydrochloride tablet 30mg, 60mg	4	
cinacalcet hydrochloride tablet 90mg	5	
doxercalciferol capsule	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
ibandronate sodium tablet	2	QL (1 EA per 28 days)
NATPARA	5	QL (2 EA per 28 days) PA
paricalcitol capsule	3	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
risedronate sodium dr	4	QL (4 EA per 28 days)
risedronate sodium tablet 30mg, 5mg	4	
risedronate sodium tablet 150mg	4	QL (1 EA per 28 days)
risedronate sodium tablet 35mg	4	QL (4 EA per 28 days)
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	2	QL (200 EA per 30 days)
bd insulin syringe safetyglide/1ml/29g x 1/2"	2	QL (200 EA per 30 days)
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	2	QL (200 EA per 30 days)
bd insulin syringe ultra-fine/1ml/31g x 8mm	2	QL (200 EA per 30 days)
bd pen needle/original/ultra-fine/29g x 12.7mm	2	QL (200 EA per 30 days)
bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	3	
ELLA	3	
IGALMI	4	PA
KORSUVA	5	PA
LAGEVRIO	4	QL (40 EA per 5 days)
LIVMARLI	5	QL (90 ML per 30 days) PA
nutrilipid	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (20 EA per 5 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (30 EA per 5 days)
sodium chloride 0.9%	2	
TAVNEOS	5	QL (180 EA per 30 days) PA
ulticare micro pen needles/32g x 5/32"	2	QL (200 EA per 30 days)
unifine pentips 32gx6mm	2	QL (200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
VISTOGARD	5	
VOXZOGO	5	QL (30 EA per 30 days) PA
VYVGART	5	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	2	
bacitracin/polymyxin b	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL (60 ML per 28 days) PA
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
VABYSMO	5	PA

Drug Name	Drug Tier	Requirements/Limits
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	2	
BEPOTASTINE BESILATE	4	
cromolyn sodium solution 4%	2	
epinastine hcl	3	
olopatadine hcl	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium solution	2	
sulfacetamide sodium ointment	3	
tobramycin solution 0.3%	1	
trifluridine	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
dexamethasone sodium phosphate solution	3	
diclofenac sodium ophthalmic solution 0.1%	2	
FLAREX	3	
fluorometholone	3	
flurbiprofen sodium	2	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.5%	2	
ketorolac tromethamine ophthalmic solution 0.4%	3	
LOTEMAX SM	4	QL (20 GM per 365 days)
LOTEPREDNOL ETABONATE GEL	4	QL (20 GM per 365 days)
loteprednol etabonate suspension	4	
PRED MILD	3	

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate	2	
PROLENSA	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate ophthalmic gel forming	4	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	3	
ALPHAGAN P SOLUTION 0.1%	3	
apraclonidine	3	
brimonidine tartrate solution 0.2%	2	
brinzolamide	4	
dorzolamide hydrochloride	2	
methazolamide tablet	4	
pilocarpine hcl solution 1%, 2%, 4%	3	
RHOPRESSA	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid	2	
ciprofloxacin/dexamethasone	4	
ciprofloxacin solution 0.2%	4	
flac	3	
fluocinolone acetonide ear drops	3	
fluocinolone acetonide oil 0.01%	3	
hydrocortisone/acetic acid	4	
neomycin/polymyxin/hc	3	
neomycin/polymyxin/hydrocortisone suspension	3	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
flunisolide solution 0.025%	4	QL (50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	1	
mometasone furoate suspension 50mcg/act	4	QL (34 GM per 30 days)
QVAR REDIHALER	4	QL (21.2 GM per 30 days) ST
Antihistamines		
azelastine hcl nasal solution 0.15%	3	QL (60 ML per 30 days)
azelastine hydrochloride solution 0.1%	2	QL (60 ML per 30 days)
cyproheptadine hydrochloride tablet	4	
diphenhydramine hcl injection 50mg/ml	4	
diphenhydramine hydrochloride injection	4	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup	4	
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
levocetirizine dihydrochloride tablet	2	
Antileukotrienes		
montelukast sodium tablet	1	
montelukast sodium tablet chewable, packet	2	
zafirlukast	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
ipratropium bromide nasal solution	2	
ipratropium bromide inhalation solution	2	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate er	4	
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL (48 GM per 30 days)
albuterol sulfate syrup	4	
albuterol sulfate nebulization solution 2.5mg/0.5ml	2	QL (100 EA per 30 days) B/D
albuterol sulfate nebulization solution 0.083%	2	QL (525 ML per 30 days) B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	4	QL (375 ML per 30 days) B/D
EPINEPHRINE INJECTION 0.15MG/0.3ML, 0.3MG/0.3ML	3	
epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml	3	
formoterol fumarate nebulization solution	4	QL (120 ML per 30 days) B/D
levalbuterol hcl nebulization solution 1.25mg/3ml	4	QL (270 ML per 30 days) B/D
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml	4	QL (540 ML per 30 days) B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	QL (540 ML per 30 days) B/D
levalbuterol tartrate hfa	3	QL (30 GM per 30 days)
levalbuterol nebulization solution	4	QL (90 EA per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
terbutaline sulfate tablet	4	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA
ORKAMBI PACKET	5	QL (56 EA per 28 days) PA
PULMOZYME	5	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL (56 EA per 28 days) PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL (60 EA per 30 days) PA
TOBI PODHALER	5	QL (224 EA per 56 days)
tobramycin nebulization solution 300mg/5ml	5	B/D
TRIKAFTA	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
roflumilast	4	PA
theophylline er tablet extended release 24 hour	2	
theophylline er tablet extended release 12 hour 300mg, 450mg	4	
Pulmonary Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	5	QL (90 EA per 30 days) PA
alyq	5	QL (60 EA per 30 days) PA
AMBRISENTAN	5	QL (30 EA per 30 days) PA
bosentan	5	QL (60 EA per 30 days) PA
epoprostenol sodium injection 0.5mg	4	PA
epoprostenol sodium injection 1.5mg	5	PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1	5	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3	5	QL (504 EA per 365 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil citrate tablet	3	QL (90 EA per 30 days) PA
tadalafil tablet 20mg	4	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE	5	PA
OFEV	5	PA
pirfenidone	5	PA
Respiratory Tract Agents, Other		
acetylcysteine solution	4	B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
FASENRA	5	PA
FASENRA PEN	5	PA
fluticasone propionate/salmeterol diskus	2	QL (60 EA per 30 days)
ipratropium bromide/albuterol sulfate	2	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TEZSPIRE	5	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
wixela inhub	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	
methocarbamol tablet 500mg, 750mg	4	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate er	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL (30 EA per 30 days)
eszopiclone	4	QL (30 EA per 30 days)
ramelteon	4	QL (30 EA per 30 days)
temazepam capsule 15mg, 30mg	2	QL (30 EA per 30 days)
zaleplon capsule 5mg	4	QL (30 EA per 30 days)
zaleplon capsule 10mg	4	QL (60 EA per 30 days)
zolpidem tartrate er	4	QL (30 EA per 30 days)
zolpidem tartrate tablet	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg	3	QL (30 EA per 30 days) PA
armodafinil tablet 50mg	3	QL (60 EA per 30 days) PA
armodafinil tablet 250mg	4	QL (30 EA per 30 days) PA
modafinil	3	QL (30 EA per 30 days) PA
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA
XYREM	5	QL (540 ML per 30 days) PA

Index of Drugs

Notice of Non-Discrimination: Discrimination is Against the Law

eternalHealth complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, religion, or sex. eternalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex.

eternalHealth:

- 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 eternalHealth Member Services at 1-800-680-4568 (TTY 711).

If you believe that eternalHealth 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 with:

eternalHealth
C/O Appeals & Grievances
PO Box 671
Southborough, MA 01772

Local Phone Number: 617-684-2348 (TTY 711)

Toll Free Phone Number: 1-800-680-4568 (TTY 711)

Fax: 1-866-326-1073

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, eternalHealth Member Services 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
Phone: 1-800-368-1019, 800-537-7697 (TDD)

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

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-891-6989 (TTY:711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-891-6989 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-891-6989 (TTY:711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-891-6989 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-891-6989 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-891-6989 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-891-6989 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-891-6989 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-891-6989 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-891-6989 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-891-6989, TTY:711 . سيقوم شخص ما يتحدث العربية مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-891-6989 (TTY:711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-891-6989 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-891-6989 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-891-6989 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-891-6989 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-891-6989 (TTY:711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

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This formulary was updated on 04/01/2023. For more recent information or other questions, please contact eternalHealth Pharmacy Member Service at **1-800-891-6989 or 1-617-684-2458 (locally),** (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalHealth.com.