Kalos Health Gold Plus (HMO D-SNP)

2020 Formulary

List of Covered Drugs

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

Formulary ID: 20167, Ver. 17 Effective Date: 11/01/2020

This formulary was updated on 10/27/2020. For more recent information or other questions, please contact us, Kalos Health Gold Plus (HMO D-SNP) Member Services, at 1-800-399-1954, or for TTY users, 711, 7 days a week, 8:00 a.m. to 8:00 p.m., or visit www.Kaloshealth.org.

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 Kalos Health Plan. When it refers to "plan" or "our plan," it means Kalos Health Gold Plus (HMO D-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of 11/01/2020. 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, 2020, and from time to time during the year.

What is the Kalos Health Gold Plus (HMO D-SNP) Formulary?

A formulary is a list of covered drugs selected by Kalos Health Gold Plus 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. Kalos Health Gold Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Kalos Health Gold Plus 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.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Kalos Health Gold Plus's (HMO D-SNP) Formulary?"

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Kalos Health Gold Plus's (HMO D-SNP) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of 11/01/2020. To get updated information about the drugs covered by Kalos Health Gold Plus, please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid- year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.Kaloshealth.org, along with the most current 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 4. 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 number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97.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?

Kalos Health Gold Plus 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:** Kalos Health Gold Plus requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Kalos Health

Gold Plus before you fill your prescriptions. If you don't get approval, Kalos Health Gold Plus may not cover the drug.

- **Quantity Limits:** For certain drugs, Kalos Health Gold Plus limits the amount of the drug that Kalos Health Gold Plus will cover. For example, Kalos Health Gold Plus provides 30 tablets per prescription for SILENOR. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Kalos Health Gold Plus 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, Kalos Health Gold Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Kalos Health Gold Plus 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 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Kalos Health Gold Plus 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 Kalos Health Gold Plus' (HMO D-SNP) formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Kalos Health Gold Plus does not cover your drug, you have two options:

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

- You can ask Kalos Health Gold Plus 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 Kalos Health Gold Plus' (HMO D-SNP) Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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 first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long -term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home):

We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term care setting for formulary medications and an emergency transition fill for non-formulary

medications (including those medications that are on formulary but require prior authorization, step therapy,

For more information

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

If you have questions about Kalos Health Gold Plus, 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.

Kalos Health Gold Plus's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Kalos Health Gold Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

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

Standard Benefits

For generic either:
- $0 copay; or
- $1.30 copay; or
- $3.60 copay

For all other drugs:
- $0 copay; or
- $3.90 copay; or
- $8.95 copay

OR

Standard Benefit

Drug Tier 1: 25%

Kalos Health Plan List of Covered Drugs
List of Drugs by Medical Condition

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Legend

1: Covered Medications

BvsD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

HRM: High Risk Medication - Prior Authorization (PA) required for ages 65 or over.

LA: Limited Access - This prescription drug is limited to certain pharmacies.

MO: Mail Order Eligible - This prescription may also be available via mail.

PA1: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA2: Prior Authorization (New Starts Only) - You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST1: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ST2: Step Therapy (New Starts Only) - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA1; MO; QL (10 per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	1	MO
methadone hcl oral tablet 10 mg, 5 mg	1	MO
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	MO
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	MO
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	1	MO
oxycodone hcl oral concentrate 100 mg/5ml	1	MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine #3 oral tablet 300-30 mg	1	MO
acetaminophen-codeine oral solution 120-12 mg/5ml	1	MO
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	MO
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	1	MO; QL (180 per 30 days)
BUPAP ORAL TABLET 50-300 MG	1	MO; QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	MO; QL (180 per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	MO; QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	MO; QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	MO; QL (180 per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	MO; QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	MO; QL (180 per 30 days)
butorphanol tartrate nasal solution 10 mg/ml	1	MO
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA1; MO; QL (180 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	MO
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO
hydromorphone hcl oral liquid 1 mg/ml	1	MO
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	MO
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	MO
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	PA1; MO; HRM
meperidine hcl oral tablet 100 mg, 50 mg	1	PA1; MO; HRM
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	MO
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	MO
morphine sulfate oral tablet 15 mg, 30 mg	1	MO
oxycodone hcl oral capsule 5 mg	1	MO
oxycodone hcl oral solution 5 mg/5ml	1	MO
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	MO
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO
oxycodone-aspirin oral tablet 4.8355-325 mg	1	MO
oxymorphone hcl oral tablet 10 mg, 5 mg	1	MO
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	PA1; MO; HRM
TENCON ORAL TABLET 50-325 MG	1	MO; QL (180 per 30 days)
tramadol hcl oral tablet 100 mg	1	MO; QL (120 per 30 days)
tramadol hcl oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine external ointment 5 %	1	PA1; MO; QL (50 per 30 days)
lidocaine external patch 5 %	1	PA1; MO; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %	1	MO
lidocaine hcl external solution 4 %	1	PA1; MO; QL (50 per 30 days)
lidocaine hcl injection solution 1 %	1	MO
lidocaine hcl urethral/mucosal external gel 2 %	1	PA1; MO; QL (30 per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	1	PA1; MO; QL (30 per 30 days)
proparacaine hcl ophthalmic solution 0.5 %	1	MO
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium oral tablet delayed release 333 mg	1	MO
disulfiram oral tablet 250 mg, 500 mg	1	MO
OPIOID ANTAGONISTS		
naloxone hcl injection solution 0.4 mg/ml	1	MO
naloxone hcl injection solution cartridge 0.4 mg/ml	1	MO
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	MO
naltrexone hcl oral tablet 50 mg	1	MO
NARCAN NASAL LIQUID 4 MG/0.1ML	1	MO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	MO
OPIOID DEPENDENCE TREATMENTS		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	MO
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	MO
SMOKING CESSATION AGENTS		

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	MO
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	MO
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	MO
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	MO
NICOTROL INHALATION INHALER 10 MG	1	MO
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	MO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate injection solution 500 mg/2ml	1	MO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA1; MO
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	MO
gentamicin sulfate injection solution 40 mg/ml	1	MO
neomycin sulfate oral tablet 500 mg	1	MO
paromomycin sulfate oral capsule 250 mg	1	MO
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	MO
tobramycin inhalation nebulization solution 300 mg/5ml	1	PA1; MO; QL (280 per 42 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1	MO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	1	MO
ANTIBACTERIALS, OTHER		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	MO
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	MO
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	1	MO
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	MO

Drug Name	Drug Tier	Requirements/Limits
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	MO
dapsone oral tablet 100 mg, 25 mg	1	MO
daptomycin intravenous solution reconstituted 350 mg, 500 mg	1	PA1; MO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	MO
linezolid intravenous solution 600 mg/300ml	1	PA1; MO
linezolid oral suspension reconstituted 100 mg/5ml	1	PA1; MO; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	PA1; MO; QL (60 per 30 days)
methenamine hippurate oral tablet 1 gm	1	MO
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%	1	MO
metronidazole oral capsule 375 mg	1	MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
MONUROL ORAL PACKET 3 GM	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	MO
nitrofurantoin monohyd macro oral capsule 100 mg	1	MO
nitrofurantoin oral suspension 25 mg/5ml	1	MO
tigecycline intravenous solution reconstituted 50 mg	1	MO
tinidazole oral tablet 250 mg, 500 mg	1	MO
trimethoprim oral tablet 100 mg	1	MO
vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	1	MO
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	MO
vancomycin hcl intravenous solution reconstituted 1 gm, 250 mg, 500 mg, 5000 mg, 750 mg	1	MO
vancomycin hcl oral capsule 125 mg, 250 mg	1	MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	MO
BETA-LACTAM, CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	MO
cefadroxil oral capsule 500 mg	1	MO
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	MO
cefadroxil oral tablet 1 gm	1	MO
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	MO
cefdinir oral capsule 300 mg	1	MO
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	MO
cefepime hcl injection solution reconstituted 2 gm	1	MO
cefixime oral capsule 400 mg	1	MO
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	MO
cefoxitin sodium injection solution reconstituted 10 gm	1	MO
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	1	MO
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	MO
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	MO
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	MO
cefprozil oral tablet 250 mg, 500 mg	1	MO
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	MO
cefuroxime axetil oral tablet 250 mg, 500 mg	1	MO
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	1	MO
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	MO
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	MO
cephalexin oral tablet 250 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	1	PA1; MO
BETA-LACTAM, OTHER		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	MO
aztreonam injection solution reconstituted 1 gm	1	MO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA1; LA
ertapenem sodium injection solution reconstituted 1 gm	1	MO
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	1	MO
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	MO
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	MO
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	MO
amoxicillin oral tablet 500 mg, 875 mg	1	MO
amoxicillin oral tablet chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	MO
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	MO
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	MO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	MO

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	MO
cefepime hcl injection solution reconstituted 1 gm	1	MO
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	1	MO
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	MO
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	MO
nafcillin sodium intravenous solution reconstituted 10 gm	1	MO
oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml	1	MO
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	MO
oxacillin sodium intravenous solution reconstituted 10 gm	1	MO
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	1	MO
penicillin g sodium injection solution reconstituted 5000000 unit	1	BvsD; MO
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	MO
penicillin v potassium oral tablet 250 mg, 500 mg	1	MO
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	BvsD; MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	1	PA1; MO
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	1	BvsD; MO
MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	1	MO
azithromycin oral packet 1 gm	1	MO
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	MO
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
clarithromycin er oral tablet extended release 24 hour 500 mg	1	MO
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	MO
clarithromycin oral tablet 250 mg, 500 mg	1	MO
DIFICID ORAL TABLET 200 MG	1	ST1; MO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	MO
erythromycin base oral capsule delayed release particles 250 mg	1	MO
erythromycin base oral tablet 250 mg, 500 mg	1	MO
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	MO
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	MO
QUINOLONES		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	MO
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	MO
levofloxacin intravenous solution 25 mg/ml	1	MO
levofloxacin oral solution 25 mg/ml	1	MO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	MO
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	MO
moxifloxacin hcl oral tablet 400 mg	1	MO
ofloxacin oral tablet 300 mg, 400 mg	1	MO
SULFONAMIDES		
sulfacetamide sodium (acne) external lotion 10 %	1	MO
sulfadiazine oral tablet 500 mg	1	MO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	MO
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
demeclocycline hcl oral tablet 150 mg, 300 mg	1	MO
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	MO
doxycycline hyclate oral capsule 100 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	MO
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	MO
tetracycline hcl oral capsule 250 mg, 500 mg	1	MO
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (60 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	MO
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	MO
carbamazepine oral suspension 100 mg/5ml	1	MO
carbamazepine oral tablet 200 mg	1	MO
carbamazepine oral tablet chewable 100 mg	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA2; MO
EPITOL ORAL TABLET 200 MG	1	MO
felbamate oral suspension 600 mg/5ml	1	MO
felbamate oral tablet 400 mg, 600 mg	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA2; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	PA2; MO

Drug Name	Drug Tier	Requirements/Limits
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	MO
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	1	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	MO; QL (120 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	1	MO; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	MO; QL (28 per 28 days)
BARBITURATES		
phenobarbital oral elixir 20 mg/5ml	1	MO
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
BENZODIAZEPINES		
clobazam oral suspension 2.5 mg/ml	1	PA2; MO
clobazam oral tablet 10 mg, 20 mg	1	PA2; MO; QL (60 per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	MO
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	MO
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA2; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	MO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	MO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	MO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	MO
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	1	MO
ethosuximide oral capsule 250 mg	1	MO
ethosuximide oral solution 250 mg/5ml	1	MO
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	MO
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	MO
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	MO
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA2; MO
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	MO
gabapentin oral solution 250 mg/5ml	1	MO
gabapentin oral tablet 600 mg, 800 mg	1	MO
pregabalin oral capsule 100 mg, 200 mg, 225 mg, 25 mg, 50 mg	1	MO; QL (120 per 30 days)
pregabalin oral capsule 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	MO; QL (900 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	MO
valproic acid oral capsule 250 mg	1	MO
valproic acid oral solution 250 mg/5ml	1	MO
vigabatrin oral packet 500 mg	1	PA2; LA
vigabatrin oral tablet 500 mg	1	PA2; LA
VIGADRONE ORAL PACKET 500 MG	1	PA2; LA

Drug Name	Drug Tier	Requirements/Limits
GLUTAMATE REDUCING AGENTS		
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	MO
lamotrigine oral kit 25 & 50 & 100 mg	1	MO
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
lamotrigine oral tablet chewable 25 mg, 5 mg	1	MO
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	MO
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	MO
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	MO
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	MO
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	1	MO
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	MO
topiramate oral capsule sprinkle 15 mg, 25 mg	1	MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	1	MO; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	1	MO; QL (60 per 30 days)
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG	1	MO; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG	1	MO; QL (60 per 30 days)
APTIOM ORAL TABLET 800 MG	1	MO; QL (45 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	PA2; MO; QL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	1	PA2; MO; QL (240 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	1	MO
oxcarbazepine oral suspension 300 mg/5ml	1	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	1	MO; QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	1	MO; QL (120 per 30 days)
PEGANONE ORAL TABLET 250 MG	1	MO
phenytoin oral suspension 125 mg/5ml	1	MO
phenytoin oral tablet chewable 50 mg	1	MO
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	1	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	MO; QL (60 per 30 days)
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	MO
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	MO
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	MO
galantamine hydrobromide oral solution 4 mg/ml	1	MO
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	MO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	MO
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	MO; QL (30 per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	MO
memantine hcl oral solution 2 mg/ml	1	MO
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	MO
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	1	MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	MO
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	MO
bupropion hcl oral tablet 100 mg, 75 mg	1	MO
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1	MO
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	MO
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	MO
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	MO
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	MO; QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	MO; QL (30 per 30 days)
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA2; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	MO
phenelzine sulfate oral tablet 15 mg	1	MO
tranylcypromine sulfate oral tablet 10 mg	1	MO
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
citalopram hydrobromide oral solution 10 mg/5ml	1	MO

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	MO
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	1	MO
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	MO; QL (60 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	MO
escitalopram oxalate oral solution 5 mg/5ml	1	MO
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	MO; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	MO; QL (56 per 365 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	MO
fluoxetine hcl oral capsule delayed release 90 mg	1	MO
fluoxetine hcl oral solution 20 mg/5ml	1	MO
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	1	MO
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	MO
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	MO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	MO
paroxetine mesylate oral capsule 7.5 mg	1	MO
PAXIL ORAL SUSPENSION 10 MG/5ML	1	MO; QL (900 per 30 days)
sertraline hcl oral concentrate 20 mg/ml	1	MO
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	1	MO
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
TRICYCLICS		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	MO
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	MO
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	MO
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
doxepin hcl oral concentrate 10 mg/ml	1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	MO
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	MO
nortriptyline hcl oral solution 10 mg/5ml	1	MO
protriptyline hcl oral tablet 10 mg, 5 mg	1	MO
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	MO
ANTIEMETICS		
ANTIEMETICS, OTHER		
COMPRO RECTAL SUPPOSITORY 25 MG	1	MO
meclizine hcl oral tablet 12.5 mg, 25 mg	1	MO
PHENADOZ RECTAL SUPPOSITORY 25 MG	1	MO
prochlorperazine maleate oral tablet 5 mg	1	MO
prochlorperazine rectal suppository 25 mg	1	MO
promethazine hcl injection solution 25 mg/ml	1	MO
promethazine hcl oral syrup 6.25 mg/5ml	1	MO

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	MO
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	1	MO
scopolamine transdermal patch 72 hour 1 mg/3days	1	MO
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	MO
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	BvsD; MO; QL (8 per 30 days)
aprepitant oral capsule 80 & 125 mg	1	BvsD; MO; QL (12 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA1; MO; QL (60 per 30 days)
granisetron hcl oral tablet 1 mg	1	BvsD; MO; QL (60 per 30 days)
ondansetron hcl oral solution 4 mg/5ml	1	BvsD; MO; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	1	BvsD; MO; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg	1	BvsD; MO; QL (120 per 30 days)
ondansetron hcl oral tablet 8 mg	1	BvsD; MO; QL (60 per 30 days)
ondansetron oral tablet dispersible 4 mg	1	BvsD; MO; QL (120 per 30 days)
ondansetron oral tablet dispersible 8 mg	1	BvsD; MO; QL (60 per 30 days)
trimethobenzamide hcl oral capsule 300 mg	1	MO
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvsD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvsD; MO
amphotericin b intravenous solution reconstituted 50 mg	1	BvsD; MO
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	1	MO
ciclopirox external gel 0.77 %	1	MO
ciclopirox external shampoo 1 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
ciclopirox external solution 8 %	1	MO
ciclopirox olamine external cream 0.77 %	1	MO
ciclopirox olamine external suspension 0.77 %	1	MO
clotrimazole external cream 1 %	1	MO
clotrimazole external solution 1 %	1	MO
clotrimazole mouth/throat troche 10 mg	1	MO
econazole nitrate external cream 1 %	1	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	1	MO
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	MO
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	MO
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	MO
flucytosine oral capsule 250 mg, 500 mg	1	MO
griseofulvin microsize oral suspension 125 mg/5ml	1	MO
griseofulvin microsize oral tablet 500 mg	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule 100 mg	1	PA1; MO
itraconazole oral solution 10 mg/ml	1	PA1; MO
JUBLIA EXTERNAL SOLUTION 10 %	1	MO
ketoconazole external cream 2 %	1	MO
ketoconazole external shampoo 2 %	1	MO
ketoconazole oral tablet 200 mg	1	MO
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	1	MO
naftifine hcl external cream 1 %, 2 %	1	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	1	MO
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA1; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	MO
nystatin external cream 100000 unit/gm	1	MO

Drug Name	Drug Tier	Requirements/Limits
nystatin external ointment 100000 unit/gm	1	MO
nystatin external powder 100000 unit/gm	1	MO
nystatin mouth/throat suspension 100000 unit/ml	1	MO
nystatin oral tablet 500000 unit	1	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	MO
ORAVIG BUCCAL TABLET 50 MG	1	MO
posaconazole oral tablet delayed release 100 mg	1	PA1; MO
terbinafine hcl oral tablet 250 mg	1	MO
voriconazole intravenous solution reconstituted 200 mg	1	MO
voriconazole oral suspension reconstituted 40 mg/ml	1	MO; QL (300 per 30 days)
voriconazole oral tablet 200 mg, 50 mg	1	MO; QL (120 per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	1	MO
colchicine oral capsule 0.6 mg	1	MO
colchicine oral tablet 0.6 mg	1	MO
colchicine-probenecid oral tablet 0.5-500 mg	1	MO
COLCRYS ORAL TABLET 0.6 MG	1	MO
febuxostat oral tablet 40 mg, 80 mg	1	PA1; MO
MITIGARE ORAL CAPSULE 0.6 MG	1	MO
probenecid oral tablet 500 mg	1	MO
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	MO
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	MO
diclofenac sodium transdermal gel 1 %	1	MO; QL (1000 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium transdermal gel 3 %	1	PA1; MO; QL (300 per 365 days)
diclofenac sodium transdermal solution 1.5 %	1	MO; QL (450 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	MO
diflunisal oral tablet 500 mg	1	MO
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	MO
etodolac oral capsule 200 mg, 300 mg	1	MO
etodolac oral tablet 400 mg, 500 mg	1	MO
flurbiprofen oral tablet 100 mg	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
ibuprofen oral suspension 100 mg/5ml	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin er oral capsule extended release 75 mg	1	MO
indomethacin oral capsule 25 mg, 50 mg	1	MO
ketoprofen er oral capsule extended release 24 hour 200 mg	1	MO
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	MO
ketorolac tromethamine oral tablet 10 mg	1	MO
meclofenamate sodium oral capsule 100 mg, 50 mg	1	MO
meloxicam oral tablet 15 mg, 7.5 mg	1	MO
nabumetone oral tablet 500 mg, 750 mg	1	MO
naproxen dr oral tablet delayed release 375 mg, 500 mg	1	MO
naproxen oral suspension 125 mg/5ml	1	MO
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
oxaprozin oral tablet 600 mg	1	MO
piroxicam oral capsule 10 mg, 20 mg	1	MO
sulindac oral tablet 150 mg, 200 mg	1	MO
tolmetin sodium oral capsule 400 mg	1	MO
tolmetin sodium oral tablet 600 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
dihydroergotamine mesylate nasal solution 4 mg/ml	1	ST1; MO; QL (24 per 28 days)
ergoloid mesylates oral tablet 1 mg	1	MO
ergotamine-caffeine oral tablet 1-100 mg	1	MO; QL (40 per 28 days)
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	MO; QL (12 per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	MO; QL (12 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	MO; QL (12 per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	MO; QL (12 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	MO; QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	MO; QL (12 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	MO
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	MO
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	1	MO
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	MO
zolmitriptan oral tablet 2.5 mg, 5 mg	1	MO; QL (12 per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	MO; QL (12 per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine hcl oral tablet 125 mg	1	MO
pyridostigmine bromide oral solution 60 mg/5ml	1	MO
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	MO
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
pyrazinamide oral tablet 500 mg	1	MO
rifabutin oral capsule 150 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULARS		
ethambutol hcl oral tablet 100 mg, 400 mg	1	MO
isoniazid oral syrup 50 mg/5ml	1	MO
isoniazid oral tablet 100 mg, 300 mg	1	MO
PASER ORAL PACKET 4 GM	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
rifampin intravenous solution reconstituted 600 mg	1	MO
rifampin oral capsule 150 mg, 300 mg	1	MO
TRECATOR ORAL TABLET 250 MG	1	MO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	1	BvsD; MO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	PA2; MO
LEUKERAN ORAL TABLET 2 MG	1	MO
ANTIANGIOGENIC AGENTS		
penicillamine oral tablet 250 mg	1	PA1; MO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA2; MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA2; MO
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
mercaptopurine oral tablet 50 mg	1	MO
methotrexate sodium (pf) injection solution 50 mg/2ml	1	BvsD; MO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	MO
ANTINEOPLASTICS		
abiraterone acetate oral tablet 250 mg	1	PA2; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 10 MG	1	PA2; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2; MO
ALUNBRIG ORAL TABLET 180 MG	1	PA2; LA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; LA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; LA; QL (30 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA2; MO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA2; MO
bexarotene oral capsule 75 mg	1	PA2; MO
bicalutamide oral tablet 50 mg	1	MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA2; MO; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; LA
BRUKINSA ORAL CAPSULE 80 MG	1	PA2; MO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; LA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA2; LA; QL (60 per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA2; LA; QL (120 per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; LA; QL (90 per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; LA; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2; MO

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA2; MO
EMCYT ORAL CAPSULE 140 MG	1	MO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2; MO
ERLEADA ORAL TABLET 60 MG	1	PA2; LA; QL (120 per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA2; MO; QL (30 per 30 days)
erlotinib hcl oral tablet 25 mg	1	PA2; MO; QL (90 per 30 days)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	1	PA2; MO; QL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	1	PA2; MO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA2; MO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA2; MO
FLUOROPLEX EXTERNAL CREAM 1 %	1	MO
fluorouracil external cream 5 %	1	MO
fluorouracil external solution 2 %, 5 %	1	MO
flutamide oral capsule 125 mg	1	MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA
hydroxyurea oral capsule 500 mg	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2; MO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA2; MO
ICLUSIG ORAL TABLET 15 MG	1	PA2; LA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG	1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; LA; QL (60 per 30 days)
imatinib mesylate oral tablet 100 mg	1	PA2; MO; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg	1	PA2; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA2; LA
INLYTA ORAL TABLET 1 MG	1	PA2; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	1	PA2; MO; QL (60 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA2; MO
INREBIC ORAL CAPSULE 100 MG	1	PA2; MO
IRESSA ORAL TABLET 250 MG	1	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (60 per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; MO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; MO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; MO
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA2; MO
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA2; MO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA2; MO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2; MO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA2; MO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA2; MO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA2; MO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA2; MO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA2; MO

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	MO
leuprolide acetate injection kit 1 mg/0.2ml	1	PA2; MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA2; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	1	PA2; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA2; MO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA2; MO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2; MO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2; MO
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA2; LA
LYSODREN ORAL TABLET 500 MG	1	MO
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA2; LA
MEKTOVI ORAL TABLET 15 MG	1	PA2; LA
MESNEX ORAL TABLET 400 MG	1	MO
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 per 30 days)
nilutamide oral tablet 150 mg	1	MO; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2; MO
NUBEQA ORAL TABLET 300 MG	1	PA2; MO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; LA
PANRETIN EXTERNAL GEL 0.1 %	1	PA2; MO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA2; MO
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; MO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA2; MO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA2; MO

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA
QINLOCK ORAL TABLET 50 MG	1	PA2; MO
RETEVMO ORAL CAPSULE 40 MG, 80 MG	1	PA2; MO
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	1	PA2; MO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; LA
RYDAPT ORAL CAPSULE 25 MG	1	PA2; MO; QL (240 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; MO; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; MO; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2; MO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2; MO
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA2; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA2; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA2; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	1	PA2; LA
tamoxifen citrate oral tablet 10 mg, 20 mg	1	MO
TARGRETIN EXTERNAL GEL 1 %	1	PA2; MO; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA2; MO
TIBSOVO ORAL TABLET 250 MG	1	PA2; LA
TOLAK EXTERNAL CREAM 4 %	1	MO
toremifene citrate oral tablet 60 mg	1	PA2; MO; QL (30 per 30 days)
tretinoin oral capsule 10 mg	1	MO
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA2; MO
TURALIO ORAL CAPSULE 200 MG	1	PA2; MO
TYKERB ORAL TABLET 250 MG	1	PA2; MO; QL (150 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA2; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	1	PA2; MO
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2; MO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; MO; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; MO; QL (60 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA2; MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; MO
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; MO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; MO; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG	1	PA2; LA; QL (90 per 30 days)
ZYDELIG ORAL TABLET 150 MG	1	PA2; LA; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA2; MO
ZYTIGA ORAL TABLET 500 MG	1	PA2; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole oral tablet 1 mg	1	MO
exemestane oral tablet 25 mg	1	MO; QL (60 per 30 days)
letrozole oral tablet 2.5 mg	1	MO
ANTIPARASITICS		
ANTHELMINTICS		
albendazole oral tablet 200 mg	1	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	1	MO
ivermectin oral tablet 3 mg	1	MO
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	MO; QL (180 per 30 days)
ALINIA ORAL TABLET 500 MG	1	MO; QL (6 per 30 days)
atovaquone oral suspension 750 mg/5ml	1	MO
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	MO
benznidazole oral tablet 100 mg, 12.5 mg	1	MO
chloroquine phosphate oral tablet 250 mg, 500 mg	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
mefloquine hcl oral tablet 250 mg	1	MO
pentamidine isethionate inhalation solution reconstituted 300 mg	1	BvsD; MO
pentamidine isethionate injection solution reconstituted 300 mg	1	MO
primaquine phosphate oral tablet 26.3 mg	1	MO
quinine sulfate oral capsule 324 mg	1	PA1; MO
PEDICULICIDES/SCABICIDES		
lindane external shampoo 1 %	1	MO
malathion external lotion 0.5 %	1	MO
NATROBA EXTERNAL SUSPENSION 0.9 %	1	MO
permethrin external cream 5 %	1	MO
ANTIPARKINSON AGENTS		

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	MO
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	MO
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl oral capsule 100 mg	1	MO
amantadine hcl oral syrup 50 mg/5ml	1	MO
amantadine hcl oral tablet 100 mg	1	MO
carbidopa oral tablet 25 mg	1	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
entacapone oral tablet 200 mg	1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	1	PA1; LA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	1	PA1; LA; QL (30 per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST1; MO
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA1; LA; QL (60 per 30 days)
bromocriptine mesylate oral capsule 5 mg	1	MO
bromocriptine mesylate oral tablet 2.5 mg	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	ST1; MO

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	MO
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	MO; QL (30 per 30 days)
selegiline hcl oral capsule 5 mg	1	MO
selegiline hcl oral tablet 5 mg	1	MO
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	MO
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	MO
fluphenazine decanoate injection solution 25 mg/ml	1	MO
fluphenazine hcl injection solution 2.5 mg/ml	1	MO
fluphenazine hcl oral concentrate 5 mg/ml	1	MO
fluphenazine hcl oral elixir 2.5 mg/5ml	1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	1	MO
haloperidol lactate injection solution 5 mg/ml	1	MO
haloperidol lactate oral concentrate 2 mg/ml	1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	MO
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	MO
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	MO
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	MO
pimozide oral tablet 1 mg, 2 mg	1	MO
prochlorperazine maleate oral tablet 10 mg	1	MO
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MO
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; MO
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	ST2; MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	ST2; MO
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	ST2; MO; QL (30 per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	1	ST2; MO; QL (60 per 30 days)
aripiprazole oral solution 1 mg/ml	1	MO; QL (750 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (30 per 30 days)
aripiprazole oral tablet 2 mg, 5 mg	1	MO; QL (60 per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	MO; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST2; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; MO; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; MO; QL (8 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	ST2; MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	ST2; MO

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	1	ST2; MO; QL (30 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	1	ST2; MO; QL (60 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	ST2; LA
NUPLAZID ORAL TABLET 10 MG	1	ST2; LA
olanzapine intramuscular solution reconstituted 10 mg	1	MO
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg	1	MO; QL (60 per 30 days)
paliperidone er oral tablet extended release 24 hour 9 mg	1	MO; QL (30 per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	ST2; MO
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	MO
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST2; MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ST2; MO
risperidone oral solution 1 mg/ml	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	MO
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	ST2; MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST2; MO
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	1	ST2; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	1	ST2; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; MO; QL (14 per 365 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	MO; QL (60 per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	ST2; MO
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	MO
valganciclovir hcl oral tablet 450 mg	1	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	1	MO
ANTIHEPATITIS AGENTS		
entecavir oral tablet 0.5 mg, 1 mg	1	PA1; MO; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
lamivudine oral tablet 100 mg	1	MO
VEMLIDY ORAL TABLET 25 MG	1	PA1; MO
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil oral tablet 10 mg	1	PA1; MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA1; MO; QL (600 per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2; MO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
sofosbuvir-velpatasvir oral tablet 400-100 mg	1	PA1; MO
VOSEVI ORAL TABLET 400-100-100 MG	1	PA1; MO
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	1	PA1; MO

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA1; MO
ribavirin oral capsule 200 mg	1	MO
ribavirin oral tablet 200 mg	1	MO
ANTIHERPETIC AGENTS		
acyclovir external ointment 5 %	1	MO
acyclovir oral capsule 200 mg	1	MO
acyclovir oral suspension 200 mg/5ml	1	MO
acyclovir oral tablet 400 mg, 800 mg	1	MO
acyclovir sodium intravenous solution 50 mg/ml	1	BvsD; MO
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	MO
valacyclovir hcl oral tablet 1 gm, 500 mg	1	MO
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA ORAL TABLET 600-200-300 MG	1	MO
COMPLERA ORAL TABLET 200-25-300 MG	1	MO
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO
EDURANT ORAL TABLET 25 MG	1	MO
efavirenz oral capsule 200 mg, 50 mg	1	MO
efavirenz oral tablet 600 mg	1	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	1	MO
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	1	MO
nevirapine oral suspension 50 mg/5ml	1	MO
nevirapine oral tablet 200 mg	1	MO
PIFELTRO ORAL TABLET 100 MG	1	MO
SYMFI LO ORAL TABLET 400-300-300 MG	1	MO
SYMFI ORAL TABLET 600-300-300 MG	1	MO
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate oral solution 20 mg/ml	1	MO
abacavir sulfate oral tablet 300 mg	1	MO
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	MO
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1	MO
CIMDUO ORAL TABLET 300-300 MG	1	MO
DESCOVY ORAL TABLET 200-25 MG	1	MO
didanosine oral capsule delayed release 250 mg, 400 mg	1	MO
EMTRIVA ORAL CAPSULE 200 MG	1	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO
lamivudine oral solution 10 mg/ml	1	MO
lamivudine oral tablet 150 mg, 300 mg	1	MO
lamivudine-zidovudine oral tablet 150-300 mg	1	MO
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO
tenofovir disoproxil fumarate oral tablet 300 mg	1	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	MO
VIREAD ORAL POWDER 40 MG/GM	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
zidovudine oral capsule 100 mg	1	MO
zidovudine oral syrup 50 mg/5ml	1	MO
zidovudine oral tablet 300 mg	1	MO
ANTI-HIV AGENTS, OTHER		
BIKTARVY ORAL TABLET 50-200-25 MG	1	MO
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL PACKET 100 MG	1	MO
ISENTRESS ORAL TABLET 400 MG	1	MO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO
rukobia oral tablet extended release 12 hour 600 mg	1	MO
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	1	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	MO
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	MO
TYBOST ORAL TABLET 150 MG	1	MO
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS ORAL CAPSULE 250 MG	1	MO
APTIVUS ORAL SOLUTION 100 MG/ML	1	MO
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	MO
DOVATO ORAL TABLET 50-300 MG	1	MO
EVOTAZ ORAL TABLET 300-150 MG	1	MO
fosamprenavir calcium oral tablet 700 mg	1	MO
INVIRASE ORAL TABLET 500 MG	1	MO
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	1	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	MO
NORVIR ORAL PACKET 100 MG	1	MO
NORVIR ORAL SOLUTION 80 MG/ML	1	MO
PREZCOBIX ORAL TABLET 800-150 MG	1	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	MO
REYATAZ ORAL PACKET 50 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
ritonavir oral tablet 100 mg	1	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	MO
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	MO
rimantadine hcl oral tablet 100 mg	1	MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	1	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	MO
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	MO
hydroxyzine hcl oral syrup 10 mg/5ml	1	MO
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	MO
meprobamate oral tablet 200 mg, 400 mg	1	MO
BENZODIAZEPINES		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	MO
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	MO
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	MO
diazepam oral concentrate 5 mg/ml	1	MO
diazepam oral solution 5 mg/5ml	1	MO
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	MO
lorazepam oral concentrate 2 mg/ml	1	MO
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	MO
BIPOLAR AGENTS		
MOOD STABILIZERS		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	MO
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	MO
lithium carbonate oral tablet 300 mg	1	MO
lithium oral solution 8 meq/5ml	1	MO
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	MO
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS, SUPPLY		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	MO
global alcohol prep ease pad 70 %	1	MO
preferred plus insulin syringe 28g x 1/2" 0.5 ml	1	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	MO
ANTIDIABETIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
CYCLOSET ORAL TABLET 0.8 MG	1	MO
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	MO
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	MO
glipizide oral tablet 10 mg, 5 mg	1	MO
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	MO
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	MO
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	MO
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	MO
metformin hcl oral solution 500 mg/5ml	1	MO
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	MO
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	MO
nateglinide oral tablet 120 mg, 60 mg	1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	MO
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	MO
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	MO
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML	1	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO; QL (18 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA1; MO; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA1; MO; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO; QL (15 per 30 days)
GLYCEMIC AGENTS		
diazoxide oral suspension 50 mg/ml	1	MO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	MO
INSULINS		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	1	MO
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	1	MO
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	1	MO
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	1	MO
insulin aspart subcutaneous solution 100 unit/ml	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	1	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	MO
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	1	MO
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	MO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	MO
BLOOD FORMATION MODIFIERS		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA1; MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA1; MO
pentoxifylline er oral tablet extended release 400 mg	1	MO
PROMACTA ORAL PACKET 12.5 MG	1	PA1; MO; QL (360 per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA1; MO; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA1; MO; QL (30 per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA1; MO
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA1; MO; QL (60 per 30 days)
tranexamic acid oral tablet 650 mg	1	MO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA1; MO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA1; MO
PLATELET MODIFYING AGENTS		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	MO
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA1; MO
cilostazol oral tablet 100 mg, 50 mg	1	MO
clopidogrel bisulfate oral tablet 75 mg	1	MO
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	MO
prasugrel hcl oral tablet 10 mg, 5 mg	1	MO
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	MO
guanfacine hcl oral tablet 1 mg, 2 mg	1	MO
methyldopa oral tablet 250 mg, 500 mg	1	MO
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	MO
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	MO
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	MO
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	MO
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	MO
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	MO
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	MO
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	MO
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	MO
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MO
moexipril hcl oral tablet 15 mg, 7.5 mg	1	MO
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	MO
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	MO
ANTIARRHYTHMICS		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	MO
disopyramide phosphate oral capsule 100 mg, 150 mg	1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	MO
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	MO
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	MO
quinidine sulfate oral tablet 200 mg, 300 mg	1	MO
ANTIHYPERTENSIVE COMBINATIONS		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MO
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	MO
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA1; MO; QL (60 per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MO
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	MO
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	MO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	MO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	MO
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
spironolactone-hctz oral tablet 25-25 mg	1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	MO
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl oral capsule 200 mg, 400 mg	1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MO
betaxolol hcl oral tablet 10 mg, 20 mg	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MO
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	MO
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
pindolol oral tablet 10 mg, 5 mg	1	MO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	MO
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	MO
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	MO
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	MO
CALCIUM CHANNEL BLOCKING AGENTS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	MO
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	MO
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	MO
isradipine oral capsule 2.5 mg, 5 mg	1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	1	MO
nicardipine hcl oral capsule 20 mg, 30 mg	1	MO
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	MO
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	MO
nifedipine oral capsule 10 mg, 20 mg	1	MO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	MO
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	MO
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	MO
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	MO
CARDIOVASCULAR AGENTS, OTHER		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	MO
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
BIDIL ORAL TABLET 20-37.5 MG	1	MO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA1; MO
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA1; MO; QL (450 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA1; MO; QL (60 per 30 days)
DIGITEK ORAL TABLET 125 MCG	1	MO; QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	MO
DIGOX ORAL TABLET 125 MCG	1	MO; QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG	1	MO
digoxin oral solution 0.05 mg/ml	1	MO
digoxin oral tablet 125 mcg	1	MO; QL (30 per 30 days)
digoxin oral tablet 250 mcg	1	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA1; LA
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	MO
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	1	PA1; MO
VYNDAMAX ORAL CAPSULE 61 MG	1	PA1; MO; QL (30 per 30 days)
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	MO
acetazolamide oral tablet 125 mg, 250 mg	1	MO
methazolamide oral tablet 25 mg, 50 mg	1	MO
DIURETICS, LOOP		
bumetanide injection solution 0.25 mg/ml	1	MO
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	1	MO
furosemide oral solution 10 mg/ml, 8 mg/ml	1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MO
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	MO
DIURETICS, POTASSIUM-SPARING		
amiloride hcl oral tablet 5 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
CAROSPIR ORAL SUSPENSION 25 MG/5ML	1	MO
eplerenone oral tablet 25 mg, 50 mg	1	MO
phenoxybenzamine hcl oral capsule 10 mg	1	MO
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MO
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
DIURIL ORAL SUSPENSION 250 MG/5ML	1	MO
hydrochlorothiazide oral capsule 12.5 mg	1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
indapamide oral tablet 1.25 mg, 2.5 mg	1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate oral capsule 150 mg, 50 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	MO
gemfibrozil oral tablet 600 mg	1	MO
LIPOFEN ORAL CAPSULE 50 MG	1	MO
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	MO
fluvastatin sodium oral capsule 20 mg, 40 mg	1	MO
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	MO
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
DYSLIPIDEMICS, OTHER		
cholestyramine light oral powder 4 gm/dose	1	MO
cholestyramine oral packet 4 gm	1	MO
colesevelam hcl oral packet 3.75 gm	1	MO
colesevelam hcl oral tablet 625 mg	1	MO
colestipol hcl oral packet 5 gm	1	MO
colestipol hcl oral tablet 1 gm	1	MO
ezetimibe oral tablet 10 mg	1	MO
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	MO
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	MO
NIACOR ORAL TABLET 500 MG	1	MO
omega-3-acid ethyl esters oral capsule 1 gm	1	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	1	PA1; MO
PREVALITE ORAL PACKET 4 GM	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA1; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA1; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA1; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	MO
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	MO
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO
nitroglycerin translingual solution 0.4 mg/spray	1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
minoxidil oral tablet 10 mg, 2.5 mg	1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	MO
dextroamphetamine sulfate oral solution 5 mg/5ml	1	MO
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	MO
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	MO
methylphenidate hcl er oral tablet extended release 18 mg, 72 mg	1	MO
methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg	1	MO
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	MO
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	MO
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	MO
CENTRAL NERVOUS SYSTEM, OTHER		

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA1; LA; QL (120 per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA1; MO
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA1; MO
riluzole oral tablet 50 mg	1	PA1; MO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA1; MO; QL (6 per 28 days)
tetrabenazine oral tablet 12.5 mg	1	PA1; MO; QL (90 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA1; MO; QL (120 per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA1; MO
FIBROMYALGIA AGENTS		
pregabalin oral capsule 150 mg, 75 mg	1	MO; QL (120 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	MO; QL (110 per 365 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA2; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA2; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA2; MO
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA2; MO; QL (60 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA1; MO; QL (240 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA2; MO
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	PA2; MO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA2; MO
MAYZENT ORAL TABLET 0.25 MG, 2 MG	1	PA2; MO
TECFIDERA ORAL 120 & 240 MG	1	PA2; MO
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	1	PA2; MO
DENTAL AND ORAL AGENTS		

Drug Name	Drug Tier	Requirements/Limits
DENTAL AND ORAL AGENTS		
cevimeline hcl oral capsule 30 mg	1	MO
chlorhexidine gluconate mouth/throat solution 0.12 %	1	MO
lidocaine viscous hcl mouth/throat solution 2 %	1	MO
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	MO
triamcinolone acetonide mouth/throat paste 0.1 %	1	MO
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	PA1; MO
adapalene external cream 0.1 %	1	PA1; MO
adapalene external gel 0.1 %, 0.3 %	1	PA1; MO
alclometasone dipropionate external cream 0.05 %	1	MO
alclometasone dipropionate external ointment 0.05 %	1	MO
amcinonide external cream 0.1 %	1	MO
amcinonide external lotion 0.1 %	1	MO
amcinonide external ointment 0.1 %	1	MO
ammonium lactate external cream 12 %	1	MO
ammonium lactate external lotion 12 %	1	MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	MO
AVITA EXTERNAL CREAM 0.025 %	1	PA1; MO
AVITA EXTERNAL GEL 0.025 %	1	PA1; MO
benzoyl peroxide-erythromycin external gel 5-3 %	1	MO
betamethasone dipropionate aug external cream 0.05 %	1	MO
betamethasone dipropionate aug external gel 0.05 %	1	MO
betamethasone dipropionate aug external lotion 0.05 %	1	MO
betamethasone dipropionate aug external ointment 0.05 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external cream 0.05 %	1	MO
betamethasone dipropionate external lotion 0.05 %	1	MO
betamethasone dipropionate external ointment 0.05 %	1	MO
betamethasone valerate external cream 0.1 %	1	MO
betamethasone valerate external lotion 0.1 %	1	MO
betamethasone valerate external ointment 0.1 %	1	MO
calcipotriene external cream 0.005 %	1	MO
calcipotriene external ointment 0.005 %	1	MO
calcipotriene external solution 0.005 %	1	MO
calcitriol external ointment 3 mcg/gm	1	MO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	MO
clindamycin phosphate external gel 1 %	1	MO
clindamycin phosphate external lotion 1 %	1	MO
clindamycin phosphate external solution 1 %	1	MO
clindamycin phosphate external swab 1 %	1	MO
clobetasol propionate e external cream 0.05 %	1	MO
clobetasol propionate emulsion external foam 0.05 %	1	MO
clobetasol propionate external cream 0.05 %	1	MO
clobetasol propionate external liquid 0.05 %	1	MO
clobetasol propionate external lotion 0.05 %	1	MO
clobetasol propionate external ointment 0.05 %	1	MO
clobetasol propionate external shampoo 0.05 %	1	MO
clobetasol propionate external solution 0.05 %	1	MO
CLODAN EXTERNAL SHAMPOO 0.05 %	1	MO
clotrimazole-betamethasone external cream 1-0.05 %	1	MO
clotrimazole-betamethasone external lotion 1-0.05 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
CONDYLOX EXTERNAL GEL 0.5 %	1	ST2; MO
desonide external cream 0.05 %	1	MO
desonide external lotion 0.05 %	1	MO
desonide external ointment 0.05 %	1	MO
desoximetasone external cream 0.05 %, 0.25 %	1	MO
desoximetasone external gel 0.05 %	1	MO
desoximetasone external ointment 0.05 %, 0.25 %	1	MO
diflorasone diacetate external cream 0.05 %	1	MO
diflorasone diacetate external ointment 0.05 %	1	MO
ery external pad 2 %	1	MO
erythromycin external gel 2 %	1	MO
erythromycin external solution 2 %	1	MO
EUCRISA EXTERNAL OINTMENT 2 %	1	ST1; MO
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	MO
fluocinolone acetonide external ointment 0.025 %	1	MO
fluocinolone acetonide external solution 0.01 %	1	MO
fluocinolone acetonide scalp external oil 0.01 %	1	MO
fluocinonide emulsified base external cream 0.05 %	1	MO
fluocinonide external cream 0.05 %	1	MO
fluocinonide external gel 0.05 %	1	MO
fluocinonide external ointment 0.05 %	1	MO
fluocinonide external solution 0.05 %	1	MO
fluticasone propionate external cream 0.05 %	1	MO
fluticasone propionate external ointment 0.005 %	1	MO
gentamicin sulfate external cream 0.1 %	1	MO
gentamicin sulfate external ointment 0.1 %	1	MO
halobetasol propionate external cream 0.05 %	1	MO
halobetasol propionate external ointment 0.05 %	1	MO
hydrocortisone ace-pramoxine external cream 1-1 %	1	MO
hydrocortisone butyrate external cream 0.1 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate external ointment 0.1 %	1	MO
hydrocortisone butyrate external solution 0.1 %	1	MO
hydrocortisone external cream 1 %, 2.5 %	1	MO
hydrocortisone external lotion 2.5 %	1	MO
hydrocortisone external ointment 1 %, 2.5 %	1	MO
hydrocortisone rectal enema 100 mg/60ml	1	MO
hydrocortisone valerate external cream 0.2 %	1	MO
hydrocortisone valerate external ointment 0.2 %	1	MO
imiquimod external cream 5 %	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	MO
methoxsalen rapid oral capsule 10 mg	1	PA2; MO
metronidazole external cream 0.75 %	1	MO
metronidazole external gel 0.75 %, 1 %	1	MO
metronidazole external lotion 0.75 %	1	MO
mometasone furoate external cream 0.1 %	1	MO
mometasone furoate external ointment 0.1 %	1	MO
mometasone furoate external solution 0.1 %	1	MO
mupirocin calcium external cream 2 %	1	MO
mupirocin external ointment 2 %	1	MO
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	MO
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	MO
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	MO
pimecrolimus external cream 1 %	1	ST1; MO
podofilox external solution 0.5 %	1	MO
prednicarbate external cream 0.1 %	1	MO
prednicarbate external ointment 0.1 %	1	MO
PROCTOFOAM HC RECTAL FOAM 1-1 %	1	MO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	MO
PROCTO-PAK EXTERNAL CREAM 1 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	MO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	MO
RECTIV RECTAL OINTMENT 0.4 %	1	MO
REGRANEX EXTERNAL GEL 0.01 %	1	PA1; MO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	MO
selenium sulfide external lotion 2.5 %	1	MO
silver sulfadiazine external cream 1 %	1	MO
SSD EXTERNAL CREAM 1 %	1	MO
SULFAMYLON EXTERNAL CREAM 85 MG/GM	1	MO
tacrolimus external ointment 0.03 %, 0.1 %	1	ST1; MO
tazarotene external cream 0.1 %	1	PA1; MO
TAZORAC EXTERNAL CREAM 0.05 %	1	PA1; MO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	1	PA1; MO
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	PA1; MO
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	PA1; MO
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	MO
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	MO
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	MO
UCERIS RECTAL FOAM 2 MG/ACT	1	ST1; MO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	1	MO
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	1	MO
kcl-lactated ringers-d5w intravenous solution 20 meq/l	1	MO

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	1	MO
lactated ringers intravenous solution	1	MO
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	MO
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	MO
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	MO
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	MO
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	1	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	MO
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	1	BvsD; MO
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	MO
prenatal oral tablet 27-1 mg	1	MO
sodium chloride intravenous solution 0.45 %, 0.9 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
sodium chloride intravenous solution 3 %, 5 %	1	BvsD; MO
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CLOVIQUE ORAL CAPSULE 250 MG	1	PA1; MO
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	PA1; MO
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA1; MO
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA1; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA1; LA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	1	PA1; LA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvsD; MO
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	1	PA1; MO
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	1	PA1; MO
KIONEX ORAL SUSPENSION 15 GM/60ML	1	MO
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	BvsD; MO
SAMSCA ORAL TABLET 15 MG, 30 MG	1	PA1; MO
sodium chloride irrigation solution 0.9 %	1	MO
sodium polystyrene sulfonate oral powder	1	MO
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	MO
SPS ORAL SUSPENSION 15 GM/60ML	1	MO
tolvaptan oral tablet 30 mg	1	PA1; MO
trientine hcl oral capsule 250 mg	1	PA1; MO
NUTRIENTS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	1	BvsD; MO
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	1	BvsD; MO

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvsD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvsD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvsD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvsD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvsD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvsD; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvsD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvsD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvsD; MO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	1	BvsD; MO
dextrose intravenous solution 10 %, 5 %	1	MO
DOJOLVI ORAL LIQUID 100 %	1	PA1; MO
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	1	BvsD; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvsD; MO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvsD; MO
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvsD; MO
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	1	BvsD; MO
nutrilipid intravenous emulsion 20 %	1	BvsD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvsD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvsD; MO
PLENAMINE INTRAVENOUS SOLUTION 15 %	1	BvsD; MO

Drug Name	Drug Tier	Requirements/Limits
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvsD; MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvsD; MO
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvsD; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvsD; MO
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvsD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvsD; MO
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl oral capsule 10 mg	1	MO
dicyclomine hcl oral solution 10 mg/5ml	1	MO
dicyclomine hcl oral tablet 20 mg	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
GASTROINTESTINAL AGENTS, OTHER		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	1	MO
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	MO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
loperamide hcl oral capsule 2 mg	1	MO
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	MO
metoclopramide hcl oral tablet 10 mg, 5 mg	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	1	PA1; MO
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet 250 mg, 500 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine hcl oral solution 300 mg/5ml	1	MO
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	MO
famotidine oral suspension reconstituted 40 mg/5ml	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
nizatidine oral capsule 150 mg, 300 mg	1	MO
nizatidine oral solution 15 mg/ml	1	MO
IRRITABLE BOWEL SYNDROME AGENTS		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	PA1; MO
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO
LAXATIVES		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	1	MO
constulose oral solution 10 gm/15ml	1	MO
enulose oral solution 10 gm/15ml	1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	MO
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
generlac oral solution 10 gm/15ml	1	MO
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	1	MO
lactulose oral solution 10 gm/15ml	1	MO
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	MO
peg-3350/electrolytes oral solution reconstituted 236 gm	1	MO

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	1	MO
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
PROTECTANTS		
amoxicill-clarithro-lansopraz oral	1	MO
misoprostol oral tablet 100 mcg, 200 mcg	1	MO
sucralfate oral suspension 1 gm/10ml	1	MO
sucralfate oral tablet 1 gm	1	MO
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	ST1; MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	MO
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	MO
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	MO
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	MO
pantoprazole sodium oral packet 40 mg	1	MO
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	MO
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ENZYME REPLACEMENT/MODIFIERS		
CARBAGLU ORAL TABLET 200 MG	1	PA1; LA
CYSTADANE ORAL POWDER	1	MO
ENDARI ORAL PACKET 5 GM	1	PA1; LA; QL (180 per 30 days)
KUVAN ORAL PACKET 100 MG, 500 MG	1	PA1; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	1	PA1; LA
levocarnitine oral solution 1 gm/10ml	1	MO
levocarnitine oral tablet 330 mg	1	MO
miglustat oral capsule 100 mg	1	PA1; MO
nitisinone oral capsule 10 mg, 2 mg, 5 mg	1	PA1; MO

Drug Name	Drug Tier	Requirements/Limits
ORFADIN ORAL CAPSULE 20 MG	1	PA1; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA1; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA1; LA
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	MO
flavoxate hcl oral tablet 100 mg	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	MO
oxybutynin chloride oral syrup 5 mg/5ml	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
solifenacin succinate oral tablet 10 mg, 5 mg	1	MO
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	MO
tolterodine tartrate oral tablet 1 mg, 2 mg	1	MO
trospium chloride er oral capsule extended release 24 hour 60 mg	1	MO
trospium chloride oral tablet 20 mg	1	MO
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	MO
dutasteride oral capsule 0.5 mg	1	MO
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	MO
finasteride oral tablet 5 mg	1	MO
silodosin oral capsule 4 mg, 8 mg	1	MO
tamsulosin hcl oral capsule 0.4 mg	1	MO
GENITOURINARY AGENTS, OTHER		
acetic acid irrigation solution 0.25 %	1	MO
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	LA

Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE 100 MG	1	MO
LITHOSTAT ORAL TABLET 250 MG	1	MO
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	1	PA1; MO
calcium acetate (phos binder) oral capsule 667 mg	1	MO
calcium acetate (phos binder) oral tablet 667 mg	1	MO
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	MO
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	MO
sevelamer carbonate oral tablet 800 mg	1	MO
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2 %	1	MO
estradiol vaginal cream 0.1 mg/gm	1	MO
estradiol vaginal tablet 10 mcg	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA1; MO
metronidazole vaginal gel 0.75 %	1	MO
miconazole 3 vaginal suppository 200 mg	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA1; MO
terconazole vaginal cream 0.4 %, 0.8 %	1	MO
terconazole vaginal suppository 80 mg	1	MO
VANDAZOLE VAGINAL GEL 0.75 %	1	MO
YUVAFEM VAGINAL TABLET 10 MCG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
budesonide er oral tablet extended release 24 hour 9 mg	1	ST1; MO
budesonide oral capsule delayed release particles 3 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
dexamethasone oral elixir 0.5 mg/5ml	1	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO
dexamethasone sod phosphate pf injection solution 10 mg/ml	1	MO
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	MO
MEDROL ORAL TABLET 2 MG	1	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	MO
methylprednisolone oral tablet therapy pack 4 mg	1	MO
prednisolone oral solution 15 mg/5ml	1	MO
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	MO
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
prednisone oral solution 5 mg/5ml	1	MO
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
cortisone acetate oral tablet 25 mg	1	MO
DEMSER ORAL CAPSULE 250 MG	1	MO
fludrocortisone acetate oral tablet 0.1 mg	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	1	MO
oxandrolone oral tablet 10 mg, 2.5 mg	1	PA2; MO
ANDROGENS		

Drug Name	Drug Tier	Requirements/Limits
danazol oral capsule 100 mg, 200 mg, 50 mg	1	MO
methyltestosterone oral capsule 10 mg	1	PA2; MO
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	PA2; MO
testosterone enanthate intramuscular solution 200 mg/ml	1	PA2; MO
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA2; MO
testosterone transdermal solution 30 mg/act	1	PA2; MO
CONTRACEPTIVES		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
alyacen 1/35 oral tablet 1-35 mg-mcg	1	MO
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	1	MO
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
briellyn oral tablet 0.4-35 mg-mcg	1	MO
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	1	MO
CAZIANT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
CYRED ORAL TABLET 0.15-30 MG-MCG	1	MO
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
GIANVI ORAL TABLET 3-0.02 MG	1	MO
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
marlissa oral tablet 0.15-30 mg-mcg	1	MO
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	MO
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	MO
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	MO
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	1	MO
ZARAH ORAL TABLET 3-0.03 MG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
ESTROGENS		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	MO
DIVIGEL TRANSDERMAL GEL 1 MG/GM	1	MO
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	1	MO
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	MO
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	MO

Drug Name	Drug Tier	Requirements/Limits
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	1	MO
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	MO
JINTELI ORAL TABLET 1-5 MG-MCG	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	MO
MIMVEY ORAL TABLET 1-0.5 MG	1	MO
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	MO
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	MO
megestrol acetate oral tablet 20 mg, 40 mg	1	MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
norethindrone acetate oral tablet 5 mg	1	MO
norethindrone oral tablet 0.35 mg	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
progesterone micronized oral capsule 100 mg, 200 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
SHAROBEL ORAL TABLET 0.35 MG	1	MO
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
raloxifene hcl oral tablet 60 mg	1	MO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
cabergoline oral tablet 0.5 mg	1	MO
desmopressin ace spray refrig nasal solution 0.01 %	1	MO
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA1; LA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	1	PA1; MO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA1; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	MO

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
ISTURISA ORAL TABLET 1 MG	1	PA1; MO; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	1	PA1; MO; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA1; MO; QL (120 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA1; LA; QL (120 per 30 days)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA1; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA1; LA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	1	PA2; MO
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA1; LA
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA1; MO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA2; MO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil oral tablet 50 mg	1	MO
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
AZASAN ORAL TABLET 100 MG, 75 MG	1	BvsD; MO
azathioprine oral tablet 50 mg	1	BvsD; MO

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA1; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA1; MO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	BvsD; MO
cyclosporine modified oral solution 100 mg/ml	1	BvsD; MO
cyclosporine oral capsule 100 mg, 25 mg	1	BvsD; MO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA2; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvsD; MO
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	BvsD; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvsD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvsD; MO
methotrexate oral tablet 2.5 mg	1	BvsD; MO
methotrexate sodium injection solution 50 mg/2ml	1	BvsD; MO
mycophenolate mofetil oral capsule 250 mg	1	BvsD; MO
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	BvsD; MO
mycophenolate mofetil oral tablet 500 mg	1	BvsD; MO
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	BvsD; MO
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	1	PA2; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvsD; MO
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	1	PA2; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvsD; MO
sirolimus oral solution 1 mg/ml	1	BvsD; MO
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	BvsD; MO
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	BvsD; MO

Drug Name	Drug Tier	Requirements/Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvsD; MO
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvsD; MO
ZORTRESS ORAL TABLET 1 MG	1	BvsD; MO
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA1; MO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA1; MO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA1; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA1; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA1; MO
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	1	PA1; MO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	1	PA1; MO
GAMMAKED INJECTION SOLUTION 1 GM/10ML	1	PA1; MO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	1	PA1; MO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	PA1; MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA1; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA1; MO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA1; MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA1; MO
leflunomide oral tablet 10 mg, 20 mg	1	MO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	PA1; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA1; MO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA1; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA1; MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA1; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA1; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA1; MO
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	MO
bcg vaccine injection injectable	1	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	MO
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	1	BvsD; MO
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvsD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML	1	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvsD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	MO
IPOL INJECTION INJECTABLE	1	MO
IXIARO INTRAMUSCULAR SUSPENSION	1	MO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	MO
MENACTRA INTRAMUSCULAR INJECTABLE	1	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	1	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	1	MO

Drug Name	Drug Tier	Requirements/Limits
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvsD; MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvsD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	MO
ROTATEQ ORAL SOLUTION	1	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvsD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvsD; MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	MO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	PA1; MO
YF-VAX SUBCUTANEOUS INJECTABLE	1	MO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium oral capsule 750 mg	1	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	MO
mesalamine rectal enema 4 gm	1	MO

Drug Name	Drug Tier	Requirements/Limits
mesalamine rectal suppository 1000 mg	1	MO
sulfasalazine oral tablet 500 mg	1	MO
sulfasalazine oral tablet delayed release 500 mg	1	MO
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate sodium oral solution 70 mg/75ml	1	MO
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	MO
calcitonin (salmon) nasal solution 200 unit/act	1	BvsD; MO
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	BvsD; MO
calcitriol oral solution 1 mcg/ml	1	BvsD; MO
cinacalcet hcl oral tablet 30 mg, 90 mg	1	BvsD; MO; QL (120 per 30 days)
cinacalcet hcl oral tablet 60 mg	1	BvsD; MO; QL (150 per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	1	PA1; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	1	MO
ibandronate sodium oral tablet 150 mg	1	MO
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA1; LA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	BvsD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	MO
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	1	MO
risedronate sodium oral tablet delayed release 35 mg	1	MO
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	1	PA1; MO; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA1; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA1; MO; QL (1.7 per 28 days)
MISCELLANEOUS		
MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
cvs gauze sterile pad 2"x2"	1	MO
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
PLAQUENIL ORAL TABLET 200 MG	1	MO
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine sulfate ophthalmic solution 1 %	1	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA1; MO; QL (60 per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	1	MO
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 per 30 days)
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl ophthalmic solution 0.05 %	1	MO
BEPREVE OPHTHALMIC SOLUTION 1.5 %	1	MO
cromolyn sodium ophthalmic solution 4 %	1	MO
epinastine hcl ophthalmic solution 0.05 %	1	MO
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	MO
PAZEO OPHTHALMIC SOLUTION 0.7 %	1	MO
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO
apraclonidine hcl ophthalmic solution 0.5 %	1	MO
AZOPT OPHTHALMIC SUSPENSION 1 %	1	MO
betaxolol hcl ophthalmic solution 0.5 %	1	MO
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	MO
carteolol hcl ophthalmic solution 1 %	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	MO
dorzolamide hcl ophthalmic solution 2 %	1	MO
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	MO
levobunolol hcl ophthalmic solution 0.5 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	1	MO
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	MO
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	1	MO
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION 1 %	1	MO
bacitracin ophthalmic ointment 500 unit/gm	1	MO
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	MO
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	MO
ciprofloxacin hcl ophthalmic solution 0.3 %	1	MO
erythromycin ophthalmic ointment 5 mg/gm	1	MO
gatifloxacin ophthalmic solution 0.5 %	1	MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	MO
gentamicin sulfate ophthalmic solution 0.3 %	1	MO
levofloxacin ophthalmic solution 0.5 %	1	MO
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	MO
moxifloxacin hcl ophthalmic solution 0.5 %	1	MO
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	MO
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	MO
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	1	MO
ofloxacin ophthalmic solution 0.3 %	1	MO
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	MO
sulfacetamide sodium ophthalmic ointment 10 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium ophthalmic solution 10 %	1	MO
tobramycin ophthalmic solution 0.3 %	1	MO
trifluridine ophthalmic solution 1 %	1	MO
OPHTHALMIC ANTI-INFLAMMATORIES		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	MO
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	MO
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	MO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	MO
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	MO
diclofenac sodium ophthalmic solution 0.1 %	1	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	MO
fluorometholone ophthalmic suspension 0.1 %	1	MO
flurbiprofen sodium ophthalmic solution 0.03 %	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	MO
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	MO
LOTEMAX OPHTHALMIC GEL 0.5 %	1	MO
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	MO
LOTEMAX SM OPHTHALMIC GEL 0.38 %	1	MO
loteprednol etabonate ophthalmic suspension 0.5 %	1	MO
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	MO
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	MO
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	MO
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	1	MO
prednisolone acetate ophthalmic suspension 1 %	1	MO
prednisolone sodium phosphate ophthalmic solution 1 %	1	MO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	1	MO
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	MO
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	MO
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	MO
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophthalmic solution 0.03 %	1	MO; QL (5 per 25 days)
latanoprost ophthalmic solution 0.005 %	1	MO; QL (2.5 per 20 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
travoprost (bak free) ophthalmic solution 0.004 %	1	MO
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	MO
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	1	MO
OTIC AGENTS		
OTIC AGENTS		
acetic acid otic solution 2 %	1	MO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	MO
ciprofloxacin hcl otic solution 0.2 %	1	MO
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	1	MO
fluocinolone acetonide otic oil 0.01 %	1	MO
hydrocortisone-acetic acid otic solution 1-2 %	1	MO
neomycin-polymyxin-hc otic solution 1 %	1	MO
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	MO
ofloxacin otic solution 0.3 %	1	MO
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES		
carbinoxamine maleate oral solution 4 mg/5ml	1	MO

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate oral tablet 4 mg	1	MO
cetirizine hcl oral solution 1 mg/ml	1	MO
clemastine fumarate oral tablet 2.68 mg	1	MO
cyproheptadine hcl oral syrup 2 mg/5ml	1	MO
cyproheptadine hcl oral tablet 4 mg	1	MO
desloratadine oral tablet 5 mg	1	MO
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	MO
levocetirizine dihydrochloride oral tablet 5 mg	1	MO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	BvsD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	1	MO
ANTILEUKOTRIENES		
montelukast sodium oral packet 4 mg	1	MO
montelukast sodium oral tablet 10 mg	1	MO
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	MO
zafirlukast oral tablet 10 mg, 20 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
zileuton er oral tablet extended release 12 hour 600 mg	1	ST1; MO
BRONCHODILATORS, ANTICHOLINERGIC		
acetylcysteine inhalation solution 10 %, 20 %	1	BvsD; MO
ipratropium bromide inhalation solution 0.02 %	1	BvsD; MO
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	PA1; MO
sildenafil citrate oral tablet 20 mg	1	PA1; MO; QL (90 per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg	1	MO
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	MO
theophylline oral solution 80 mg/15ml	1	MO
ZYFLO ORAL TABLET 600 MG	1	ST1; MO
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	1	MO
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	1	MO; QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	BvsD; MO
albuterol sulfate oral syrup 2 mg/5ml	1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	1	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	BvsD; MO
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	BvsD; MO
levalbuterol tartrate inhalation aerosol 45 mcg/act	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
metaproterenol sulfate oral syrup 10 mg/5ml	1	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 per 30 days)
NASAL AGENTS		
azelastine hcl nasal solution 0.1 %, 0.15 %	1	MO
flunisolide nasal solution 25 mcg/act (0.025%)	1	MO
fluticasone propionate nasal suspension 50 mcg/act	1	MO
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	MO
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA1; LA; QL (90 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	1	PA1; MO; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA1; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA1; LA; QL (30 per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	1	PA1; LA; QL (120 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA1; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA1; LA; QL (400 per 365 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	1	PA1; MO
ESBRIET ORAL TABLET 801 MG	1	PA1; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
RESPIRATORY TRACT AGENTS, OTHER		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	BvsD; MO
cromolyn sodium oral concentrate 100 mg/5ml	1	MO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA1; MO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	1	PA1; MO
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	MO; QL (2 per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA1; MO
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA1; MO
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act	1	MO
KALYDECO ORAL PACKET 25 MG	1	PA1; MO
KALYDECO ORAL PACKET 50 MG, 75 MG	1	PA1; LA
KALYDECO ORAL TABLET 150 MG	1	PA1; LA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA1; MO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA1; MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA1; MO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	1	PA1; LA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA1; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA1; LA
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	BvsD; MO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA1; LA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	1	PA1; MO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	1	MO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	1	PA1; MO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA1; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA1; LA; QL (6 per 28 days)
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	PA1; MO; HRM
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	PA1; MO; HRM
methocarbamol oral tablet 500 mg, 750 mg	1	MO
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	PA1; MO; HRM
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	MO
tizanidine hcl oral tablet 2 mg, 4 mg	1	MO
SLEEP DISORDER AGENTS		
BENZODIAZEPINES		

Drug Name	Drug Tier	Requirements/Limits
estazolam oral tablet 1 mg, 2 mg	1	MO
flurazepam hcl oral capsule 15 mg	1	MO; QL (60 per 30 days)
flurazepam hcl oral capsule 30 mg	1	MO; QL (30 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	1	MO; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	1	MO; QL (120 per 30 days)
triazolam oral tablet 0.125 mg, 0.25 mg	1	MO
GABA RECEPTOR MODULATORS		
zaleplon oral capsule 10 mg	1	MO
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	MO; QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	MO
SLEEP DISORDERS, OTHER		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA1; MO; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	1	PA1; MO; QL (30 per 30 days)
ramelteon oral tablet 8 mg	1	MO
SILENOR ORAL TABLET 3 MG, 6 MG	1	MO; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA1; MO; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA1; LA; QL (540 per 30 days)

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English Non-Discrimination Statement

Kalos Health Gold Plus (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sex.

Español (Spanish)

Si us ted, o alguien a quien usted está ayudando, tiene preguntas acerca de Kalos Health Gold Plus (HMO D-SNP), tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-399-1954 (TTY: 711).

Chinese

如果您，或您正在幫助的人，有關於 Kalos Health Gold Plus (HMO D-SNP) 方面的問題，您有權利免费以您的母語得到幫助和訊息。想要跟一位翻譯員通話，請致電 1-800-399-1954 (TTY: 711) 。

Russian

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Kalos Health Gold Plus (HMO D-SNP), то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-399-1954 (TTY: 711).

French Creole

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Kalos Health Gold Plus (HMO D-SNP), se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-399-1954 (TTY: 711).

German

Falls Sie oder jemand, dem Sie helfen, Fragen zum Kalos Health Gold Plus (HMO D-SNP) haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-399-1954 (TTY: 711) an.

Korean

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Kalos Health Gold Plus (HMO D-SNP) 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-399-1954 (TTY: 711) 로 전화하십시오.

Italian

Se tu o qualcuno che stai aiutando avete domande su Kalos Health Gold Plus (HMO D-SNP), hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-399-1954 (TTY: 711).

Arabic

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Kalos Health Gold Plus (HMO D-SNP) ، فلديك الحق

في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 1-800-399-1954 (TTY: 711).

Tagalog

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Kalos Health Gold Plus (HMO D-SNP), may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-399-1954 (TTY: 711).

Vietnamese

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Kalos Health Gold Plus (HMO D-SNP), quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-399-1954 (TTY: 711).

Yiddish

איר האט דאס רעכט צו Kalos Health Gold Plus (HMO D-SNP), האט פראגעס וועגן, אודר עמצער איר העלפסט, אויב איר באקומען הילף און

אינפארמאציע און אייער שפראך אומזיסט. בערזעצער'צו רעדן מיט דער אי קלונג 1-800-399-1954 (TTY: 711)

Bengali

যদি আপদি, অথবা আপদি অিয কাউকক সহায়তা করকেি, সম্পককে প্রশ্ন আকে Kalos Health Gold Plus (HMO D-SNP), আপিার অদিকার আকে দবিা খরকে আপিার দিজস্ব ভাষাকত সাহাযয পাবার এবং তথয জাি বার। অিুবাি ককর সাকথ কথা বলার জিয, কল করুি 1-800-399-1954 (TTY: 711).

Polish

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Kalos Health Gold Plus (HMO D-SNP), masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-399-1954 (TTY: 711)

French

Si vous, ou quelqu'un que vous êtes en train d’aider, a des questions à propos de Kalos Health Gold Plus (HMO D-SNP), vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-399-1954 (TTY: 711).

Urdu

اگر اپ کسی کو مدد دے رہے ہیں اور اپ دونوں کو سوال ہے Kalos Health Gold Plus (HMO D-SNP) کے بارے میں، تو اپ دونوں کو اپنی زبان میں مفت مدد اور معالومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-399-1954 (TTY: 711) فون کریں۔

This formulary was updated on 11/01/2020. For more recent information or other questions, please contact us, Kalos Health Gold Plus (HMO D-SNP) Member Services, at 1-800-399-1954, or for TTY users, 711, 7 days a week, 8:00 a.m. to 8:00 p.m., or visit www.Kaloshealth.org.