Retiree RxCare

2021 Four Tier Formulary

(List of Covered Drugs)

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

Formulary ID No. 21307, Version 11

This formulary was updated on January 27, 2021. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or for TTY users, 711, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit http://retireerxcare.amwins.com.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Retiree RxCare. When it refers to "plan" or "our plan," it means Retiree RxCare.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on February 1, 2021, and from time to time during the year.

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

This information is available for free in other languages. Please call our Customer Care number above.

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

What is the Retiree RxCare Formulary?
A formulary is a list of covered drugs selected by Retiree RxCare 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. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare 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?
Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of February 1, 2021. To get updated information about the drugs covered by Retiree RxCare, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?
There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 2. 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, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 112. 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?
Retiree RxCare 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:** Retiree RxCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don't get approval, Retiree RxCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 tablets per 30 days for zolpidem tartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Retiree RxCare 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, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.
- **B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your physician to make a determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Retiree RxCare 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 Retiree RxCare's formulary?" on page 3 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 our Contact Center and ask if your drug is covered.
If you learn that Retiree RxCare does not cover your drug, you have two options:

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

- You can ask Retiree RxCare 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 Retiree RxCare's Formulary?
You can ask Retiree RxCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to cover a formulary drug at a lower cost-sharing level, if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 30 day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). 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 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 30 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community
- Discharge from psychiatric hospitals with drug regimens that are highly individualized

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

If you have questions about Retiree RxCare, 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 www.medicare.gov.

Retiree RxCare's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

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

Understanding the Requirements/Limits	
Tier	**Name**
1	**Preferred Generics**
2	**Preferred Brands**
3	**Non-Preferred Drugs**
4	**Specialty**
Abbreviation	**Definition**
PA Prior Authorization	Prior Authorization is required to determine if your drug is covered under the plan. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug.
B/D Medicare Part B	This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.
QL Quantity Limits	This medication has restrictions or a Quantity Limit to the number of doses that may be covered for a specific day supply. Quantity limits are for your own safety and to ensure proper use of the drug. If your prescriber requests a quantity greater than the specific limit, you may request an authorization for the plan to cover the prescribed amount.
ST Step Therapy	This drug requires Step Therapy because there are other, lower cost alternative medications that are used to treat the same condition. You may be required to try an alternative drug to treat your condition before this drug may be covered. If you have tried other drugs and you and your prescriber do not think the other drugs are right for your situation, you may request that this medication be covered.

List of Covered Drugs

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)	1	QL (60 PER 30 DAYS)
diclofenac potassium 50 mg tablet	1	
diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)	1	
diclofenac sodium 1 % gel (gram)	1	QL (1000 PER 30 DAYS)
diclofenac sodium 1.5 % drops	1	PA
diclofenac sodium/misoprostol (sodium/misoprostol 50 tab ir dr, sodium/misoprostol 75 tab ir dr)	3	
diflunisal 500 mg tablet	1	
etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h)	1	
fenoprofen calcium (400 mg capsule, 600 mg tablet)	3	
flurbiprofen (50 mg tablet, 100 mg tablet)	1	
ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	1	
indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)	3	
indomethacin sodium 1 mg vial	3	
ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule, 200 mg cap24h pel)	3	
ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml cartridge, 30 mg/ml syringe, 30mg/ml(1) vial, 60 mg/2 ml syringe, 60 mg/2 ml vial, 60 mg/2 ml cartridge)	3	
ketorolac tromethamine 10 mg tablet	3	QL (20 PER 30 DAYS OVER TIME)
meclofenamate sodium (50 mg capsule, 100 mg capsule)	3	
mefenamic acid 250 mg capsule	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
meloxicam (7.5 mg tablet, 15 mg tablet)	1	
nabumetone (500 mg tablet, 750 mg tablet)	1	
naproxen (250 mg tablet, 375 mg tablet dr, 375 mg tablet, 500 mg tablet, 500 mg tablet dr)	1	
naproxen sodium (275 mg tablet, 550 mg tablet)	1	
naproxen/esomeprazole magnesium (naproxen/esomeprazole 375mg-20mg tab ir dr, naproxen/esomeprazole 500mg-20mg tab ir dr)	4	PA, QL (60 PER 30 DAYS)
oxaprozin 600 mg tablet	1	
PENNSAID 2% PUMP	4	PA
piroxicam (10 mg capsule, 20 mg capsule)	1	
SPRIX 15.75 MG NASAL SPRAY	4	QL (5 PER 30 DAYS OVER TIME)
sulindac (150 mg tablet, 200 mg tablet)	1	
tolmetin sodium (400 mg capsule, 600 mg tablet)	3	
Opioid Analgesics, Long-acting		
ARYMO ER (ER 30 MG TABLET, ER 60 MG TABLET)	4	ST
ARYMO ER 15 MG TABLET	3	ST
buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)	2	QL (4 PER 28 DAYS)
BUTRANS 7.5 MCG/HR PATCH	2	QL (4 PER 28 DAYS)
fentanyl (12 mcg/hr patch, 37.5mcg/hr patch)	3	
fentanyl (25 mcg/hr patch, 50mcg/hr patch, 75mcg/hr patch, 100 mcg/hr patch)	1	
fentanyl (62.5mcg/hr patch, 87.5mcg/hr patch)	4	
hydromorphone hcl (8 mg tab er, 12 mg tab er, 16 mg tab er, 32 mg tab er)	3	
INFUMORPH (200 MG/20 ML AMPUL, 500 MG/20 ML AMPUL)	3	
methadone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 10 mg tablet)	1	
methadone hcl 10 mg/ml vial	3	
METHADOSE 10 MG/ML ORAL CONC	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 30 mg cap er pel, 30 mg cpmp 24hr, 40 mg cap er pel, 45 mg cpmp 24hr, 50 mg cap er pel, 60 mg cpmp 24hr, 60 mg cap er pel, 75 mg cpmp 24hr, 80 mg cap er pel, 90 mg cpmp 24hr, 120 mg cpmp 24hr)	3	
morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)	1	
morphine sulfate 100 mg cap er pel	4	
morphine sulfate/pf (sulfate/pf 10 mg/ml vial, sulfate/pf 25 mg/ml vial)	1	
oxymorphone hcl (5 mg tab er, 7.5 mg tab er, 10 mg tab er, 15 mg tab er, 20 mg tab er, 30 mg tab er, 40 mg tab er)	3	
tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tbmp 24hr, 300 mg tab er 24h)	3	
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE, ER 36 MG CAPSULE)	2	
Opioid Analgesics, Short-acting		
ABSTRAL (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	4	PA
acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-60mg tablet, 300mg-30mg tablet, 300mg/12.5 solution)	1	
butalbital/acetaminophen/caffeine/codeine phosphate (butalbit/acetamin/caff/codeine 50-300-30 capsule, butalbit/acetamin/caff/codeine 50-325-30 capsule)	3	PA
butorphanol tartrate 10 mg/ml spray	1	
codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)	1	
codeine/butalbital/asa/caffein 30-50-325 capsule	3	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
fentanyl citrate (100 mcg tablet eff, 200 mcg tablet eff, 200 mcg lozenge hd, 400 mcg lozenge hd, 400 mcg tablet eff, 600 mcg lozenge hd, 600 mcg tablet eff, 800 mcg lozenge hd, 800 mcg tablet eff, 1200 mcg lozenge hd, 1600 mcg lozenge hd)	4	PA
fentanyl citrate/pf (citrate/pf 50 mcg/ml vial, citrate/pf 50 mcg/ml ampul, citrate/pf 100mcg/2ml syringe, citrate/pf 100mcg/2ml cartridge)	3	PA - TO CONFIRM PART D COVERAGE
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)	1	
hydrocodone/acetaminophen 10-325/15 solution	4	
hydrocodone/acetaminophen 10mg-300mg tablet	3	
hydrocodone/ibuprofen (hydrocodone/ibuprofen 5mg-200mg tablet, hydrocodone/ibuprofen 10mg-200mg tablet)	3	
hydrocodone/ibuprofen 7.5-200 mg tablet	1	
hydromorphone hcl (0.5mg/.5ml syringe, 1 mg/ml ampul, 1 mg/ml liquid, 1 mg/ml cartridge, 1 mg/ml syringe, 2 mg/ml vial, 2 mg tablet, 2 mg/ml syringe, 2 mg/ml ampul, 2 mg/ml cartridge, 4 mg/ml ampul, 4 mg/ml cartridge, 4 mg tablet, 8 mg tablet)	1	
hydromorphone hcl in sterile water/pf (water/pf 2 mg/2 ml syrge, water/pf 30 mg/30ml pca syrg)	1	
hydromorphone hcl/pf (hcl/pf 1 mg/ml vial, hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial, hcl/pf 4 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul)	1	
ibuprofen/oxycodone hcl 400 mg-5mg tablet	1	
LAZANDA (100 MCG NASAL SPRAY, 300 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
morphine sulfate (2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml syringe, 5 mg/ml syringe, 10 mg/5 ml solution, 15 mg tablet, 20 mg/5 ml solution, 30 mg tablet, 100 mg/5ml solution)	1	
morphine sulfate (4 mg/ml vial, 5 mg/ml vial, 8 mg/ml vial, 10 mg/ml vial, 30 mg/30ml pca syring)	1	PA - TO CONFIRM PART D COVERAGE
morphine sulfate/0.9% nacl/pf 30 mg/30ml pca syring	1	PA - TO CONFIRM PART D COVERAGE
morphine sulfate/pf (sulfate/pf 0.5 mg/ml vial, sulfate/pf 1 mg/ml vial)	1	
morphine sulfate/pf 30 mg/30ml pca vial	1	PA - TO CONFIRM PART D COVERAGE
OXAYDO (5 MG TABLET, 7.5 MG TABLET)	4	
oxycodone hcl (5 mg/5 ml solution, 5 mg capsule, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	1	
oxycodone hcl 20 mg/ml oral conc	3	
oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)	1	
oxycodone hcl/aspirin 4.8355-325 tablet	1	
oxymorphone hcl (5 mg tablet, 10 mg tablet)	1	
pentazocine hcl/naloxone hcl 50mg-0.5mg tablet	3	
tramadol hcl (50 mg tablet, 100 mg tablet)	1	
tramadol hcl/acetaminophen 37.5-325mg tablet	1	

Anesthetics

Local Anesthetics

bupivacaine hcl/pf (hcl/pf 2.5 mg/ml ampul, hcl/pf 2.5 mg/ml vial)	3	
lidocaine 5 % adh. patch	3	PA
lidocaine 5 % oint. (g)	3	PA, QL (150 PER 30 DAYS)
lidocaine hcl (2 % jelly(ml), 2 % jel/pf app)	1	PA, QL (30 PER 30 DAYS)
lidocaine hcl 40 mg/ml solution	1	PA, QL (250 PER 30 DAYS)
lidocaine hcl/dextrose 7.5%/pf 5 % ampul	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
lidocaine/prilocaine (lidocaine/prilocaine 2.5 kit, lidocaine/prilocaine 2.5 cream (g))	1	PA, QL (30 PER 30 DAYS)
lidocaine/tetracaine 7 %-7 % cream (g)	3	PA, QL (30 PER 30 DAYS)
LIDORXKIT	3	PA, QL (150 PER 30 DAYS)
PLIAGLIS 7%-7% CREAM	3	PA, QL (30 PER 30 DAYS)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium 333 mg tablet dr	1	
disulfiram (250 mg tablet, 500 mg tablet)	1	
naltrexone hcl 50 mg tablet	1	
VIVITROL 380 MG VIAL + DILUENT	4	
Opioid Dependence		
buprenorphine hcl (0.3 mg/ml cartridge, 0.3 mg/ml vial)	4	
buprenorphine hcl (2 mg tab, 8 mg tab)	1	
buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 8 mg-2 mg tab subl, /naloxone 8 mg-2 mg film)	1	QL (90 PER 30 DAYS)
buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg, /naloxone 12 mg-3 mg)	1	QL (60 PER 30 DAYS)
buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl	1	QL (360 PER 30 DAYS)
LUCEMYRA 0.18 MG TABLET	4	QL (224 PER 14 DAYS)
Opioid Reversal Agents		
naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)	1	
NARCAN 4 MG NASAL SPRAY	2	
Smoking Cessation Agents		
bupropion hcl 150 mg tab er 12h	1	QL (60 PER 30 DAYS)
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	2	QL (504 PER 365 DAYS OVER TIME)
NICOTROL CARTRIDGE INHALER	3	QL (2688 PER 365 DAYS OVER TIME)
NICOTROL NS 10 MG/ML SPRAY	2	QL (360 PER 365 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antibacterials		
Aminoglycosides		
amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)	3	
gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g), 40 mg/ml vial)	1	
gentamicin sulfate/pf 20 mg/2 ml vial	1	
neomycin sulfate 500 mg tablet	1	
paromomycin sulfate 250 mg capsule	3	
streptomycin sulfate 1 g vial	3	
tobramycin 300 mg/4ml ampul-neb	4	PA - TO CONFIRM PART D COVERAGE
tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)	1	
alcohol antiseptic pads med. pad	2	
isopropyl alcohol 70 % towelette	2	
Antibacterials, Other		
ALTABAX 1% OINTMENT	3	
aztreonam 1 g vial	3	
aztreonam 2 g vial	4	
CLEOCIN 100 MG VAGINAL OVULE	3	
CLINDACIN ETZ KIT	1	
CLINDACIN PAC KIT	1	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
clindamycin palmitate hcl 75 mg/5 ml soln recon	1	
clindamycin phosphate (1 % med. swab, 2 % cream/appl, 150 mg/ml vial, 600 mg/4ml vial port)	1	
colistin (colistimethate na) 150 mg vial	3	
DALVANCE 500 MG VIAL	4	
daptomycin (350 mg vial, 500 mg vial)	4	
fosfomycin tromethamine 3 g packet	1	
IMPAVIDO 50 MG CAPSULE	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
lincomycin hcl 300 mg/ml vial	1	
linezolid 100 mg/5ml susp recon	4	QL (1800 PER 28 DAYS)
linezolid 600 mg tablet	3	QL (56 PER 28 DAYS)
linezolid in 0.9% sodium chlor 600mg/300 piggyback	4	
linezolid in dextrose 5% 600mg/300 piggyback	4	
methenamine hippurate 1 g tablet	1	
METRO IV 500 MG/100 ML	1	
metronidazole (0.75 % gel w/appl, 250 mg tablet, 500 mg tablet)	1	
metronidazole/sodium chloride 500mg/0.1l piggyback	1	
MONUROL 3 GM SACHET	3	
nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)	3	
nitrofurantoin monohyd/m-cryst 100 mg capsule	1	
ORBACTIV 400 MG VIAL	4	
polymyxin b sulfate 500k unit vial	1	
SIVEXTRO 200 MG TABLET	4	QL (6 PER 30 DAYS OVER TIME)
tinidazole (250 mg tablet, 500 mg tablet)	1	
trimethoprim 100 mg tablet	1	
vancomycin hcl (1 g vial, 1 g vial port, 250 mg vial, 500 mg vial port, 500 mg vial, 750 mg vial port, 750 mg vial)	1	
vancomycin hcl 125 mg capsule	3	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	4	QL (240 PER 30 DAYS)
vancomycin hcl 50 mg/ml soln recon	3	
vancomycin hcl in 5 % dextrose 750mg/.15l froz.piggy	1	
VANDAZOLE VAGINAL 0.75% GEL	1	
XENLETA 600 MG TABLET	4	
Beta-lactam, Cephalosporins		
cefaclor (125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
cefaclor (250 mg capsule, 500 mg capsule)	1	
cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg/5ml susp recon, 500 mg capsule)	1	
cefazolin sodium (1 vial port, 1 vial)	1	
cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 1 g/50 ml froz.piggy)	1	
cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)	1	
cefepime hcl (1 vial, 2 vial, 100 bulkbainj)	1	
cefepime hcl in dextrose 5 % in water (5 % 1 g/50 ml, 5 % 2 g/50 ml)	1	
cefepime hcl in iso-osmotic dextrose (1 g/50 ml, 2 g/100 ml)	1	
cefixime (100 mg/5ml susp, 200 mg/5ml susp)	3	
cefixime 400 mg capsule	2	
cefotaxime sodium (1 g vial, 500 mg vial)	1	
cefotetan disodium (1 vial, 2 vial)	1	
cefotetan disodium in iso-osmotic dextrose (disod/isosm 1 g/50 ml, disod/isosm 2 g/50 ml)	1	
cefoxitin sodium (1 vial, 2 vial, 10 vial)	1	
cefoxitin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml, sodium/dextrose,iso 2 g/50 ml)	1	
cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)	1	
cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)	1	
ceftazidime (1 vial, 1 vial port, 2 vial, 2 vial port, 6 vial)	1	
ceftazidime in dextrose 5% and water (1 g/50 ml, 2 g/50 ml)	1	
ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 250 mg vial, 500 mg vial)	1	
ceftriaxone sodium in iso-osmotic dextrose (1 g/50 ml froz.piggy, 1 g/50 ml piggyback, 2 g/50 ml piggyback, 2 g/50 ml froz.piggy)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
cefuroxime axetil (250 mg tablet, 500 mg tablet)	1	
cefuroxime sodium (1.5 g vial, 7.5 g vial, 750 mg vial)	1	
cephalexin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 500 mg capsule)	1	
FETROJA 1 GRAM VIAL	4	
SUPRAX (100 MG TABLET, 200 MG TABLET)	2	
SUPRAX 500 MG/5 ML SUSPENSION	3	
TEFLARO (400 MG VIAL, 600 MG VIAL)	4	
Beta-lactam, Penicillins		
amoxicillin (125 mg/5ml susp recon, 125 mg tab chew, 200 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 250 mg tab chew, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)	1	
amoxicillin/potassium clav 1000-62.5 tab er 12h	3	
amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)	1	
ampicillin sodium (1 vial port, 1 vial)	1	
ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 vial, sodium/sulbactam 1.5 vial port, sodium/sulbactam 3 vial, sodium/sulbactam 3 vial port, sodium/sulbactam 15 vial)	1	
ampicillin trihydrate 500 mg capsule	1	
AUGMENTIN 125-31.25 MG/5 ML	4	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	3	
dicloxacillin sodium (250 mg capsule, 500 mg capsule)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
nafcillin in dextrose, iso-osmotic (nafcill1 g/50 ml, nafcill2 g/100 ml)	4	
nafcillin sodium (1 vial port, 1 vial, 2 vial)	3	
nafcillin sodium (2 vial port, 10 vial)	4	
oxacillin sodium (1 vial, 1 vial port, 2 vial port, 2 vial, 10 vial)	3	
oxacillin sodium in iso-osmotic dextrose (dextrose(iso-osm) 1 g/50 ml, dextrose(iso-osm) 2 g/50 ml)	3	
penicillin g potassium 5mm unit vial	1	
penicillin g sodium 5mm unit vial	4	
penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)	1	
piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 vial port, sodium/tazobactam 2.25 vial, sodium/tazobactam 3.375 vial, sodium/tazobactam 3.375 vial port, sodium/tazobactam 4.5 vial, sodium/tazobactam 4.5 vial port, sodium/tazobactam 13.5 vial, sodium/tazobactam 40.5 vial)	1	
Carbapenems		
ertapenem sodium 1 g vial	3	
imipenem/cilastatin sodium *imipenem/cilastatin 500 mg vial)*	3	
meropenem (1 g vial, 500 mg vial)	3	
meropenem in 0.9 % sodium chloride (1 g/50 ml,	3	
Macrolides		
azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 500 mg vial port, 500 mg vial, 600 mg tablet)	1	
clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)	1	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ERY-TAB (DR 250 MG TABLET, DR 333 MG TABLET, DR 500 MG TABLET)	2	
ERYPED 400 MG/5 ML SUSPENSION	4	
ERYTHROCIN 250 MG FILMTAB	3	
erythromycin base (250 mg tablet dr, 250 mg tablet, 250 mg capsule dr, 333 mg tablet dr, 500 mg tablet dr, 500 mg tablet)	3	
erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)	3	
Quinolones		
BAXDELA 450 MG TABLET	4	
ciprofloxacin 500 mg/5ml sus mc rec	1	
ciprofloxacin hcl (250 mg tablet, 500 mg tablet,	1	
ciprofloxacin hcl 100 mg tablet	3	
ciprofloxacin in 5 % dextrose 200mg/0.1l	1	
levofloxacin (25 mg/ml vial, 250mg/10ml	3	
levofloxacin (250 mg tablet, 500 mg tablet, 750	1	
moxifloxacin hcl 400 mg tablet	3	
moxifloxacin-sod.chloride(iso) 400mg/.25l	3	
moxifloxacin/sod.ace,sul/water 400mg/.25l	3	
ofloxacin (300 mg tablet, 400 mg tablet)	3	
Sulfonamides		
sulfacetamide sodium 10 % suspension	3	
sulfadiazine 500 mg tablet	3	
sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp, sulfamethoxazole/trimethoprim 800-160 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines		
demeclocycline hcl (150 mg tablet, 300 mg	3	
doxycycline hyclate (50 mg capsule, 100 mg	1	
doxycycline hyclate 100 mg vial	3	
doxycycline monohydrate (25 mg/5 ml susp capsule, 100 mg tablet)	1	
doxycycline monohydrate 40 mg cap ir dr	3	
MINOCIN 100 MG VIAL	4	
minocycline hcl (50 mg capsule, 75 mg capsule,	1	
NUZYRA (150 MG TABLET-7 DAY, 150 MG	4	
SEYSARA (60 MG TABLET, 100 MG TABLET, 150	4	
tetracycline hcl (250 mg capsule, 500 mg	3	
VIBRAMYCIN 50 MG/5 ML SYRUP	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY
EPIDIOLEX 100 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
felbamate (400 mg tablet, 600 mg tablet)	3	
felbamate 600 mg/5ml oral susp	4	
FINTEPLA 2.2 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 8 MG TABLET)	3	
FYCOMPA (4 MG TABLET, 6 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
lamotrigine (25 mg tab rapdis, 25 mg tab er 24, 25(84)-100 tab ds pk, 25-50-100 tb rd dspk, 25mg (35) tab ds pk, 25(42)-100 tab ds pk, 50 mg tab rapdis, 50 mg tab er 24, 100 mg tab rapdis, 100 mg tab er 24, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24, 300 mg tab er 24)	3	
lamotrigine (5 mg tb chw dsp, 25 mg tb chw dsp, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 750 mg tab er 24h, 1000 mg tablet)	1	
NAYZILAM 5 MG NASAL SPRAY	4	QL (10 PER 30 DAYS OVER TIME)
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	3	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
topiramate (25 mg cap 24, 50 mg cap 24, 100 mg cap 24, 150 mg cap 24, 200 mg cap 24)	3	
valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)	1	
valproic acid 250 mg capsule	1	
XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	3	PA - FOR NEW STARTS ONLY
XCOPRI (50-100 MG TITRATION PAK, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	4	PA - FOR NEW STARTS ONLY
Calcium Channel Modifying Agents		
CELONTIN 300 MG KAPSEAL	3	
ethosuximide (250 mg/5ml solution, 250 mg capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam (10 mg tablet, 20 mg tablet)	3	
clobazam 2.5 mg/ml oral susp	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet)	1	QL (90 PER 30 DAYS)
clonazepam (2 mg tab rapdis, 2 mg tablet)	1	QL (300 PER 30 DAYS)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	4	PA - FOR NEW STARTS ONLY
diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)	3	
divalproex sodium (125 mg tablet dr, 125 mg cap dr spr, 250 mg tablet dr, 250 mg tab er 24h, 500 mg tab er 24h, 500 mg tablet dr)	1	
gabapentin (100 mg capsule, 300 mg capsule)	1	QL (360 PER 30 DAYS)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	3	QL (2160 PER 30 DAYS)
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	1	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	1	QL (150 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)	3	PA - FOR NEW STARTS ONLY
phenobarbital sodium (65 mg/ml vial, 130mg/ml vial)	1	PA - FOR NEW STARTS ONLY
primidone (50 mg tablet, 250 mg tablet)	1	
SABRIL 500 MG TABLET	4	PA - FOR NEW STARTS ONLY
SYMPAZAN (5 MG, 10 MG, 20 MG)	4	
tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)	3	
VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY)	4	QL (10 PER 30 DAYS OVER TIME)
vigabatrin (500 mg tablet, 500 mg powd pack)	4	PA - FOR NEW STARTS ONLY
Sodium Channel Agents		
APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	4	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
carbamazepine (100 mg tab er 12h, 100 mg/5ml oral susp, 100 mg cpmp 12hr, 100 mg tab chew, 200 mg tab er 12h, 200 mg tablet, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)	1	
CARBATROL (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE)	3	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	3	
DILANTIN 125 MG/5 ML SUSP	3	
oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)	1	
oxcarbazepine 300 mg/5ml oral susp	3	
PEGANONE 250 MG TABLET	3	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	3	
phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)	1	
phenytoin sodium (50 mg/ml ampul, 50 mg/ml vial)	1	
phenytoin sodium extended (100 mg capsule, 200 mg capsule, 300 mg capsule)	1	
rufinamide 40 mg/ml oral susp	4	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	
TEGRETOL XR (100 MG TABLET, 200 MG TABLET, 400 MG TABLET)	3	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET)	3	
VIMPAT (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	1	

Antidementia Agents

Antidementia Agents, Other

ergoloid mesylates 1 mg tablet	3	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	3	ST, QL (30 PER 30 DAYS)
NAMZARIC TITRATION PACK	3	ST, QL (56 PER 365 DAYS OVER TIME)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cholinesterase Inhibitors		
donepezil hcl (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)	1	
donepezil hcl 23 mg tablet	3	
galantamine hbr (4 mg tablet, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)	1	
galantamine hbr 4 mg/ml solution	3	
rivastigmine (4.6mg/24hr patch, 9.5mg/24hr patch, 13.3mg/24h patch)	3	
rivastigmine tartrate (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)	1	
memantine hcl (7 mg cap 24, 14 mg cap 24, 21 mg cap 24, 28 mg cap 24)	3	QL (30 PER 30 DAYS)
memantine hcl 2 mg/ml solution	3	
Antidepressants		
Antidepressants, Other		
amitriptyline hcl/chlordiazepoxide (amitriptyline/chlordiazepoxide 12.5mg-5mg tablet, amitriptyline/chlordiazepoxide 25 mg-10mg tablet)	3	PA - FOR NEW STARTS ONLY
APLENZIN (ER 174 MG TABLET, ER 348 MG TABLET, ER 522 MG TABLET)	4	ST, QL (30 PER 30 DAYS)
bupropion hcl (100 mg tab sr 12h, 150 mg tab er 24h)	1	QL (90 PER 30 DAYS)
bupropion hcl (150 mg tab, 200 mg tab)	1	QL (60 PER 30 DAYS)
bupropion hcl (75 mg tablet, 100 mg tablet)	1	
bupropion hcl 300 mg tab er 24h	1	QL (30 PER 30 DAYS)
maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)	1	
mirtazapine (7.5 mg tablet, 15 mg tab rapdis, 15 mg tablet, 30 mg tablet, 30 mg tab rapdis, 45 mg tablet, 45 mg tab rapdis)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
olanzapine/fluoxetine hcl (olanzapine/fluoxetine 3 mg-25 mg capsule, olanzapine/fluoxetine 6mg-25mg capsule)	3	QL (90 PER 30 DAYS)
olanzapine/fluoxetine hcl (olanzapine/fluoxetine 6mg-50mg capsule, olanzapine/fluoxetine 12mg-25mg capsule, olanzapine/fluoxetine 12mg-50mg capsule)	3	QL (30 PER 30 DAYS)
perphenazine/amitriptyline hcl (perphenazine/amitriptyline 2 mg-10 mg tablet, perphenazine/amitriptyline 2 mg-25 mg tablet, perphenazine/amitriptyline 4 mg-50 mg tablet, perphenazine/amitriptyline 4 mg-25 mg tablet, perphenazine/amitriptyline 4mg-10mg tablet)	3	PA - FOR NEW STARTS ONLY
SPRAVATO (56 MG, 84 MG)	4	PA - FOR NEW STARTS ONLY
Monoamine Oxidase Inhibitors		
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12	4	ST, QL (30 PER 30 DAYS)
MARPLAN 10 MG TABLET	3	
phenelzine sulfate 15 mg tablet	1	
tranylcypromine sulfate 10 mg tablet	3	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide (10 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 20 mg/10ml solution, 40 mg tablet)	1	
desvenlafaxine (100 mg tab er 24, 100 mg tab er 24h)	3	ST, QL (120 PER 30 DAYS)
desvenlafaxine (50 mg tab er 24, 50 mg tab er 24h)	3	ST, QL (30 PER 30 DAYS)
desvenlafaxine succinate (25 mg tab er, 50 mg tab er)	1	QL (30 PER 30 DAYS)
desvenlafaxine succinate 100 mg tab er 24h	1	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	3	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	3	QL (90 PER 30 DAYS)
duloxetine hcl (20 mg capsule dr, 60 mg capsule dr)	1	QL (60 PER 30 DAYS)
duloxetine hcl (30 mg capsule dr, 40 mg capsule dr)	1	QL (90 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)	1	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	3	ST, QL (56 PER 365 DAYS OVER TIME)
fluoxetine hcl (10 mg tablet, 10 mg capsule, 20 mg tablet, 20 mg capsule, 20 mg/5 ml solution, 40 mg capsule)	1	
fluvoxamine maleate (100 mg cap er, 150 mg cap er)	3	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)	3	
paroxetine hcl (10 mg tablet, 12.5 mg tab er 24h, 20 mg tablet, 25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h, 40 mg tablet)	3	
paroxetine mesylate 7.5 mg capsule	3	QL (30 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	3	
sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	1	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)	1	
venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24, 225 mg tab er 24)	3	
VENLAFAXINE HCL ER (ER 37.5 MG TAB, ER 75 MG TAB, ER 150 MG TAB, ER 225 MG TAB)	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	3	QL (60 PER 365 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tricyclics		
amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	3	PA - FOR NEW STARTS ONLY
amoxapine (25 mg tablet, 50 mg tablet, 100 mg	3	
clomipramine hcl (25 mg capsule, 50 mg	3	
desipramine hcl (10 mg tablet, 25 mg tablet, 50 tablet)	3	
doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 100 mg capsule, 150 mg capsule)	3	PA - FOR NEW STARTS ONLY
imipramine hcl (10 mg tablet, 25 mg tablet, 50	3	
nortriptyline hcl (10 mg/5 ml solution, 10 mg mg capsule, 75 mg capsule)	1	
protriptyline hcl (5 mg tablet, 10 mg tablet)	1	
trimipramine maleate (25 mg capsule, 50 mg	3	
Antiemetics		
Antiemetics, Other		
doxylamine succinate/vit b6 10 mg-10mg tablet dr	3	PA, QL (120 PER 30 DAYS)
meclizine hcl (12.5 mg tablet, 25 mg tablet)	3	
prochlorperazine 25 mg supp.rect	1	
prochlorperazine edisylate 10 mg/2 ml vial	3	
prochlorperazine maleate (5 mg tablet, 10 mg tablet)	1	
promethazine hcl (12.5 mg tablet, 12.5 mg supp.rect, 25 mg tablet, 25 mg supp.rect, 50 mg tablet, 50 mg supp.rect)	3	PA
promethazine hcl 6.25mg/5ml syrup	1	PA
scopolamine 1 mg/3 day patch td 3	3	
trimethobenzamide hcl 300 mg capsule	3	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Emetogenic Therapy Adjuncts		
AKYNZEO 235-0.25 MG/20 ML VIAL	3	
AKYNZEO 300-0.5 MG CAPSULE	3	PA - TO CONFIRM PART D COVERAGE, QL (2 PER 30 DAYS OVER TIME)
ANZEMET 100 MG TABLET	4	PA - TO CONFIRM PART D COVERAGE, QL (5 PER 30 DAYS OVER TIME)
ANZEMET 50 MG TABLET	3	PA - TO CONFIRM PART D COVERAGE, QL (5 PER 30 DAYS OVER TIME)
aprepitant 125 mg capsule	3	PA - TO CONFIRM PART D COVERAGE, QL (2 PER 30 DAYS OVER TIME)
aprepitant 125mg-80mg cap ds pk	3	PA - TO CONFIRM PART D COVERAGE, QL (6 PER 30 DAYS OVER TIME)
aprepitant 40 mg capsule	3	PA - TO CONFIRM PART D COVERAGE, QL (1 PER 30 DAYS OVER TIME)
aprepitant 80 mg capsule	3	PA - TO CONFIRM PART D COVERAGE, QL (8 PER 30 DAYS OVER TIME)
dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg	3	PA, QL (60 PER 30 DAYS OVER TIME)
EMEND 125 MG POWDER PACKET	3	PA - TO CONFIRM PART D COVERAGE, QL (6 PER 30 DAYS OVER TIME)
granisetron hcl 1 mg tablet	1	PA - TO CONFIRM PART D COVERAGE, QL (30 PER 30 DAYS OVER TIME)
ondansetron (4 mg tab rapdis, 8 mg tab rapdis)	1	PA - TO CONFIRM PART D COVERAGE
ondansetron hcl (4 mg tablet, 8 mg tablet)	1	PA - TO CONFIRM PART D COVERAGE
ondansetron hcl 24 mg tablet	1	PA - TO CONFIRM PART D COVERAGE, QL (14 PER 28 DAYS OVER TIME)
ondansetron hcl 4 mg/5 ml solution	3	PA - TO CONFIRM PART D COVERAGE, QL (450 PER 30 DAYS)
palonosetron hcl 0.25mg/5ml syringe	1	
SANCUSO 3.1 MG/24 HR PATCH	4	QL (2 PER 30 DAYS OVER TIME)
SYNDROS 5 MG/ML SOLUTION	4	PA, QL (120 PER 30 DAYS)
Antifungals		
ABELCET 100 MG/20 ML VIAL	3	PA - TO CONFIRM PART D COVERAGE
AMBISOME 50 MG VIAL	4	PA - TO CONFIRM PART D COVERAGE
amphotericin b 50 mg vial	3	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	TIER	REQUIREMENTS/LIMITS
butoconazole nitrate 2 % crm/pf app	3	
clotrimazole (1 % cream (g), 10 mg troche)	1	
CRESEMBA 186 MG CAPSULE	4	
econazole nitrate 1 % cream (g)	1	
ERAXIS(WATER DIL) 100 MG VIAL	4	
ERAXIS(WATER DIL) 50 MG VIAL	3	
EXELDERM 1% SOLUTION	3	
fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole in dextrose, iso-osmotic (200mg/0.1l, 400mg/0.2l)	1	
fluconazole in sodium chloride, iso-osmotic (200mg/0.1l piggyback, 200mg/0.1l pggybk btl, 400mg/0.2l pggybk btl, 400mg/0.2l piggyback)	1	
flucytosine (250 mg capsule, 500 mg capsule)	4	
griseofulvin ultramicrosize (125 mg tablet, 250 mg tablet)	3	
griseofulvin, microsize 125 mg/5ml oral susp	1	
griseofulvin, microsize 500 mg tablet	3	
itraconazole 10 mg/ml solution	4	PA
itraconazole 100 mg capsule	3	PA
JUBLIA 10% TOPICAL SOLUTION	3	
ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)	1	
micafungin sodium (50 mg vial, 100 mg vial)	4	
miconazole nitrate 200 mg supp.vag	1	
naftifine hcl (1 % cream (g), 2 % cream (g))	3	
naftifine hcl 1 % gel (gram)	1	
NAFTIN 2% GEL	3	
NOXAFIL 40 MG/ML SUSPENSION	4	
nystatin (500k unit tablet, 100000/g oint. (g), 100000/g powder, 100000/ml oral susp, 100000/g cream (g))	1	
OXISTAT 1% LOTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
posaconazole 100 mg tablet dr	4	
terbinafine hcl 250 mg tablet	1	QL (84 PER 180 DAYS OVER TIME)
terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)	1	
TOLSURA 65 MG CAPSULE	4	PA
voriconazole (200 mg/5ml susp recon, 200 mg vial)	4	
voriconazole (50 mg tablet, 200 mg tablet)	3	
Antigout Agents		
allopurinol (100 mg tablet, 300 mg tablet)	1	
colchicine (0.6 mg capsule, 0.6 mg tablet)	2	
febuxostat (40 mg tablet, 80 mg tablet)	1	
GLOPERBA 0.6 MG/5 ML SOLUTION	3	ST
probenecid 500 mg tablet	1	
probenecid/colchicine 500-0.5 mg tablet	1	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate (1 mg/ml ampul, 1	4	PA
dihydroergotamine mesylate 0.5mg/spry	4	PA, QL (8 PER 30 DAYS OVER TIME)
ERGOMAR 2 MG TABLET SL	2	
ergotamine tartrate/caffeine 1 mg-100mg tablet	1	
ergotamine tartrate/caffeine 2-100mg supp.rect	4	
Prophylactic		
AIMOVIG 140 MG DOSE-2 AUTOINJ	3	PA, QL (2 PER 30 DAYS)
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML PEN	3	PA, QL (1 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (1 PER 30 DAYS)
EMGALITY 300 MG (100 MG X3SYR)	3	PA, QL (3 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NURTEC ODT 75 MG TABLET	4	PA, QL (15 PER 30 DAYS OVER TIME)
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
UBRELVY (50 MG TABLET, 100 MG TABLET)	4	PA, QL (16 PER 30 DAYS OVER TIME)
Serotonin (5-HT) Receptor Agonist		
almotriptan malate (6.25 mg tablet, 12.5 mg	3	QL (12 PER 30 DAYS OVER TIME)
eletriptan hydrobromide (20 mg tablet, 40 mg	3	QL (12 PER 30 DAYS OVER TIME)
frovatriptan succinate 2.5 mg tablet	3	QL (12 PER 30 DAYS OVER TIME)
naratriptan hcl (1 mg tablet, 2.5 mg tablet)	1	QL (9 PER 30 DAYS OVER TIME)
rizatriptan benzoate (5 mg tab rapdis, 5 mg	1	QL (18 PER 30 DAYS OVER TIME)
sumatriptan (5 mg spray, 20 mg spray)	3	QL (12 PER 30 DAYS OVER TIME)
sumatriptan succinate (25 mg tablet, 50 mg	1	QL (9 PER 30 DAYS OVER TIME)
sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml vial)	3	QL (5 PER 30 DAYS OVER TIME)
sumatriptan succinate 6 mg/0.5ml syringe	1	QL (5 PER 30 DAYS OVER TIME)
TOSYMRA 10 MG NASAL SPRAY	3	QL (12 PER 30 DAYS OVER TIME)
zolmitriptan (2.5 mg tablet, 2.5 mg tab rapdis, 5	1	QL (12 PER 30 DAYS OVER TIME)
zolmitriptan 5 mg tab rapdis	1	QL (9 PER 30 DAYS OVER TIME)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl 125 mg tablet	3	
MESTINON 60 MG/5 ML SOLUTION	4	
pyridostigmine bromide 180 mg tablet er	3	
pyridostigmine bromide 60 mg tablet	1	
pyridostigmine bromide 60 mg/5 ml solution	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	1	
rifabutin 150 mg capsule	3	
Antituberculars		
ethambutol hcl (100 mg tablet, 400 mg tablet)	1	
isoniazid (50 mg/5 ml solution, 100 mg tablet,	1	
PASER GRANULES 4 GM PACKET	3	
PRIFTIN 150 MG TABLET	3	
pyrazinamide 500 mg tablet	1	
rifampin (150 mg capsule, 300 mg capsule)	1	
rifampin 600 mg vial	3	
SIRTURO (20 MG TABLET, 100 MG TABLET)	4	
TRECATOR 250 MG TABLET	3	
Antineoplastics		
Alkylating Agents		
carboplatin 10 mg/ml vial	1	
cisplatin 1 mg/ml vial	1	
CYCLOPHOSPHAMIDE (1 GM/5 ML VL, 500 MG/2.5 ML)	4	
cyclophosphamide (25 mg capsule, 50 mg capsule)	1	PA - TO CONFIRM PART D COVERAGE
dacarbazine (100 mg vial, 200 mg vial)	1	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	3	
ifosfamide 3 g vial	3	
LEUKERAN 2 MG TABLET	4	
MATULANE 50 MG CAPSULE	4	
thiotepa 100 mg vial	4	
VALCHLOR 0.016% GEL	4	PA - FOR NEW STARTS ONLY

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZEPZELCA 4 MG VIAL	4	PA - FOR NEW STARTS ONLY
Antiandrogens		
abiraterone acetate (250 mg tablet, 500 mg	4	PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tablet	1	
ERLEADA 60 MG TABLET	4	PA - FOR NEW STARTS ONLY
flutamide 125 mg capsule	1	
nilutamide 150 mg tablet	4	
NUBEQA 300 MG TABLET	4	PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
YONSA 125 MG TABLET	4	PA - FOR NEW STARTS ONLY
ZYTIGA 500 MG TABLET	4	PA - FOR NEW STARTS ONLY
Antiangiogenic Agents		
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3	4	PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TABLET	4	PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 25 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
TABRECTA (150 MG TABLET, 200 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE,	4	PA - FOR NEW STARTS ONLY
Antiestrogens/Modifiers		
EMCYT 140 MG CAPSULE	4	
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML	4	
tamoxifen citrate (10 mg tablet, 20 mg tablet)	1	
toremifene citrate 60 mg tablet	4	
Antimetabolites		
cytarabine 20 mg/ml vial	1	PA - TO CONFIRM PART D COVERAGE
cytarabine/pf (cytarabine/pf 2 g/20 ml vial, cytarabine/pf 20 mg/ml vial, cytarabine/pf 100 mg/5ml vial)	1	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	TIER	REQUIREMENTS/LIMITS
DROXIA (200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	3	
fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)	1	PA - TO CONFIRM PART D COVERAGE
gemcitabine hcl (1 g vial, 200 mg vial)	3	
hydroxyurea 500 mg capsule	1	
INFUGEM 1,900 MG/190 ML BAG	4	
mercaptopurine 50 mg tablet	1	
PURIXAN 20 MG/ML ORAL SUSP	4	
SIKLOS 1,000 MG TABLET	4	PA
SIKLOS 100 MG TABLET	3	PA
TABLOID 40 MG TABLET	3	
Antineoplastics, Other		
arsenic trioxide 10 mg/10ml vial	3	
ASPARLAS 3,750 UNIT/5 ML VIAL	4	
BCG (TICE STRAIN) VIAL	3	
bleomycin sulfate (15 vial, 30 vial)	1	PA - TO CONFIRM PART D COVERAGE
daunorubicin hcl 5 mg/ml vial	1	
doxorubicin hcl (2 mg/ml vial, 10 mg vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg/25ml vial)	1	PA - TO CONFIRM PART D COVERAGE
epirubicin hcl (50 mg/25ml vial, 200mg/0.1l vial)	1	
GAVRETO 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	4	PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
INREBIC 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
IXEMPRA 15 MG KIT	4	
KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)	4	PA - FOR NEW STARTS ONLY
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	4	PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ONUREG (200 MG TABLET, 300 MG TABLET)	4	PA - FOR NEW STARTS ONLY
paclitaxel 6 mg/ml vial	1	
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
PHESGO (600-600 MG-20,000, 1,200-600MG-30,000)	4	PA - FOR NEW STARTS ONLY
RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	4	PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG/ML VIAL	4	PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TABLET	4	PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TABLET, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY
vinblastine sulfate 1 mg/ml vial	1	PA - TO CONFIRM PART D COVERAGE
vincristine sulfate (1 mg/ml vial, 2 mg/2 ml vial)	1	PA - TO CONFIRM PART D COVERAGE
vinorelbine tartrate (10 mg/ml vial, 50 mg/5 ml vial)	1	
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	4	PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
Aromatase Inhibitors, 3rd Generation		
anastrozole 1 mg tablet	1	
exemestane 25 mg tablet	3	
letrozole 2.5 mg tablet	1	
Enzyme Inhibitors		
ETOPOPHOS 100 MG VIAL	4	
etoposide 20 mg/ml vial	1	
irinotecan hcl (40 mg/2 ml vial, 100 mg/5ml vial,	1	
Molecular Target Inhibitors		
AFINITOR 10 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ALECENSA 150 MG CAPSULE	4	PA - FOR NEW STARTS ONLY

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	4	PA - FOR NEW STARTS ONLY, QL (60 PER 365 DAYS OVER TIME)
AYVAKIT (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	4	PA - FOR NEW STARTS ONLY
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	4	PA - FOR NEW STARTS ONLY
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	4	PA - FOR NEW STARTS ONLY
CALQUENCE 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	4	PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	4	PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TABLET	4	PA - FOR NEW STARTS ONLY
DAURISMO (25 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)	4	PA - FOR NEW STARTS ONLY
everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
ICLUSIG 15 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ICLUSIG 45 MG TABLET	4	PA - FOR NEW STARTS ONLY
imatinib mesylate (100 mg tablet, 400 mg tablet)	4	PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 140 MG CAPSULE, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	4	PA - FOR NEW STARTS ONLY
INLYTA (1 MG TABLET, 5 MG TABLET)	4	PA - FOR NEW STARTS ONLY
INQOVI 35 MG-100 MG TABLET	4	PA - FOR NEW STARTS ONLY
IRESSA 250 MG TABLET	4	PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	4	PA - FOR NEW STARTS ONLY
JAKAFI 10 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
KISQALI (200 MG, 400 MG, 600 MG)	4	PA - FOR NEW STARTS ONLY
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
lapatinib ditosylate 250 mg tablet	4	PA - FOR NEW STARTS ONLY
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE)	4	PA - FOR NEW STARTS ONLY
LORBRENA (25 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TABLET, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	4	PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TABLET	4	PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	4	PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
PIQRAY (200 MG, 250 MG, 300 MG)	4	PA - FOR NEW STARTS ONLY
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	4	PA - FOR NEW STARTS ONLY

DRUG NAME	TIER	REQUIREMENTS/LIMITS
STIVARGA 40 MG TABLET	4	PA - FOR NEW STARTS ONLY
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
TAGRISSO 40 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
TAGRISSO 80 MG TABLET	4	PA - FOR NEW STARTS ONLY
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TABLET	4	PA - FOR NEW STARTS ONLY
TURALIO 200 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
TYKERB 250 MG TABLET	4	PA - FOR NEW STARTS ONLY
VENCLEXTA (10 MG TABLET, 10 MG TAB (10MG X 2))	2	PA - FOR NEW STARTS ONLY
VENCLEXTA (50 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK	4	PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	PA - FOR NEW STARTS ONLY
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	4	PA - FOR NEW STARTS ONLY
VOTRIENT 200 MG TABLET	4	PA - FOR NEW STARTS ONLY
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TABLET	4	PA - FOR NEW STARTS ONLY
ZEJULA 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TABLET	4	PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TABLET, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	4	PA - FOR NEW STARTS ONLY
DANYELZA 40 MG/10 ML VIAL	4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
DARZALEX FASPRO 1,800MG-30,000	4	PA - FOR NEW STARTS ONLY
HERCEPTIN 150 MG VIAL	4	PA - FOR NEW STARTS ONLY
HERCEPTIN HYLECTA 600MG-10,000	4	PA - FOR NEW STARTS ONLY
MONJUVI 200 MG VIAL	4	PA - FOR NEW STARTS ONLY
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	4	PA - FOR NEW STARTS ONLY
ONTRUZANT (150 MG VIAL, 420 MG VIAL)	4	PA - FOR NEW STARTS ONLY
POLIVY (30 MG VIAL, 140 MG VIAL)	4	PA - FOR NEW STARTS ONLY
RIABNI (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
RITUXAN (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
RITUXAN HYCELA (1,400 MG-23,400, 1,600 MG-26,800)	4	PA - FOR NEW STARTS ONLY
RUXIENCE (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
SARCLISA (100 MG/5 ML VIAL, 500 MG/25 ML VIAL)	4	PA - FOR NEW STARTS ONLY
TRODELVY 180 MG VIAL	4	PA - FOR NEW STARTS ONLY
ZIRABEV (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	4	PA - FOR NEW STARTS ONLY
Retinoids		
bexarotene 75 mg capsule	4	PA - FOR NEW STARTS ONLY
PANRETIN 0.1% GEL	4	
TARGRETIN 1% GEL	4	PA - FOR NEW STARTS ONLY
tretinoin 10 mg capsule	4	
Treatment Adjuncts		
ELITEK (1.5 MG VIAL, 7.5 MG VIAL)	4	
leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial)	1	
leucovorin calcium 10 mg/ml vial	1	PA - TO CONFIRM PART D COVERAGE
leucovorin calcium 500 mg vial	3	
mesna 100 mg/ml vial	1	
MESNEX 400 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiparasitics		
Anthelmintics		
albendazole 200 mg tablet	4	
ivermectin 3 mg tablet	1	
praziquantel 600 mg tablet	3	
Antiprotozoals		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG	4	
atovaquone 750 mg/5ml oral susp	4	
atovaquone/proguanil hcl *atovaquone/proguanil 250-100 mg tablet)*	1	
benznidazole (12.5 mg tablet, 100 mg tablet)	2	
chloroquine phosphate (250 mg tablet, 500 mg	1	
COARTEM TABLETS	3	
hydroxychloroquine sulfate 200 mg tablet	1	
mefloquine hcl 250 mg tablet	1	
pentamidine isethionate 300 mg vial	1	
pentamidine isethionate 300 mg vial-neb	1	PA - TO CONFIRM PART D COVERAGE
primaquine phosphate 26.3 mg tablet	1	
pyrimethamine 25 mg tablet	4	PA
quinine sulfate 324 mg capsule	1	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)	3	
trihexyphenidyl hcl 2 mg/5 ml elixir	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone tablet, carbidopa/levodopa/entacapone 18.75-25-100-200 tablet, tablet, carbidopa/levodopa/entacapone 37.5-50-200-200 tablet)	3	
entacapone 200 mg tablet	1	
GOCOVRI (ER 68.5 MG CAPSULE, ER 137 MG	4	PA
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG	3	PA
tolcapone 100 mg tablet	4	
Dopamine Agonists		
APOKYN 30 MG/3 ML CARTRIDGE	4	PA, QL (90 PER 30 DAYS)
bromocriptine mesylate (2.5 mg tablet, 5 mg	3	
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	3	ST
pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 1.5 mg tablet)	1	
pramipexole di-hcl (0.375 mg tab er, 0.75 mg tab 3.75 mg tab er, 4.5 mg tab er)	3	
ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 tablet, 4 mg tablet, 4 mg tab er 24h, 5 mg tablet, 24h)	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa 25 mg tablet	3	
carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-250mg tab rapdis)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)	1	
INBRIJA 42 MG INHALATION CAP	4	PA
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate (0.5 mg tablet, 1 mg tablet)	3	
selegiline hcl (5 mg capsule, 5 mg tablet)	1	
ZELAPAR 1.25 MG ODT TABLET	4	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	3	
chlorpromazine hcl 25 mg/ml ampul	1	
fluphenazine decanoate 25 mg/ml vial	3	
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/ml vial, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)	3	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml vial, 100 mg/ml ampul)	1	
haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial, 5 mg/ml ampul, 5 mg/ml syringe)	1	
loxapine succinate (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)	1	
molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)	3	
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	1	
pimozide (1 mg tablet, 2 mg tablet)	1	
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	PA - FOR NEW STARTS ONLY

DRUG NAME	TIER	REQUIREMENTS/LIMITS
thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	1	
trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	1	
2nd Generation/Atypical		
ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL)	4	
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	4	ST, QL (30 PER 30 DAYS)
aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)	4	QL (60 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	1	QL (30 PER 30 DAYS)
aripiprazole 1 mg/ml solution	3	QL (750 PER 30 DAYS)
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN, ER 1064 MG/3.9 ML SYR)	4	
ARISTADA INITIO ER 675 MG/2.4	4	
asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)	3	QL (60 PER 30 DAYS)
CAPLYTA 42 MG CAPSULE	4	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	3	ST, QL (60 PER 30 DAYS)
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	3	ST, QL (8 PER 180 DAYS OVER TIME)
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	4	
INVEGA SUSTENNA 39 MG/0.25 ML	3	
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	4	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	4	QL (60 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 17 MG TABLET, 34 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY

DRUG NAME	TIER	REQUIREMENTS/LIMITS
olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tab rapdis, 20 mg tablet)	1	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	1	
paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24)	3	QL (30 PER 30 DAYS)
paliperidone 6 mg tab er 24	3	QL (60 PER 30 DAYS)
PERSERIS (ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	4	
quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tab er 24h, 200 mg tablet)	1	QL (90 PER 30 DAYS)
quetiapine fumarate (50 mg tab er 24h, 150 mg tab er 24h, 300 mg tablet, 300 mg tab er 24h, 400 mg tab er 24h, 400 mg tablet)	1	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	4	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL)	4	
RISPERDAL CONSTA 12.5 MG VIAL	3	
risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tablet, 1 mg tab rapdis, 2 mg tablet, 2 mg tab rapdis, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)	1	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	1	QL (240 PER 30 DAYS)
SAPHRIS (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	4	QL (60 PER 30 DAYS)
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	4	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	3	ST, QL (14 PER 365 DAYS OVER TIME)
ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)	1	QL (60 PER 30 DAYS)
ziprasidone mesylate fnl 20mg/1 vial	3	
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZYPREXA RELPREVV 210 MG VL KIT	3	
Treatment-Resistant		
clozapine (25 mg tab rapdis, 100 mg tab rapdis)	3	QL (270 PER 30 DAYS)
clozapine (25 mg tablet, 100 mg tablet)	1	QL (270 PER 30 DAYS)
clozapine 12.5 mg tab rapdis	3	QL (90 PER 30 DAYS)
clozapine 150 mg tab rapdis	3	QL (180 PER 30 DAYS)
clozapine 200 mg tab rapdis	4	QL (120 PER 30 DAYS)
clozapine 200 mg tablet	1	QL (120 PER 30 DAYS)
clozapine 50 mg tablet	1	QL (180 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	4	QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg	1	
dantrolene sodium (25 mg capsule, 50 mg	1	
tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg	3	
tizanidine hcl (2 mg tablet, 4 mg tablet)	1	
XEOMIN (50 VIAL, 100 VIAL)	3	PA
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY 50-200-25 MG TABLET	4	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TABLET	4	QL (30 PER 30 DAYS)
GENVOYA TABLET	4	QL (30 PER 30 DAYS)
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	4	
ISENTRESS 25 MG TABLET CHEW	2	
ISENTRESS HD 600 MG TABLET	4	
JULUCA 50-25 MG TABLET	4	QL (30 PER 30 DAYS)
STRIBILD TABLET	4	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TIVICAY 10 MG TABLET	3	
TIVICAY PD 5 MG TAB FOR SUSP	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA TABLET	4	QL (30 PER 30 DAYS)
COMPLERA TABLET	4	QL (30 PER 30 DAYS)
DELSTRIGO 100-300-300 MG TAB	4	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	4	
efavirenz (200 mg capsule, 600 mg tablet)	4	
efavirenz 50 mg capsule	1	
efavirenz/emtricit/tenofovr df 600-200mg tablet	4	QL (30 PER 30 DAYS)
efavirenz/lamivudine/tenofovir disoproxil tablet, efavirenz/lamivu/tenofov 600-300mg	4	QL (30 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	4	
INTELENCE 25 MG TABLET	3	
nevirapine (100 mg tab er, 400 mg tab er)	3	
nevirapine (50 mg/5 ml oral susp, 200 mg tablet)	1	
PIFELTRO 100 MG TABLET	4	
RESCRIPTOR 200 MG TABLET	3	
SYMFI 600-300-300 MG TABLET	4	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	4	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate (20 mg/ml solution, 300 mg tablet)	3	
abacavir sulfate/lamivudine 600-300mg tablet	3	QL (30 PER 30 DAYS)
abacavir/lamivudine/zidovudine 150-300 mg tablet	4	QL (60 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	4	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TABLET	4	QL (30 PER 30 DAYS)
didanosine (200 mg capsule dr, 250 mg capsule dr, 400 mg capsule dr)	1	
emtricitabine 200 mg capsule	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
emtricitabine/tenofovir (tdf) 200-300 mg tablet	4	QL (30 PER 30 DAYS)
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	3	
lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)	1	
lamivudine/zidovudine (lamivudine/zidovudine 150-300 mg tablet, lamivudine/zidovudine 150-300mg tablet)	3	QL (60 PER 30 DAYS)
ODEFSEY TABLET	4	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	3	
stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
TEMIXYS 300-300 MG TABLET	4	QL (30 PER 30 DAYS)
tenofovir disoproxil fumarate 300 mg tablet	3	
TRIUMEQ 600-50-300 MG TABLET	4	QL (30 PER 30 DAYS)
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	4	QL (30 PER 30 DAYS)
VIDEX (2 GM SOLN, 4 GM SOLN)	3	
VIDEX EC 125 MG CAPSULE	3	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	4	
zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)	1	
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	4	
RUKOBIA ER 600 MG TABLET	4	
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG	4	
SELZENTRY 25 MG TABLET	3	
TYBOST 150 MG TABLET	2	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	4	
atazanavir sulfate (150 mg capsule, 200 mg capsule, 300 mg capsule)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	2	
EVOTAZ 300 MG-150 MG TABLET	4	QL (30 PER 30 DAYS)
fosamprenavir calcium 700 mg tablet	4	
INVIRASE 500 MG TABLET	4	
KALETRA 100-25 MG TABLET	3	
KALETRA 200-50 MG TABLET	4	
LEXIVA 50 MG/ML SUSPENSION	3	
lopinavir/ritonavir 400-100/5 solution	4	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	3	
PREZCOBIX 800 MG-150 MG TABLET	4	QL (30 PER 30 DAYS)
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	4	
PREZISTA (75 MG TABLET, 150 MG TABLET)	3	
REYATAZ 50 MG POWDER PACKET	4	
ritonavir 100 mg tablet	1	
SYMTUZA 800-150-200-10 MG TAB	4	QL (30 PER 30 DAYS)
VIRACEPT (250 MG TABLET, 625 MG TABLET)	4	
Anti-cytomegalovirus (CMV) Agents		
cidofovir 75 mg/ml vial	4	
ganciclovir sodium (500mg/10ml vial, 500 mg	1	PA - TO CONFIRM PART D COVERAGE
PREVYMIS (240 MG TABLET, 240 MG/12 ML	4	
valganciclovir hcl 450 mg tablet	1	
valganciclovir hcl 50 mg/ml soln recon	4	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil 10 mg tablet	4	
BARACLUDE 0.05 MG/ML SOLUTION	4	QL (600 PER 30 DAYS)
entecavir (0.5 mg tablet, 1 mg tablet)	3	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	3	
lamivudine 100 mg tablet	1	
VEMLIDY 25 MG TABLET	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-hepatitis C (HCV) Agents		
MAVYRET 100-40 MG TABLET	4	PA, QL (336 PER 365 DAYS OVER TIME)
REBETOL 40 MG/ML SOLUTION	4	
ribavirin 200 mg capsule	1	
ribavirin 200 mg tablet	3	
sofosbuvir/velpatasvir 400-100 mg tablet	4	PA, QL (84 PER 365 DAYS OVER TIME)
VOSEVI 400-100-100 MG TABLET	4	PA, QL (84 PER 365 DAYS OVER TIME)
Anti-influenza Agents		
amantadine hcl (50 mg/5 ml solution, 100 mg	1	
oseltamivir phosphate 30 mg capsule	1	QL (168 PER 365 DAYS OVER TIME)
oseltamivir phosphate 45 mg capsule	1	QL (84 PER 365 DAYS OVER TIME)
oseltamivir phosphate 6 mg/ml susp recon	1	QL (1080 PER 365 DAYS OVER TIME)
oseltamivir phosphate 75 mg capsule	1	QL (110 PER 365 DAYS OVER TIME)
RELENZA 5 MG DISKHALER	3	QL (240 PER 365 DAYS OVER TIME)
rimantadine hcl 100 mg tablet	1	
XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG	2	QL (4 PER 365 DAYS OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg capsule, 400 mg tablet, 800	1	
acyclovir 200 mg/5ml oral susp	3	
acyclovir sodium 50 mg/ml vial	3	PA - TO CONFIRM PART D COVERAGE
famciclovir (125 mg tablet, 250 mg tablet, 500	1	
valacyclovir hcl (500 mg tablet, 1000 mg tablet)	1	QL (120 PER 30 DAYS)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	1	
hydroxyzine pamoate (25 mg capsule, 50 mg capsule, 100 mg capsule)	3	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines		
alprazolam (0.25 mg tab rapdis, 0.5 mg tab	3	PA, QL (120 PER 30 DAYS)
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg	1	PA, QL (120 PER 30 DAYS)
alprazolam (0.5 mg tab er, 1 mg tab er)	1	PA, QL (30 PER 30 DAYS)
alprazolam (2 mg tablet, 2 mg tab er 24h)	1	PA, QL (150 PER 30 DAYS)
alprazolam 1 mg/ml oral conc	3	PA
alprazolam 2 mg tab rapdis	3	PA, QL (150 PER 30 DAYS)
alprazolam 3 mg tab er 24h	1	PA, QL (90 PER 30 DAYS)
chlordiazepoxide hcl 10 mg capsule	1	PA, QL (900 PER 30 DAYS)
chlordiazepoxide hcl 25 mg capsule	1	PA, QL (360 PER 30 DAYS)
chlordiazepoxide hcl 5 mg capsule	1	PA, QL (120 PER 30 DAYS)
clorazepate dipotassium 15 mg tablet	1	QL (180 PER 30 DAYS)
clorazepate dipotassium 3.75 mg tablet	1	QL (720 PER 30 DAYS)
clorazepate dipotassium 7.5 mg tablet	1	QL (360 PER 30 DAYS)
diazepam (5 mg/ml syringe, 5 mg/ml vial, 5 oral conc)	1	
diazepam 10 mg tablet	1	QL (120 PER 30 DAYS)
diazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
diazepam 5 mg tablet	1	QL (240 PER 30 DAYS)
lorazepam (0.5 mg tablet, 1 mg tablet)	1	PA, QL (90 PER 30 DAYS)
lorazepam (2 mg/ml oral conc, 2 mg/ml syringe, mg/ml cartridge)	1	PA
lorazepam 2 mg tablet	1	PA, QL (150 PER 30 DAYS)
oxazepam (10 mg capsule, 15 mg capsule, 30 mg	1	PA, QL (120 PER 30 DAYS)
Bipolar Agents		
Mood Stabilizers		
EQUETRO (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)	1	
lithium citrate 8 meq/5 ml solution	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
CYCLOSET 0.8 MG TABLET	3	
FARXIGA (5 MG TABLET, 10 MG TABLET)	2	ST
glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)	1	
glipizide (2.5 mg tab er 24, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 10 mg tablet)	1	
glipizide/metformin hcl (glipizide/metformin 2.5-250 mg tablet, glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)	1	
glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)	1	
glyburide,micronized (1.5 mg tablet, 3 mg tablet, 6 mg tablet)	1	
glyburide/metformin hcl (glyburide/metformin 1.25-250mg tablet, glyburide/metformin 2.5-500 mg tablet, glyburide/metformin 5 mg-500mg tablet)	1	
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	2	ST
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	ST
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET, 150-1,000 MG TAB)	3	ST
INVOKANA (100 MG TABLET, 300 MG TABLET)	3	ST
JANUMET (50-500 MG TABLET, 50-1,000 MG TABLET)	2	ST
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)	2	ST
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	2	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
JARDIANCE (10 MG TABLET, 25 MG TABLET)	2	ST
JENTADUETO (2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB)	2	ST
JENTADUETO XR (2.5 MG, 5 MG TB)	2	ST
KOMBIGLYZE XR (2.5-1,000 MG TAB, 5-500 MG TABLET, 5-1,000 MG TAB)	3	ST
metformin hcl (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)	1	
metformin hcl 500 mg/5ml solution	3	
metformin/blood sugar diagnost 500 mg cmbtabstrp	1	
miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
nateglinide (60 mg tablet, 120 mg tablet)	1	
ONGLYZA (2.5 MG TABLET, 5 MG TABLET)	3	ST
OZEMPIC 0.25-0.5 MG DOSE PEN	2	ST, QL (1.5 PER 28 DAYS)
OZEMPIC 1 MG DOSE PEN	2	ST, QL (3 PER 28 DAYS)
pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)	1	
pioglitazone hcl/glimepiride (hcl/glimepiride 30 mg-4 mg tablet, hcl/glimepiride 30 mg-2 mg tablet)	3	
pioglitazone hcl/metformin hcl (/metformin 15mg-500mg tablet, /metformin 15mg-850mg tablet)	1	
repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
RYBELSUS (7 MG TABLET, 14 MG TABLET)	2	ST, QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	2	ST, QL (60 PER 365 DAYS OVER TIME)
SYMLINPEN 120 PEN INJECTOR	4	PA
SYMLINPEN 60 PEN INJECTOR	4	PA
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	2	ST
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB, 25-1,000 MG TABLET)	2	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
tolazamide (250 mg tablet, 500 mg tablet)	1	
tolbutamide 500 mg tablet	1	
TRADJENTA 5 MG TABLET	2	ST
TRIJARDY XR (5-2.5-1,000 MG TAB, 10-5-1,000 MG TAB, 12.5-2.5-1,000 MG, 25-5-1,000 MG TAB)	2	ST
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	2	QL (2 PER 28 DAYS)
VICTOZA 2-PAK 18 MG/3 ML PEN	2	ST, QL (9 PER 30 DAYS)
VICTOZA 3-PAK 18 MG/3 ML PEN	2	ST, QL (9 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-500 MG TABLET, 5 MG-1,000 MG TABLET, 10 MG-500 MG TABLET, 10 MG-1,000 MG TAB)	2	ST
Glycemic Agents		
BAQSIMI (3 MG SPRAY TWO, 3 MG SPRAY ONE)	2	
diazoxide 50 mg/ml oral susp	4	
GLUCAGEN (DIAGNOSTIC 1 MG VIAL, 1 MG	3	
GLUCAGON 1 MG EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK (1PK 0.5MG/0.1 ML, 1-	2	
GVOKE HYPOPEN 2-PACK (2-PK 1 MG/0.2 ML,	2	
PROGLYCEM 50 MG/ML ORAL SUSP	4	
Insulins		
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	2	
HUMALOG 100 UNIT/ML KWIKPEN	2	
HUMALOG 200 UNIT/ML KWIKPEN	2	
HUMALOG JR 100 UNIT/ML KWIKPEN	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 50-50 VIAL	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25 VIAL	2	
HUMULIN 70-30 VIAL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N 100 UNIT/ML KWIKPEN	2	
HUMULIN N 100 UNIT/ML VIAL	2	
HUMULIN R 100 UNIT/ML VIAL	2	
HUMULIN R 500 UNIT/ML KWIKPEN	2	
HUMULIN R 500 UNIT/ML VIAL	2	
INSULIN ASPART 100 UNIT/ML CRT	2	
INSULIN ASPART 100 UNIT/ML PEN	2	
INSULIN ASPART 100 UNIT/ML VL	2	
INSULIN ASPART PROT (MIX70-30)	2	
INSULIN LISPRO 100 UNIT/ML PEN	2	
INSULIN LISPRO 100 UNIT/ML VL	2	
INSULIN LISPRO JR 100 UNIT/ML	2	
INSULIN LISPRO MIX 75-25 KWKPN	2	
LANTUS 100 UNIT/ML VIAL	2	
LANTUS SOLOSTAR 100 UNIT/ML	2	
LEVEMIR 100 UNIT/ML VIAL	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML	2	
NOVOLIN 70-30 (RELION 70-30 VIAL, 70-30 100 UNIT/ML VIAL)	2	
NOVOLIN 70-30 FLEXPEN (RELION 70-30, 70-30)	2	
NOVOLIN N (N 100 UNIT/ML VIAL, RELION N 100 UNIT/ML)	2	
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100)	2	
NOVOLIN R (R 100 UNIT/ML VIAL, RELION R 100 UNIT/ML)	2	
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100)	2	
NOVOLOG (100 UNIT/ML VIAL, 100 UNIT/ML CARTRIDGE)	2	
NOVOLOG 100 UNIT/ML FLEXPEN	2	
NOVOLOG MIX 70-30 FLEXPEN	2	
NOVOLOG MIX 70-30 VIAL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TOUJEO MAX SOLOSTR 300 UNIT/ML	2	
TOUJEO SOLOSTAR 300 UNIT/ML	2	
TRESIBA 100 UNIT/ML VIAL	2	
TRESIBA FLEXTOUCH 100 UNIT/ML	2	
TRESIBA FLEXTOUCH 200 UNIT/ML	2	
Blood Products and Modifiers		
Anticoagulants		
COUMADIN (1 MG TABLET, 2 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	
ELIQUIS 2.5 MG TABLET	2	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	2	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	2	QL (148 PER 365 DAYS OVER TIME)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)	3	QL (35 PER 90 DAYS OVER TIME)
enoxaparin sodium (80mg/0.8ml syringe, 120mg/.8ml syringe)	3	QL (28 PER 90 DAYS OVER TIME)
enoxaparin sodium 300mg/3ml vial	3	QL (105 PER 90 DAYS OVER TIME)
enoxaparin sodium 30mg/0.3ml syringe	3	QL (10.5 PER 90 DAYS OVER TIME)
enoxaparin sodium 40mg/0.4ml syringe	3	QL (14 PER 90 DAYS OVER TIME)
enoxaparin sodium 60mg/0.6ml syringe	3	QL (21 PER 90 DAYS OVER TIME)
fondaparinux sodium 10mg/0.8ml syringe	4	QL (28 PER 90 DAYS OVER TIME)
fondaparinux sodium 2.5 mg/0.5 syringe	3	QL (17.5 PER 90 DAYS OVER TIME)
fondaparinux sodium 5mg/0.4ml syringe	4	QL (14 PER 90 DAYS OVER TIME)
fondaparinux sodium 7.5mg/0.6 syringe	4	QL (21 PER 90 DAYS OVER TIME)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	3	QL (7 PER 90 DAYS OVER TIME)
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL (35 PER 90 DAYS OVER TIME)
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	QL (17.5 PER 90 DAYS OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	QL (21 PER 90 DAYS OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	4	QL (25.3 PER 90 DAYS OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL (10.5 PER 90 DAYS OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
FRAGMIN 95,000 UNIT/3.8 ML VL	4	QL (22.8 PER 90 DAYS OVER TIME)
heparin sodium,porcine (5000/ml vial, 5000/ml(1) cartridge, 5000/ml syringe)	1	
heparin sodium,porcine/ns/pf 2k/1000ml iv soln	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	3	QL (60 PER 30 DAYS)
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	2	QL (102 PER 365 DAYS OVER TIME)
Blood Products and Modifiers, Other		
ADAKVEO 100 MG/10 ML VIAL	4	PA
anagrelide hcl (0.5 mg capsule, 1 mg capsule)	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRING, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE)	3	PA
ARANESP (60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/ML VIAL, 200 MCG/0.4 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	4	PA
FULPHILA 6 MG/0.6 ML SYRINGE	4	PA
GRANIX (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	4	ST
LEUKINE 250 MCG VIAL	4	PA
MOZOBIL 24 MG/1.2 ML VIAL	4	PA, QL (38.4 PER 365 DAYS OVER TIME)
MULPLETA 3 MG TABLET	4	PA
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	4	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	4	ST
NPLATE (125 MCG VIAL, 250 MCG VIAL, 500 MCG VIAL)	4	PA
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA
OXBRYTA 500 MG TABLET	4	PA, QL (90 PER 30 DAYS)
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	4	PA
REBLOZYL (25 MG VIAL, 75 MG VIAL)	4	PA
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL)	3	PA
RETACRIT (20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	4	PA
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	4	
ZIEXTENZO 6 MG/0.6 ML SYRINGE	4	PA
Hemostasis Agents		
aminocaproic acid (250 mg/ml solution, 500 mg	3	
tranexamic acid 650 mg tablet	1	
Platelet Modifying Agents		
aspirin/dipyridamole 25mg-200mg cpmp 12hr	3	
BRILINTA (60 MG TABLET, 90 MG TABLET)	2	
CABLIVI 11 MG KIT	4	PA, QL (30 PER 30 DAYS)
cilostazol (50 mg tablet, 100 mg tablet)	1	
clopidogrel bisulfate (75 mg tablet, 300 mg tablet)	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	3	
prasugrel hcl (5 mg tablet, 10 mg tablet)	1	
TAVALISSE (100 MG TABLET, 150 MG TABLET)	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine (0.1mg/24hr patch, 0.2mg/24hr patch,	1	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3	1	
guanfacine hcl (1 mg tablet, 2 mg tablet)	3	
methyldopa (250 mg tablet, 500 mg tablet)	3	
midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg	1	
NORTHERA (100 MG CAPSULE, 200 MG	4	PA
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hcl 10 mg capsule	4	
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil (4 mg tablet, 8 mg tablet,	1	
EDARBI (40 MG TABLET, 80 MG TABLET)	3	
eprosartan mesylate 600 mg tablet	1	
irbesartan (75 mg tablet, 150 mg tablet, 300 mg	1	
losartan potassium (25 mg tablet, 50 mg tablet,	1	
olmesartan medoxomil (5 mg tablet, 20 mg	1	
telmisartan (20 mg tablet, 40 mg tablet, 80 mg	1	
valsartan (40 mg tablet, 80 mg tablet, 160 mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
enalaprilat dihydrate 1.25 mg/ml vial	1	
fosinopril sodium (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
moexipril hcl (7.5 mg tablet, 15 mg tablet)	1	
perindopril erbumine (2 mg tablet, 4 mg tablet, 8 mg tablet)	1	
quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	
trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)	1	
Antiarrhythmics		
adenosine (3 mg/ml syringe, 3 mg/ml vial)	1	
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	1	
digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)	1	
digoxin 250 mcg/ml ampul	3	
disopyramide phosphate (100 mg capsule, 150 mg capsule)	3	
dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)	3	
flecainide acetate (50 mg tablet, 100 mg tablet, 150 mg tablet)	1	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	
lidocaine hcl/pf 100 mg/5ml syringe	1	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	1	
MULTAQ 400 MG TABLET	2	
NORPACE CR (100 MG CAPSULE, 150 MG CAPSULE)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PACERONE (100 MG TABLET, 400 MG TABLET)	1	
propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)	1	
propafenone hcl (225 mg cap er, 325 mg cap er, 425 mg cap er)	3	
quinidine gluconate 324 mg tablet er	3	
quinidine sulfate (200 mg tablet, 300 mg tablet)	1	
sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl (200 mg capsule, 400 mg capsule)	1	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
betaxolol hcl (10 mg tablet, 20 mg tablet)	1	
bisoprolol fumarate (5 mg tablet, 10 mg tablet)	1	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	2	
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	1	
carvedilol phosphate (10 mg, 20 mg, 40 mg, 80 mg)	3	
INNOPRAN XL (80 MG CAPSULE, 120 MG CAPSULE)	3	
labetalol hcl (5 mg/ml vial, 20 mg/4 ml cartridge, 100 mg tablet, 200 mg tablet, 300 mg tablet)	1	
metoprolol succinate (25 mg tab er, 50 mg tab er, 100 mg tab er, 200 mg tab er)	1	
metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml cartridge, 5 mg/5 ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
pindolol (5 mg tablet, 10 mg tablet)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40mg/5ml solution, 40 mg tablet, 60 mg tablet, 60 mg cap sa 24h, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
felodipine (2.5 mg tab er, 5 mg tab er, 10 mg tab	1	
isradipine (2.5 mg capsule, 5 mg capsule)	3	
nicardipine hcl (20 mg capsule, 30 mg capsule)	3	
nifedipine (10 mg capsule, 20 mg capsule)	3	
nifedipine (30 mg tablet er, 30 mg tab er 24, 60 *90 mg tablet er)*	1	
nimodipine 30 mg capsule	3	
nisoldipine (8.5mg tab er, 17 mg tab er, 20 mg *er, 40 mg tab er)*	3	
NYMALIZE (30 MG/5 ML ORAL SYRNG, 30 SYRN, 60 MG/20 ML SOLUTION)	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA 120 MG TABLET	3	
diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 24h, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er deg, 120 mg tablet, 180 mg tab er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg cap er 24h, 240 mg cap er deg, 240 mg tab er 24h, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)	1	
diltiazem hcl 360 mg cap er 24h	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg tablet er, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)	1	
Cardiovascular Agents, Other		
acetazolamide (125 mg tablet, 250 mg tablet)	1	
ADRENALIN (1 MG/ML VIAL, 30 MG/30 ML VIAL)	3	
ALDACTAZIDE 50-50 TABLET	3	
aliskiren hemifumarate (150 mg tablet, 300 mg tablet)	1	
amiloride/hydrochlorothiazide 5 mg-50 mg tablet	1	
amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 2.5mg-20mg tablet, amlodipine/atorvastatin 2.5mg-40mg tablet, amlodipine/atorvastatin 2.5mg-10mg tablet, amlodipine/atorvastatin 5 mg-20 mg tablet, amlodipine/atorvastatin 5 mg-10 mg tablet, amlodipine/atorvastatin 5 mg-40 mg tablet, amlodipine/atorvastatin 5 mg-80 mg tablet, amlodipine/atorvastatin 10 mg-20mg tablet, amlodipine/atorvastatin 10 mg-80mg tablet, amlodipine/atorvastatin 10 mg-40mg tablet, amlodipine/atorvastatin 10 mg-10mg tablet)	1	
amlodipine besylate/benazepril hcl (besylate/benazepril 2.5mg-10mg capsule, besylate/benazepril 5 mg-40 mg capsule, besylate/benazepril 5 mg-20 mg capsule, besylate/benazepril 5 mg-10 mg capsule, besylate/benazepril 10 mg-40mg capsule, besylate/benazepril 10 mg-20mg capsule)	1	
amlodipine besylate/olmesartan medoxomil (bes/olmesartan 5 mg-20 mg tablet, bes/olmesartan 5 mg-40 mg tablet, bes/olmesartan 10 mg-20mg tablet, bes/olmesartan 10 mg-40mg tablet)	1	
amlodipine besylate/valsartan (besylate/valsartan 5 mg-160mg tablet, besylate/valsartan 5 mg-320mg tablet, besylate/valsartan 10mg-160mg tablet, besylate/valsartan 10mg-320mg tablet)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiazid 5-160-12.5 tablet, amlodipine/valsartan/hcthiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiazid 10-320-25 tablet, amlodipine/valsartan/hcthiazid 10-160-25 tablet, amlodipine/valsartan/hcthiazid 10mg-160mg tablet)	1	
atenolol/chlorthalidone (atenolol/chlorthalidone 50 mg-25mg tablet, atenolol/chlorthalidone 100mg-25mg tablet)	1	
benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet)	1	
BIDIL 20 MG-37.5 MG TABLET	2	
bisoprolol fumarate/hydrochlorothiazide (bisoprolol/hydrochlorothiazide 2.5-6.25mg tablet, bisoprolol/hydrochlorothiazide 5-6.25mg tablet, bisoprolol/hydrochlorothiazide 10-6.25mg tablet)	1	
candesartan cilexetil/hydrochlorothiazide (candesartan/hydrochlorothiazid 16-12.5mg tablet, candesartan/hydrochlorothiazid 32mg-25mg tablet, candesartan/hydrochlorothiazid 32-12.5mg tablet)	1	
captopril/hydrochlorothiazide (captopril/hydrochlorothiazide 25 mg-25mg tablet, captopril/hydrochlorothiazide 25 mg-15mg tablet, captopril/hydrochlorothiazide 50 mg-15mg tablet, captopril/hydrochlorothiazide 50 mg-25mg tablet)	1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (450 PER 30 DAYS)
DEMSER 250 MG CAPSULE	4	
DUTOPROL (25-12.5 MG TABLET, 50-12.5 MG TABLET, 100-12.5 MG TABLET)	3	
EDARBYCLOR (40-12.5 MG TABLET, 40-25 MG TABLET)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
enalapril maleate/hydrochlorothiazide (enalapril/hydrochlorothiazide 5mg-12.5mg tablet, enalapril/hydrochlorothiazide 10 mg-25mg tablet)	1	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	2	QL (60 PER 30 DAYS)
epinephrine 1 mg/ml vial	1	
fosinopril sodium/hydrochlorothiazide (fosinopril/hydrochlorothiazide 10-12.5mg tablet, fosinopril/hydrochlorothiazide 20-12.5 mg tablet)	1	
irbesartan/hydrochlorothiazide (irbesartan/hydrochlorothiazide 150-12.5mg tablet, irbesartan/hydrochlorothiazide 300-12.5mg tablet)	1	
lisinopril/hydrochlorothiazide (lisinopril/hydrochlorothiazide 10-12.5mg tablet, lisinopril/hydrochlorothiazide 20 mg-25mg tablet, lisinopril/hydrochlorothiazide 20-12.5 mg tablet)	1	
losartan potassium/hydrochlorothiazide (losartan/hydrochlorothiazide 50-12.5 mg tablet, losartan/hydrochlorothiazide 100mg-25mg tablet, losartan/hydrochlorothiazide 100-12.5mg tablet)	1	
methyldopa/hydrochlorothiazide (methyldopa/hydrochlorothiazide 250mg-25mg tablet, methyldopa/hydrochlorothiazide 250mg-15mg tablet)	3	
metoprolol tartrate/hydrochlorothiazide (metoprolol/hydrochlorothiazide 50 mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-50mg tablet)	1	
metyrosine 250 mg capsule	4	
nadolol/bendroflumethiazide 40 mg-5 mg tablet	1	
olmesartan medoxomil/hydrochlorothiazide (olmesartan/hydrochlorothiazide 20-12.5 mg tablet, olmesartan/hydrochlorothiazide 40-12.5 mg tablet, olmesartan/hydrochlorothiazide 40 mg-25mg tablet)	1	
pentoxifylline 400 mg tablet er	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
propranolol hcl/hydrochlorothiazide (propranolol/hydrochlorothiazid 40 tablet, propranolol/hydrochlorothiazid 80 tablet)	1	
quinapril hcl/hydrochlorothiazide (quinapril/hydrochlorothiazide 10-12.5mg tablet, quinapril/hydrochlorothiazide 20-12.5 mg tablet, quinapril/hydrochlorothiazide 20 mg-25mg tablet)	1	
ranolazine (500 mg tab er, 1000 mg tab er)	1	
spironolact/hydrochlorothiazid 25 mg-25mg tablet	1	
telmisartan/amlodipine besylate (telmisartan/amlodipine 40 mg-10mg tablet, telmisartan/amlodipine 40 mg-5 mg tablet, telmisartan/amlodipine 80 mg-10mg tablet, telmisartan/amlodipine 80 mg-5 mg tablet)	1	
telmisartan/hydrochlorothiazide (telmisartan/hydrochlorothiazid 40-12.5 mg tablet, telmisartan/hydrochlorothiazid 80 mg-25mg tablet, telmisartan/hydrochlorothiazid 80-12.5mg tablet)	1	
trandolapril/verapamil hcl (trandolapril/verapamil 1mg-240 mg tab, trandolapril/verapamil 2mg-240 mg tab, trandolapril/verapamil 2 mg-180mg tab, trandolapril/verapamil 4mg-240 mg tab)	1	
triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 75 mg-50mg tablet)	1	
valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 80-12.5mg tablet, valsartan/hydrochlorothiazide 160-12.5mg tablet, valsartan/hydrochlorothiazide 160mg-25mg tablet, valsartan/hydrochlorothiazide 320mg-25mg tablet, valsartan/hydrochlorothiazide 320-12.5mg tablet)	1	
VYNDAMAX 61 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
ethacrynic acid 25 mg tablet	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
furosemide (10 mg/ml vial, 10 mg/ml solution, 10 mg/ml syringe, 20 mg tablet, 40mg/5ml solution, 40 mg tablet, 80 mg tablet)	1	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	1	
Diuretics, Potassium-sparing		
amiloride hcl 5 mg tablet	1	
eplerenone (25 mg tablet, 50 mg tablet)	1	
spironolactone (25 mg tablet, 50 mg tablet, 100	1	
triamterene (50 mg capsule, 100 mg capsule)	3	
Diuretics, Thiazide		
chlorothiazide (250 mg tablet, 500 mg tablet)	1	
chlorthalidone (25 mg tablet, 50 mg tablet)	1	
DIURIL 250 MG/5 ML ORAL SUSP	3	
hydrochlorothiazide (12.5 mg capsule, 12.5 mg	1	
indapamide (1.25 mg tablet, 2.5 mg tablet)	1	
metolazone (2.5 mg tablet, 5 mg tablet, 10 mg	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (40 mg tablet, 120 mg tablet)	3	
fenofibrate (50 mg capsule, 54 mg tablet, 150	1	
fenofibrate nanocrystallized (48 mg tablet, 145	1	
fenofibrate,micronized (43 mg capsule, 67 mg mg capsule)	1	
fenofibric acid (35 mg tablet, 105 mg tablet)	1	
fenofibric acid (choline) ((choline) 45 mg capsule	1	
gemfibrozil 600 mg tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
fluvastatin sodium (20 mg capsule, 40 mg capsule)	1	
fluvastatin sodium 80 mg tab er 24h	3	
LIVALO (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	2	ST
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
pravastatin sodium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
rosuvastatin calcium (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
Dyslipidemics, Other		
cholestyramine (with sugar) (suar) 4 powd pack, suar) 4 powder)	1	
cholestyramine/aspartame (cholestyramine/aspartame 4 powd pack, cholestyramine/aspartame 4 powder)	1	
colesevelam hcl 625 mg tablet	3	
colestipol hcl (1 tablet, 5 ranules, 5 packet)	1	
ezetimibe 10 mg tablet	1	
ezetimibe/simvastatin (ezetimibe/simvastatin 10 mg-20mg tablet, ezetimibe/simvastatin 10 mg-80mg tablet, ezetimibe/simvastatin 10 mg-40mg tablet, ezetimibe/simvastatin 10 mg-10mg tablet)	1	
icosapent ethyl 1 g capsule	3	PA
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
NEXLETOL 180 MG TABLET	3	PA, QL (30 PER 30 DAYS)
niacin (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 1000 mg tab er 24h)	1	
omega-3 acid ethyl esters 1 g capsule	3	PA
REPATHA 140 MG/ML SURECLICK	3	PA, QL (3 PER 28 DAYS)
REPATHA 140 MG/ML SYRINGE	3	PA, QL (3 PER 28 DAYS)
REPATHA 420 MG/3.5ML PUSHTRONX	3	PA, QL (3.5 PER 28 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)	3	PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50	1	
hydralazine hcl 20 mg/ml vial	3	
minoxidil (2.5 mg tablet, 10 mg tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR 40 MG CAPSULE	3	
isosorbide dinitrate (5 mg tablet, 10 mg tablet,	1	
isosorbide dinitrate 40 mg tablet	4	
isosorbide mononitrate (10 mg tablet, 20 mg mg tab er 24h)	1	
NITRO-BID 2% OINTMENT	3	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR	3	
nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr td24, 0.4 mg tab subl, 0.6mg/hr patch td24, 0.6	1	
nitroglycerin 400mcg/spr spray	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er, dextroamphetamine/amphetamine 10 mg cap er, dextroamphetamine/amphetamine 15 mg cap er, dextroamphetamine/amphetamine 20 mg cap er, dextroamphetamine/amphetamine 25 mg cap er, dextroamphetamine/amphetamine 30 mg cap er)	1	PA, QL (30 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 30 mg tablet)	1	PA, QL (90 PER 30 DAYS)
dextroamphetamine sulfate 10 mg capsule er	3	PA, QL (180 PER 30 DAYS)
dextroamphetamine sulfate 10 mg tablet	1	PA, QL (180 PER 30 DAYS)
dextroamphetamine sulfate 15 mg capsule er	3	PA, QL (120 PER 30 DAYS)
dextroamphetamine sulfate 5 mg capsule er	3	PA, QL (60 PER 30 DAYS)
dextroamphetamine sulfate 5 mg tablet	1	PA, QL (90 PER 30 DAYS)
dextroamphetamine sulfate 5 mg/5 ml solution	3	PA, QL (1800 PER 30 DAYS)
ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3	PA, QL (90 PER 30 DAYS)
ZENZEDI 30 MG TABLET	3	PA, QL (60 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)	1	QL (30 PER 30 DAYS)
atomoxetine hcl 10 mg capsule	1	QL (60 PER 30 DAYS)
clonidine hcl 0.1 mg tab er 12h	3	
dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA, QL (60 PER 30 DAYS)
dexmethylphenidate hcl (5 mg 50-50, 10 mg 50-50, 15 mg 50-50, 20 mg 50-50, 25 mg 50-50, 30 mg 50-50, 35 mg 50-50, 40 mg 50-50)	3	PA, QL (30 PER 30 DAYS)
guanfacine hcl (1 mg tab er, 2 mg tab er, 3 mg tab er, 4 mg tab er)	1	
methylphenidate hcl (10 mg 30-70, 20 mg 30-70, 30 mg 30-70, 40 mg 30-70, 50 mg 30-70, 60 mg 30-70)	1	PA, QL (30 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
methylphenidate hcl (10 mg csbp 40-60, 10 mg cpbp 50-50, 15 mg csbp 40-60, 18 mg tab er 24, 20 mg csbp 40-60, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 50-50, 30 mg csbp 40-60, 40 mg cpbp 50-50, 40 mg csbp 40-60, 50 mg csbp 40-60, 54 mg tab er 24, 60 mg csbp 40-60, 60 mg cpbp 50-50, 72 mg tab er 24)	3	PA, QL (30 PER 30 DAYS)
methylphenidate hcl (2.5 mg tab, 5 mg tab)	3	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet er, 20 mg tablet)	1	PA, QL (90 PER 30 DAYS)
methylphenidate hcl 10 mg tab chew	3	PA, QL (180 PER 30 DAYS)
methylphenidate hcl 10 mg tablet er	1	PA, QL (180 PER 30 DAYS)
methylphenidate hcl 36 mg tab er 24	3	PA, QL (60 PER 30 DAYS)
methylphenidate hcl 5 mg/5 ml solution	1	PA
Central Nervous System, Other		
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG	4	PA, QL (120 PER 30 DAYS)
butalb/acetaminophen/caffeine 50-325-40	1	PA
butalbital/acetaminophen 50mg-325mg tablet	3	PA
butalbital/aspirin/caffeine 50-325-40 capsule	3	PA
FIRDAPSE 10 MG TABLET	4	PA, QL (240 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	4	PA, QL (60 PER 30 DAYS)
INGREZZA 80 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	4	PA, QL (56 PER 365 DAYS OVER TIME)
NUEDEXTA 20-10 MG CAPSULE	3	PA
RADICAVA 30 MG/100 ML BAG	4	PA
riluzole 50 mg tablet	1	PA
RUZURGI 10 MG TABLET	4	PA, QL (300 PER 30 DAYS)
tetrabenazine (12.5 mg tablet, 25 mg tablet)	4	PA
TIGLUTIK 50 MG/10 ML SUSP	4	PA
Fibromyalgia Agents		
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)	1	QL (90 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
pregabalin 20 mg/ml solution	1	QL (900 PER 30 DAYS)
pregabalin 300 mg capsule	1	QL (60 PER 30 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	2	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	2	QL (110 PER 365 DAYS OVER TIME)
Multiple Sclerosis Agents		
AUBAGIO (7 MG TABLET, 14 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AVONEX PEN 30 MCG/0.5 ML KIT	4	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	4	PA, QL (4 PER 28 DAYS)
BAFIERTAM DR 95 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
BETASERON 0.3 MG KIT	4	PA, QL (15 PER 30 DAYS)
dalfampridine 10 mg tab er 12h	4	PA, QL (60 PER 30 DAYS)
dimethyl fumarate (120 mg capsule dr, 240 mg capsule dr)	4	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 120-240 mg capsule dr	4	PA, QL (120 PER 365 DAYS OVER TIME)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	4	PA, QL (15 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml syringe	4	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml syringe	4	PA, QL (12 PER 28 DAYS)
KESIMPTA 20 MG/0.4 ML PEN	4	PA, QL (0.4 PER 28 DAYS)
MAVENCLAD (10 MG 10 TABLET, 10 MG 6 TABLET, 10 MG 4 TABLET, 10 MG 9 TABLET, 10 MG 8 TABLET, 10 MG 5 TABLET, 10 MG 7 TABLET)	4	PA
MAYZENT 0.25 MG TABLET	4	PA, QL (120 PER 30 DAYS)
MAYZENT 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
mitoxantrone hcl 2 mg/ml vial	1	PA - FOR NEW STARTS ONLY
OCREVUS 300 MG/10 ML VIAL	4	PA, QL (40 PER 365 DAYS OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER PACK	4	PA, QL (2 PER 365 DAYS OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	4	PA, QL (4 PER 365 DAYS OVER TIME)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	4	PA, QL (6 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	4	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	4	PA, QL (8.4 PER 365 DAYS OVER TIME)
REBIF TITRATION PACK	4	PA, QL (8.4 PER 365 DAYS OVER TIME)
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
TECFIDERA STARTER PACK	4	PA, QL (120 PER 365 DAYS OVER TIME)
TYSABRI 300 MG/15 ML VIAL	4	PA
VUMERITY DR 231 MG CAPSULE	4	PA, QL (212 PER 365 DAYS OVER TIME)
ZEPOSIA 0.23-0.46 MG START PCK	4	PA, QL (14 PER 365 DAYS OVER TIME)
ZEPOSIA 0.23-0.46-0.92 MG KIT	4	PA, QL (74 PER 365 DAYS OVER TIME)
ZEPOSIA 0.92 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
Dental and Oral Agents		
ARESTIN 1 MG MICROSPHERE	4	
cevimeline hcl 30 mg capsule	3	
chlorhexidine gluconate 0.12 % mouthwash	1	
doxycycline hyclate 20 mg tablet	1	
KEPIVANCE 6.25 MG VIAL	4	
lidocaine hcl (2 % solution, 4 % solution)	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	1	
triamcinolone acetonide 0.1 % paste (g)	1	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)	3	
adapalene (0.1 % gel (gram), 0.3 % gel (gram), 0.3 % gel w/pump)	1	
adapalene 0.1 % cream (g)	3	
adapalene/benzoyl peroxide 0.1 %-2.5% gel w/pump	3	
AVITA (CREAM, GEL)	3	PA
azelaic acid 15 % gel (gram)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
clindamycin phos/benzoyl perox 1.2(1)%-5% gel (gram)	1	
clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel w/pump, phos/benzoyl 1 % gel (gram))	3	
EPIDUO FORTE 0.3-2.5% GEL PUMP	3	
erythromycin/benzoyl peroxide 3 %-5 % gel (gram)	1	
FINACEA 15% FOAM	2	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	3	PA
metronidazole (0.75 % gel (gram), 0.75 % cream (g))	1	
metronidazole (0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)	3	
MIRVASO (GEL, GEL PUMP)	3	PA
NORITATE 1% CREAM	4	
tazarotene 0.1 % cream (g)	3	
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	
tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.05 % gel (gram))	3	PA
tretinoin (0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))	1	PA
tretinoin microspheres (0.04 % gel w/pump, 0.04 % gel (gram), 0.1 % gel w/pump, 0.1 % gel (gram))	3	PA
Dermatitis and Pruitus Agents		
alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))	1	
amcinonide 0.1 % oint. (g)	3	
ammonium lactate (12 % lotion, 12 % cream (g))	1	
betamethasone dipropionate (0.05 % oint. (g), 0.05 % lotion, 0.05 % cream (g), 0.05 % gel (gram))	1	
betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))	1	
CAPEX SHAMPOO	3	
clobetasol propionate (0.05 % foam, 0.05 % spray, 0.05 % shampoo)	3	
clobetasol propionate (0.05 % gel (gram), 0.05 % lotion, 0.05 % solution, 0.05 % oint. (g), 0.05 % cream (g))	1	
clobetasol propionate/emoll 0.05 % cream (g)	1	
clobetasol propionate/emoll 0.05 % foam	3	
CORDRAN (0.025% CREAM, 4 MCG/SQ CM TAPE LARGE)	3	
desonide (0.05 % oint. (g), 0.05 % gel (gram), 0.05 % cream (g))	1	
desonide 0.05 % lotion	3	
desoximetasone (0.05 % gel (gram), 0.25 % spray)	3	
desoximetasone (0.25 % oint. (g), 0.25 % cream (g))	1	
diflorasone diacetate/emoll 0.05 % cream (g)	4	
EUCRISA 2% OINTMENT	3	PA
fluocinolone acetonide (0.01 % solution, 0.01 % oil, 0.01 % cream (g), 0.025 % oint. (g), 0.025 % cream (g))	1	
fluocinolone/shower cap 0.01 % oil	1	
fluocinonide (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram), 0.05 % solution)	1	
fluocinonide 0.1 % cream (g)	1	QL (120 PER 30 DAYS)
fluocinonide/emollient base 0.05 % cream (g)	1	
fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))	1	
halcinonide 0.1 % cream (g)	3	
halobetasol propionate (0.05 % oint. (g), 0.05 % cream (g))	1	
halobetasol propionate 0.05 % foam	4	
HALOG 0.1% SOLUTION	3	
hydrocortisone (2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g))	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)	1	
hydrocortisone butyrate/emoll 0.1 % cream (g)	1	
hydrocortisone valerate 0.2 % cream (g)	1	QL (60 PER 30 DAYS)
hydrocortisone valerate 0.2 % oint. (g)	3	
LEXETTE 0.05% FOAM	4	
mometasone furoate (0.1 % oint. (g), 0.1 % cream (g), 0.1 % solution)	1	
pimecrolimus 1 % cream (g)	3	
prednicarbate (0.1 % oint. (g), 0.1 % cream (g))	1	
selenium sulfide 2.5 % lotion	1	
tacrolimus (0.03 % (g), 0.1 % (g))	3	
triamcinolone acetonide (0.025 % oint. (g), 0.025 % cream (g), 0.025 % lotion, 0.1 % oint. (g), 0.1 % lotion, 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))	1	
triamcinolone acetonide (0.05 % oint. (g), 0.147mg/g aerosol)	3	
gauze bandage (, sponge)	2	
non-adherent bandage 2" x 2" sponge	2	
polyhexam biguan/gauze bandage 0.2%-2"x2" sponge	2	
polyquaternium-6/gauze bandage 0.3%-2"x2" bandage	2	
WYNZORA 0.005%-0.064% CREAM	4	QL (420 PER 28 DAYS)
Dermatological Agents, Other		
calcipotriene 0.005 % cream (g)	1	QL (120 PER 30 DAYS)
calcipotriene 0.005 % oint. (g)	3	QL (120 PER 30 DAYS)
calcipotriene 0.005 % solution	1	QL (60 PER 30 DAYS)
calcipotriene/betamethasone dipropionate (calcipotriene/betamethasone oint. (g), calcipotriene/betamethasone suspension)	4	QL (400 PER 30 DAYS)
calcitriol 3 mcg/g oint. (g)	3	
clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CORTISPORIN OINTMENT	3	
diclofenac sodium 3 % gel (gram)	3	
DUOBRII 0.01%-0.045% LOTION	4	PA
FLUOROPLEX 1% CREAM	4	
fluorouracil (2 % solution, 5 % cream (g), 5 % solution)	1	
fluorouracil 0.5 % cream (g)	4	
hydrocortisone/pramoxine 1 %-1 % cream/appl	3	
imiquimod 3.75 % crm md pmp	4	
imiquimod 5 % cream pack	1	
methoxsalen 10 mg cap lq rap	4	
nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g))	1	
OTEZLA 30 MG TABLET	4	PA
PICATO (0.015% GEL, 0.05% GEL)	4	
podofilox 0.5 % solution	1	
REGRANEX 0.01% GEL	4	PA
SANTYL OINTMENT	3	
silver sulfadiazine 1 % cream (g)	1	
SSD 1% CREAM	1	
SYNALAR 0.025% CREAM KIT	3	
TACLONEX 0.005%-0.064% SUSPENS	4	QL (400 PER 30 DAYS)
VEREGEN 15% OINTMENT	4	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	4	
Pediculicides/Scabicides		
crotamiton 10 % lotion	1	
ivermectin 0.5 % lotion	1	
ivermectin 1 % cream (g)	3	
lindane 1 % shampoo	3	
malathion 0.5 % lotion	3	
permethrin 5 % cream (g)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SKLICE 0.5% LOTION	3	
Topical Anti-infectives		
acyclovir 5 % oint. (g)	1	
BACTROBAN NASAL 2% OINTMENT	3	
ciclopirox (0.77 % gel (gram), 1 % shampoo)	1	
ciclopirox 8 % solution	1	PA
ciclopirox olamine (0.77 % cream (g), 0.77 %	1	
clindamycin phosphate (1 % solution, 1 % lotion)	1	
CLINDESSE 2% VAGINAL CREAM	3	
dapsone (5 % gel (gram), 7.5 % gel w/pump)	3	
DENAVIR 1% CREAM	4	
erythromycin base in ethanol (erythromyc2 % erythromyc2 % solution)	1	
mupirocin 2 % oint. (g)	1	
mupirocin calcium 2 % cream (g)	3	
SULFAMYLON 8.5% CREAM	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt, 0.9 % 0.9 % syringe, 0.9 % 0.9 % cartridge)	1	
AMINOSYN II 15% IV SOLUTION	3	PA - TO CONFIRM PART D COVERAGE
CARBAGLU 200 MG DISPER TABLET	4	
CLINIMIX (6%-5% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION)	3	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E (8%-10% SOLUTION, 8%-14% SOLUTION)	3	PA - TO CONFIRM PART D COVERAGE
CLINISOL 15% SOLUTION	3	PA - TO CONFIRM PART D COVERAGE
dextrose 5 % and 0.9 % nacl 5 %-0.9 % iv soln	1	
dextrose 5 % in water (5 % pggybk prt, 5 % pgy vl prt, 5 % 5 % iv soln, 5 % 5 % vial)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
dextrose 5 %-0.45 % sod chlord 5 %-0.45 % iv soln	1	
electrolyte-48 solution/d5w 5 % iv soln	3	
fluoride (sodium) ((sodium) 0.25(0.55) tab, (sodium) 0.5(1.1)mg tab, (sodium) 1mg(2.2mg) tab)	1	
FLUORITAB 1 MG TABLET CHEW	1	
KLOR-CON 10 MEQ TABLET	1	
KLOR-CON 8 MEQ TABLET	1	
KLOR-CON M15 TABLET	1	
NORMOSOL-R IV SOLUTION	3	
NORMOSOL-R PH 7.4 IV SOLUTION	3	
parenteral amino acid 15% no.1 15 % iv soln	3	PA - TO CONFIRM PART D COVERAGE
PLENAMINE 15% SOLUTION	3	PA - TO CONFIRM PART D COVERAGE
potassium acetate 2 meq/ml vial	1	
potassium chloride (8 meq tablet er, 8 meq capsule er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq tablet er, 20meq/15ml liquid, 20 meq tab er prt, 40meq/15ml liquid)	1	
potassium chloride 20 meq packet	3	
potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)	1	
ringer's solution,lactated iv soln	1	
sod phosphate,monobasic-dibas 3mmol/ml vial	1	
sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)	1	
sodium chloride 3 % 3 % iv soln	1	
Electrolyte/Mineral/Metal Modifiers		
deferasirox (90 mg tablet, 90 mg gran pack, 125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)	4	PA
deferiprone 500 mg tablet	4	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	4	PA
FERRIPROX 1,000 MG TAB(2X/DAY)	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
JADENU SPRINKLE (90 MG, 180 MG, 360 MG)	4	PA
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	4	QL (56 PER 28 DAYS)
JYNARQUE 15 MG TABLET	4	QL (60 PER 30 DAYS)
JYNARQUE 30 MG TABLET	4	QL (30 PER 30 DAYS)
sodium polystyrene sulfonate powder	1	
trientine hcl 250 mg capsule	4	PA
Phosphate Binders		
AURYXIA 210 MG TABLET	4	PA
calcium acetate (667 mg capsule, 667 mg tablet)	1	
lanthanum carbonate (500 mg tab, 750 mg tab,	4	
sevelamer carbonate (0.8, 2.4)	4	
sevelamer carbonate 800 mg tablet	3	
sevelamer hcl (400 mg tablet, 800 mg tablet)	2	
VELPHORO 500 MG CHEWABLE TAB	4	
Potassium Binders		
sodium polystyrene sulfon/sorb 15 g/60 ml oral	1	
sodium polystyrene sulfonate (15 g/60 ml oral powder)	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML	1	
VELTASSA (8.4 GM POWDER, 25.2 GM POWDER)	4	
VELTASSA 16.8 GM POWDER PACKET	3	
Vitamins		
AZESCHEW CHEW	1	
BAL-CARE DHA ESSENTIAL PACK	1	
CITRANATAL B-CALM COMBO PACK	1	
DUET DHA 400 COMBO PACK	1	
DUET DHA BALANCED (25 MG IRON)	1	
MARNATAL-F CAPSULE	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MYNATAL CAPSULE	1	
NATACHEW TABLET	1	
NESTABS ABC PRENATAL COMBO PK	1	
NESTABS DHA COMBO PACK	1	
NESTABS TABLET	1	
O-CAL PRENATAL TABLET	1	
OB COMPLETE ONE SOFTGEL	1	
OB COMPLETE PETITE SOFTGEL	1	
OB COMPLETE PREMIER TABLET	1	
OB COMPLETE WITH DHA SOFTGEL	1	
pnv 11/iron fum/folic acid/om3 28-1-200mg capsule	1	
pnv cmb 52/iron/fa/omega-3/dha 29-1-200mg combo. pkg	1	
pnv no.118/iron fumarate/fa 29 mg-1 mg tab chew	1	
pnv no.66/iron,carb/folic/dha 20-1-320mg capsule	1	
pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet	1	
pnv19/iron bg,s.p/folic ac/om3 29-1-400mg cmbpkgdrcp	1	
pnv81/iron edta,ps/folic/omeg3 27-1-430mg cmbpkgdrcp	1	
PREGENNA TABLET	1	
PRENA1 CHEW TABLET	1	
PRENATA CHEWABLE TABLET	1	
PRENATABS FA TABLET	1	
PRENATABS RX TABLET	1	
prenatal 105/iron/folic ac/dha 30-1.4-300 combo. pkg	1	
prenatal 53/iron/folic ac/omg3 29-1-400mg combo. pkg	1	
prenatal 54/iron/folic ac/omg3 29-1-430mg combo. pkg	1	
prenatal vit 55/iron/folic/om3 29-1-430mg cmbpkgdrcp	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
prenatal vit,cal 73/iron/folic 28 mg-1 mg tablet	1	
prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet	1	
prenatal vit,calc76/iron/folic 29 mg-1 mg tablet	1	
prenatal vit,calc78/iron/folic 29 mg-1 mg tablet	1	
prenatal vit/iron fum/folic ac 65 mg-1 mg tablet	1	
prenatal vit27,calcium/iron/fa 60 mg-1 mg tablet	1	
prenatal vit86/iron/folic acid 32 mg-1 mg tablet	1	
prenatal71/iron/folic acid/dha 30-1.4-200 cap ir dr	1	
PRENATE DHA SOFTGEL	1	
PRENATE ELITE TABLET	1	
PRENATE ENHANCE SOFTGEL	1	
PRENATE MINI SOFTGEL	1	
PRENATE PIXIE SOFTGEL	1	
PRENATE RESTORE SOFTGEL	1	
PRENATE STAR TABLET	1	
PRIMACARE SOFTGEL	1	
PROVIDA DHA CAPSULE	1	
PROVIDA OB CAPSULE	1	
SE-NATAL-19 TABLET	1	
SELECT-OB + DHA PACK	1	
SELECT-OB CHEWABLE CAPLET	1	
TRICARE PRENATAL DHA ONE SFTGL	1	
TRICARE PRENATAL TABLET	1	
TRINATE TABLET	1	
TRINAZ TABLET	1	
TRISTART DHA SOFTGEL	1	
VITAFOL FE PLUS SOFTGEL	1	
VITAFOL GUMMIES	1	
VITAFOL NANO TABLET	1	
VITAFOL ULTRA SOFTGEL	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VITAFOL-OB CAPLET	1	
VITAFOL-OB+DHA COMBO PACK	1	
VITAFOL-ONE CAPSULE	1	
VITAMEDMD ONE RX SOFTGEL	1	
VITAMEDMD REDICHEW RX TAB CHEW	1	
VITAPEARL SOFTGEL	1	
VITATRUE COMBO PACK	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	2	QL (60 PER 30 DAYS)
lactulose (10 g/15 ml solution, 20 g/30 ml	1	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE,	2	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML VIAL, 12 MG/0.6 ML	4	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	4	ST, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	4	ST, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
alosetron hcl 0.5 mg tablet	3	PA
alosetron hcl 1 mg tablet	4	PA
diphenoxylate hcl/atropine 2.5-.025mg tablet	1	
loperamide hcl 2 mg capsule	1	
XERMELO 250 MG TABLET	4	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
CUVPOSA 1 MG/5 ML SOLUTION	3	
dicyclomine hcl (10 mg capsule, 20 mg tablet)	1	
dicyclomine hcl 10 mg/5 ml solution	3	
GLYCATE 1.5 MG TABLET	3	
glycopyrrolate (0.2 mg/ml vial, 1.5 mg tablet)	3	
glycopyrrolate (1 mg tablet, 2 mg tablet)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
methscopolamine bromide (2.5 mg tablet, 5 mg tablet)	3	
propantheline bromide 15 mg tablet	3	
Gastrointestinal Agents, Other		
CHENODAL 250 MG TABLET	4	PA
CLENPIQ SOLUTION	2	
GATTEX (5 MG ONE-VIAL KIT, 5 MG 30-VIAL KIT)	4	PA
GIMOTI 15 MG NASAL SPRAY	4	ST
metoclopramide hcl (5 mg tab rapdis, 10 mg tab	3	
metoclopramide hcl (5 mg/5 ml solution, 5 mg	1	
MYALEPT 11.3 MG (5 MG/ML) VIAL	4	PA
OCALIVA (5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
opium tincture 10 mg/ml tincture	3	
peg 3350/sod sulf/sod bicarb/sod sulf,bicarb,cl/kcl 236-22.74g soln, peg3350/sod	1	
peg3350/sod sul/nacl/kcl/asb/c 7.5-2.691g	1	
RECTIV 0.4% OINTMENT	3	
sodium chloride/nahco3/kcl/peg 420g soln recon	1	
SUPREP BOWEL PREP KIT	2	
ursodiol (250 mg tablet, 500 mg tablet)	1	
ursodiol 300 mg capsule	3	
XIFAXAN (200 MG TABLET, 550 MG TABLET)	4	PA
ZORBTIVE 8.8 MG VIAL	4	PA
Histamine2 (H2) Receptor Antagonists		
famotidine (20 mg tablet, 40 mg tablet)	1	
famotidine (40mg/5ml oral susp, 40mg/5ml susp recon)	3	
nizatidine (150 mg capsule, 300 mg capsule)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Protectants		
misoprostol (100 mcg tablet, 200 mcg tablet)	1	
sucralfate 1 g tablet	1	
sucralfate 1 g/10 ml oral susp	3	
Proton Pump Inhibitors		
DEXILANT (DR 30 MG CAPSULE, DR 60 MG	3	QL (30 PER 30 DAYS)
esomeprazole magnesium (10 mg suspdr pkt, 20 pkt, 40 mg capsule dr)	1	QL (60 PER 30 DAYS)
lansoprazole (15 mg capsule dr, 30 mg capsule	1	QL (60 PER 30 DAYS)
omeprazole (10 mg capsule dr, 20 mg capsule dr,	1	QL (60 PER 30 DAYS)
omeprazole/sodium bicarbonate omeprazole/sodium 40mg-1.1g capsule)	3	QL (30 PER 30 DAYS)
pantoprazole sodium (20 mg tablet dr, 40 mg	1	QL (60 PER 30 DAYS)
rabeprazole sodium 20 mg tablet dr	1	QL (60 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME 2.9 MG/5 ML VIAL	4	PA
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	4	PA
CERDELGA 84 MG CAPSULE	4	PA
CEREZYME 400 UNIT VIAL	4	PA
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	4	PA
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	2	
cromolyn sodium 20 mg/ml oral conc	1	
CYSTADANE 1 GRAM/1.7 ML POWDER	4	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	3	
ELAPRASE 6 MG/3 ML VIAL	4	PA
ENDARI 5 GRAM POWDER PACKET	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
EVRYSDI 60 MG/80 ML(0.75MG/ML)	4	PA, QL (240 PER 30 DAYS)
FABRAZYME (5 MG VIAL, 35 MG VIAL)	4	PA
GALAFOLD 123 MG CAPSULE	4	PA, QL (14 PER 28 DAYS)
GLASSIA 1 GM/50 ML VIAL	4	PA
KANUMA 20 MG/10 ML VIAL	4	PA
KEVEYIS 50 MG TABLET	4	PA, QL (120 PER 30 DAYS)
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	4	PA
LUMIZYME 50 MG VIAL	4	PA
miglustat 100 mg capsule	4	PA
NAGLAZYME 5 MG/5 ML VIAL	4	PA
nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)	4	
NITYR (2 MG TABLET, 5 MG TABLET, 10 MG TABLET)	4	
ONPATTRO 10 MG/5 ML VIAL	4	PA
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	4	
OXLUMO 94.5 MG/0.5 ML VIAL	4	PA
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	4	PA
PROLASTIN C (MG VIAL, MG/20 ML VL)	4	PA
RAVICTI 1.1 GRAM/ML LIQUID	4	PA
sapropterin dihydrochloride (100 mg tablet sol, 100 mg powd pack, 500 mg powd pack)	4	PA
sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)	4	
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	4	PA
SUCRAID 8,500 UNITS/ML SOLN	4	
TEGSEDI 284 MG/1.5 ML SYRINGE	4	PA
VIMIZIM 5 MG/5 ML VIAL	4	PA
VPRIV 400 UNITS VIAL	4	PA
VYNDAQEL 20 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
XURIDEN GRANULE PACKET	4	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZEMAIRA 1,000 MG VIAL	4	PA
ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE)	2	
ZOKINVY (50 MG CAPSULE, 75 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
ZOLGENSMA (2.6-3.0 KIT, 3.1-3.5 KIT, 3.6-4.0 KIT, 4.1-4.5 KIT, 4.6-5.0 KIT, 5.1-5.5 KIT, 5.6-6.0 KIT, 6.1-6.5 KIT, 6.6-7.0 KIT, 7.1-7.5 KIT, 7.6-8.0 KIT, 8.1-8.5 KIT, 8.6-9.0 KIT, 9.1-9.5 KIT, 9.6-10.0 KIT, 10.1-10.5 KIT, 10.6-11.0 KIT, 11.1-11.5 KIT, 11.6-12.0 KIT, 12.1-12.5 KIT, 12.6-13.0 KIT, 13.1-13.5 KIT)	4	PA
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide (7.5 mg tab er, 15 mg	3	
flavoxate hcl 100 mg tablet	1	
GELNIQUE (GEL PUMP, GEL SACHET, GEL	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG	2	
oxybutynin chloride (5 mg tablet, 5 mg/5 ml *tab er 24)*	1	
solifenacin succinate (5 mg tablet, 10 mg tablet)	1	
tolterodine tartrate (1 mg tablet, 2 mg cap er	1	
trospium chloride (20 mg tablet, 60 mg cap er	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl 10 mg tab er 24h	1	
CARDURA XL (4 MG TABLET, 8 MG TABLET)	3	
doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)	1	
dutasteride 0.5 mg capsule	1	
dutasteride/tamsulosin hcl 0.5-0.4 mg cpmp 24hr	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
finasteride 5 mg tablet	1	
silodosin (4 mg capsule, 8 mg capsule)	2	
tadalafil (2.5 mg tablet, 5 mg tablet)	1	PA, QL (30 PER 30 DAYS)
tamsulosin hcl 0.4 mg capsule	1	
terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	1	
Genitourinary Agents, Other		
acetic acid 0.25 % irrig soln	1	
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	1	
D-PENAMINE 125 MG TABLET	4	
ELMIRON 100 MG CAPSULE	3	
penicillamine 250 mg tablet	4	
THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR GEL 400 UNIT/5 ML VIAL	4	PA
cortisone acetate 25 mg tablet	1	
dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1 mg/ml drops, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	1	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	4	PA
fludrocortisone acetate 0.1 mg tablet	1	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
MEDROL 2 MG TABLET	3	
methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)	1	
prednisolone 15 mg/5 ml solution	1	
prednisolone sodium phosphate (10 mg/5 ml solution, 20 mg/5 ml solution)	3	
prednisolone sodium phosphate (5 mg/5 ml solution, 15 mg/5 ml solution, 25 mg/5 ml solution)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 5 mg tablet, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1	
RAYOS (DR 1 MG TABLET, DR 2 MG TABLET, DR 5 MG TABLET)	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin (nonrefrigerated) 10/spray spray/pump	3	
desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)	1	
desmopressin acetate (4 mcg/ml vial, 4 mcg/ml ampul, 10/spray spray/pump)	3	
EGRIFTA 1 MG VIAL	4	PA, QL (60 PER 30 DAYS)
EGRIFTA 2 MG VIAL	4	PA, QL (30 PER 30 DAYS)
EGRIFTA SV 2 MG VIAL	4	PA, QL (30 PER 30 DAYS)
FENSOLVI 45 MG SYRINGE KIT	4	PA, QL (1 PER 168 DAYS OVER TIME)
GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA
GENOTROPIN MINIQUICK 0.2 MG	3	PA
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA
INCRELEX 40 MG/4 ML VIAL	4	PA
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	4	PA
NUTROPIN AQ NUSPIN (5, 10, 20)	4	PA
OMNITROPE (5 MG/1.5 ML, 10 MG/1.5 ML)	4	PA
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL)	4	PA
SAIZEN 8.8 MG SAIZENPREP CART	4	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	4	PA
STIMATE 1.5 MG/ML NASAL SPRAY	4	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM 300 MG TABLET	4	PA, QL (120 PER 30 DAYS)
mifepristone 200 mg tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 TABLET	4	PA
oxandrolone 10 mg tablet	3	PA, QL (60 PER 30 DAYS)
oxandrolone 2.5 mg tablet	2	PA, QL (240 PER 30 DAYS)
Androgens		
ANDRODERM (2 MG/24HR PATCH, 4 MG/24HR	2	PA
danazol (50 mg capsule, 100 mg capsule, 200	1	
METHITEST 10 MG TABLET	3	PA
methyltestosterone 10 mg capsule	4	PA
STRIANT 30 MG MUCOADHESIVE	3	PA
testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel md pmp, 25mg(1%) gel packet, 50 mg (1%)	2	PA
testosterone 30mg/1.5ml sol md pmp	3	PA
testosterone cypionate (100 mg/ml vial, 200	1	PA
testosterone enanthate 200 mg/ml vial	1	PA
Estrogens		
CLIMARA PRO PATCH	3	
COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG)	3	
DEPO-ESTRADIOL 5 MG/ML VIAL	3	
desog-e.estradiol/e.estradiol 21-5 (28) tablet	1	
desogestrel-ethinyl estradiol (0.15-0.03 tablet, 7 days x 3 tablet)	1	
DIVIGEL (0.25 MG GEL, 0.5 MG GEL, 0.75 MG GEL, 1 MG GEL, 1.25 MG GEL)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
drospirenone/ethinyl estradiol/levomefolate calcium (drospir/eth estra/levomefol 3-0.03(21) tablet, drospir/eth estra/levomefol 3-0.02(24) tablet)	1	
ELESTRIN 0.06% GEL	3	
estradiol (.025mg/24h patch tdsw, .025mg/24h patch tdwk, .0375mg/24 patch tdwk, .0375mg/24 patch tdsw, 0.05mg/24h patch tdwk, 0.05mg/24h patch tdsw, 0.06mg/24h patch tdwk, .075mg/24h patch tdsw, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk, 0.1mg/24hr patch tdsw, 1 mg tablet, 2 mg tablet, 10 mcg tablet)	3	
estradiol (0.01 % cream/appl, 0.5 mg tablet)	1	
estradiol valerate (20 mg/ml vial, 40 mg/ml vial)	1	
estradiol/norethindrone acetate (estradiol/norethindrone 0.5-0.1 mg tablet, estradiol/norethindrone 1 mg-0.5mg tablet)	3	
ESTRING 2 MG VAGINAL RING	3	QL (1 PER 90 DAYS OVER TIME)
ESTROGEL 0.06% GEL	3	
ethinyl estradiol/drospirenone (estradiol/drospirenone 0.02-3(28) tablet, estradiol/drospirenone 0.03mg-3mg tablet)	1	
ethynodiol diacetate-ethinyl estradiol (1 mg-35mcg tablet, 1 mg-50mcg tablet)	1	
FEMRING (FEM0.05 MG/DAY, FEM0.10 MG/DAY)	3	QL (1 PER 90 DAYS OVER TIME)
LAYOLIS FE CHEWABLE TABLET	1	
levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo	1	QL (91 PER 91 DAYS)
levonorgestrel/ethinyl estradiol (levonorgestrel/ethin.estradiol 0.1-0.02mg tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tablet, levonorgestrel/ethin.estradiol 6-5-10 tablet, levonorgestrel/ethin.estradiol 90-20 mcg tablet)	1	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estrad 0.15mg(84), l-norgest/e.estradiol-e.estrad 100-20(84), l-norgest/e.estradiol-e.estrad 150-30(84))	1	QL (91 PER 91 DAYS)
LO LOESTRIN FE 1-10 TABLET	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	3	
MICROGESTIN 24 FE 1 MG-20 MCG	1	
norelgestromin/ethin.estradiol 150-35/24h patch tdwk	3	
norethindrone 0.35 mg tablet	1	
norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)	3	
norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)	1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet, 1mg-20(24) capsule, 1mg-20(24) tab chew, 1.5-30(21) tablet, 5-7-9-7 tablet)	1	
norethindrone-ethinyl estradiol (0.4-0.035 tablet, 0.5-0.035 tablet, 1 mg-35mcg tablet, 7-9-5 tablet, 7 days x 3 tablet)	1	
norethindrone-ethinyl estradiol/ferrous fumarate (estradiol/iron 0.4-35(21) tab, estradiol/iron 0.8-25(24) tab)	1	
norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)	1	
norgestrel-ethinyl estradiol (0.3-0.03mg tablet, 0.5 mg-50 tablet)	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
PREMPHASE 0.625-5 MG TABLET	3	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET)	3	
TYBLUME 0.1-0.02 MG TABLET	1	
Progestins		
DEPO-PROVERA 400 MG/ML VIAL	3	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104 SYRINGE	3	QL (0.65 PER 90 DAYS OVER TIME)
hydroxyprogesterone caproat/pf 250 mg/ml vial	4	PA
hydroxyprogesterone caproate 250 mg/ml vial	4	PA
MAKENA 275 MG/1.1 ML AUTOINJCT	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
medroxyprogesterone acetate (150 mg/ml vial, 150 mg/ml syringe)	1	QL (1 PER 90 DAYS OVER TIME)
medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)	1	PA - FOR NEW STARTS ONLY
megestrol acetate 625mg/5ml oral susp	3	PA - FOR NEW STARTS ONLY
norethindrone 0.35 mg tablet	1	
norethindrone acetate 5 mg tablet	1	
progesterone 50 mg/ml vial	1	
progesterone, micronized (100 mg capsule, 200 mg capsule)	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA 60 MG TABLET	2	PA, QL (30 PER 30 DAYS)
raloxifene hcl 60 mg tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	3	
LEVO-T (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	3	
liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA (1 MG TABLET, 5 MG TABLET, 10 MG	4	PA
LYSODREN 500 MG TABLET	4	
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA 2,500 MCG/ML PEN	4	PA
cabergoline 0.5 mg tablet	1	
ELIGARD 22.5 MG SYRINGE KIT	3	PA - FOR NEW STARTS ONLY, QL (1 PER 84 DAYS OVER TIME)
ELIGARD 30 MG SYRINGE KIT	3	PA - FOR NEW STARTS ONLY, QL (1 PER 112 DAYS OVER TIME)
ELIGARD 45 MG SYRINGE KIT	3	PA - FOR NEW STARTS ONLY, QL (1 PER 168 DAYS OVER TIME)
ELIGARD 7.5 MG SYRINGE KIT	3	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS OVER TIME)
FIRMAGON 2 X 120 MG KIT	4	PA - FOR NEW STARTS ONLY, QL (4 PER 365 DAYS OVER TIME)
FIRMAGON 80 MG KIT	3	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS OVER TIME)
leuprolide acetate 1 mg/0.2ml kit	4	PA - FOR NEW STARTS ONLY
LUPANETA PK 11.25-5 MG 3MO KIT	4	PA, QL (1 PER 84 DAYS)
LUPANETA PK 3.75-5 MG 1MO KIT	4	PA, QL (1 PER 28 DAYS)
LUPRON DEPOT (11.25 MG KIT, 22.5 MG KIT)	4	PA - FOR NEW STARTS ONLY, QL (1 PER 84 DAYS OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	4	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	4	PA - FOR NEW STARTS ONLY, QL (1 PER 168 DAYS OVER TIME)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-4 MONTH KIT	4	PA - FOR NEW STARTS ONLY, QL (1 PER 112 DAYS OVER TIME)
LUPRON DEPOT-PED (11.25 MG, 30 MG KIT)	4	PA, QL (1 PER 84 DAYS OVER TIME)
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	4	PA, QL (1 PER 28 DAYS OVER TIME)
MYCAPSSA DR 20 MG CAPSULE	4	PA
octreotide acetate (50 mcg/ml syringe, 50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 200 mcg/ml vial)	1	PA
octreotide acetate (500 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 1000mcg/ml vial)	4	PA
ORGOVYX 120 MG TABLET	4	PA - FOR NEW STARTS ONLY
ORIAHNN 300-1-0.5MG/300MG CAPS	4	PA, QL (56 PER 28 DAYS)
ORILISSA 150 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	4	PA
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	4	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR (10 MG KIT, 10 MG VIAL, 20 MG VIAL, 20 MG KIT, 30 MG VIAL, 30 MG KIT, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL)	4	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	4	PA
SOMATULINE DEPOT 120 MG/0.5 ML	4	PA - FOR NEW STARTS ONLY
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	4	PA
SUPPRELIN LA 50 MG KIT	4	PA, QL (1 PER 365 DAYS OVER TIME)
SYNAREL 2 MG/ML NASAL SPRAY	4	
TRELSTAR 11.25 MG VIAL	4	PA - FOR NEW STARTS ONLY, QL (1 PER 84 DAYS OVER TIME)
TRELSTAR 22.5 MG VIAL	4	PA - FOR NEW STARTS ONLY, QL (1 PER 168 DAYS OVER TIME)
TRIPTODUR 22.5 MG KIT	4	PA, QL (1 PER 168 DAYS OVER TIME)
ZOLADEX 10.8 MG IMPLANT SYRN	3	QL (1 PER 84 DAYS)
ZOLADEX 3.6 MG IMPLANT SYRN	3	QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole (5 mg tablet, 10 mg tablet)	1	
propylthiouracil 50 mg tablet	1	
Immunological Agents		
Angioedema Agents		
BERINERT 500 UNIT KIT	4	PA
CINRYZE 500 UNIT VIAL	4	PA
HAEGARDA (2,000 VIAL, 3,000 VIAL)	4	PA
icatibant acetate 30 mg/3 ml syringe	4	PA
KALBITOR 10 MG/ML VIAL	4	PA
RUCONEST 2,100 UNIT VIAL	4	PA
TAKHZYRO 300 MG/2 ML VIAL	4	PA
Immunoglobulins		
ASCENIV 10% VIAL	4	PA
BIVIGAM (LIQUID VIAL, VIAL)	4	PA
CARIMUNE NF NANOFILTERED (6 GM VIAL, 12 GM VIAL)	4	PA
CUTAQUIG ((1 G/6 ML) VIAL, (1.65 G/10 ML), (2 G/12 ML) VL, (3.3 G/20 ML), (4 G/24 ML) VL, (8 G/48 ML) VL)	4	PA
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL, 10 GRAM/50 ML VIAL)	4	PA
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	4	PA
GAMASTAN S-D VIAL	2	PA
GAMASTAN VIAL	2	PA
GAMMAGARD LIQUID 10% VIAL	4	PA
GAMMAGARD S-D (5 (IA<1) SOLN, 10 (IA<1) SOL)	4	PA
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	4	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	4	PA
HEPAGAM B VIAL	4	PA - TO CONFIRM PART D COVERAGE
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	4	PA
HYPERHEP B S-D (NEONATAL SYRIN., SYRINGE, VIAL)	4	PA - TO CONFIRM PART D COVERAGE
HYPERRAB 300 UNIT/ML VIAL	2	PA - TO CONFIRM PART D COVERAGE
HYPERRAB S-D 150 UNITS/ML VIAL	2	PA - TO CONFIRM PART D COVERAGE
HYPERRHO S-D (250 SYRINGE, 1,500 SYRING)	3	
HYQVIA (5 GM-400, 10 GM-800, 20 GM-1,600, 30 GM-2,400)	4	PA
IMOGAM RABIES-HT 150 UNIT/ML	3	PA - TO CONFIRM PART D COVERAGE
KEDRAB (300 UNIT/2 ML VIAL, 1,500 UNIT/10 ML VIAL)	3	PA - TO CONFIRM PART D COVERAGE
MICRHOGAM ULTRA-FILTD PLUS SYR	3	
NABI-HB VIAL	4	PA - TO CONFIRM PART D COVERAGE
OCTAGAM (5% VIAL, 10% VIAL)	4	PA
PANZYGA ((1 G/10 ML) VIAL, (5 G/50 ML) VIAL, (10 G/100 ML) VIAL, (20 G/200 ML) VIAL, (30 G/300 ML) VIAL, (2.5 G/25 ML) VIAL)	4	PA
PRIVIGEN 10% VIAL	4	PA
RHOGAM ULTRA-FILTERED PLUS SYR	3	
RHOPHYLAC 300 MCG/2 ML SYRINGE	3	
SYNAGIS (50 MG/0.5 ML VIAL, 100 MG/1 ML VIAL)	4	PA
THYMOGLOBULIN 25 MG VIAL	4	
VARIZIG 125 UNIT/1.2 ML VIAL	2	PA
XEMBIFY ((1 G/5 ML) VIAL, (2 G/10 ML) VIAL, (4 G/20 ML) VIAL, (10 G/50 ML) VIAL)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA, QL (3.6 PER 28 DAYS)
ACTEMRA 80 MG/4 ML VIAL	4	PA
ACTEMRA ACTPEN 162 MG/0.9 ML	4	PA
ARCALYST 220 MG INJECTION	4	PA
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	4	PA
COSENTYX 150 MG/ML PEN INJECT	4	PA
COSENTYX 150 MG/ML SYRINGE	4	PA
COSENTYX 300 MG DOSE-2 PENS	4	PA
COSENTYX 300 MG DOSE-2 SYRINGE	4	PA
DUPIXENT 200 MG/1.14 ML SYRING	4	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML PEN	4	PA, QL (8 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	4	PA, QL (8 PER 28 DAYS)
ENSPRYNG 120 MG/ML SYRINGE	4	PA
ENTYVIO 300 MG VIAL	4	PA
GAMIFANT (10 MG/2 ML VIAL, 50 MG/10 ML VIAL)	4	PA
ILARIS 150 MG/ML VIAL	4	PA, QL (2 PER 28 DAYS)
ILUMYA 100 MG/ML SYRINGE	4	PA
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	4	PA
KINERET 100 MG/0.67 ML SYRINGE	4	PA
LEMTRADA 12 MG/1.2 ML VIAL	4	PA
OLUMIANT (1 MG TABLET, 2 MG TABLET)	4	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	4	PA
ORENCIA CLICKJECT 125 MG/ML	4	PA, QL (4 PER 28 DAYS)
OTEZLA 28 DAY STARTER PACK	4	PA
RIDAURA 3 MG CAPSULE	4	
RINVOQ ER 15 MG TABLET	4	PA
SILIQ 210 MG/1.5 ML SYRINGE	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SIMULECT (10 MG VIAL, 20 MG VIAL)	4	
SKYRIZI 150 MG DOSE KIT-2 SYRN	4	PA
SOLIRIS 300 MG/30 ML VIAL	4	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	4	PA
SYLVANT (100 MG VIAL, 400 MG VIAL)	4	PA
TALTZ 80 MG/ML AUTOINJ (2-PK)	4	PA
TALTZ 80 MG/ML AUTOINJ (3-PK)	4	PA
TALTZ 80 MG/ML AUTOINJECTOR	4	PA
TALTZ 80 MG/ML SYRINGE	4	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	4	PA
ULTOMIRIS (300 MG/3 ML VIAL, 300 MG/30 ML VIAL, 1,100 MG/11 ML VIAL)	4	PA
UPLIZNA 100 MG/10 ML VIAL	4	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	4	PA
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	4	PA
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	4	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA - FOR NEW STARTS ONLY
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	4	PA - FOR NEW STARTS ONLY
PEGASYS (180 MCG/0.5 ML SYRINGE, 180	4	PA
PEGASYS PROCLICK 180 MCG/0.5	4	PA
SYLATRON (200 MCG KIT, 300 MCG KIT, 600	4	PA - FOR NEW STARTS ONLY
Immunosuppressants		
ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE)	3	PA - TO CONFIRM PART D COVERAGE
ASTAGRAF XL 5 MG CAPSULE	4	PA - TO CONFIRM PART D COVERAGE
AZASAN (75 MG TABLET, 100 MG TABLET)	3	PA - TO CONFIRM PART D COVERAGE
azathioprine 50 mg tablet	1	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BENLYSTA (120 MG VIAL, 400 MG VIAL)	4	PA
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	4	PA
cyclosporine (25 mg capsule, 100 mg capsule)	3	PA - TO CONFIRM PART D COVERAGE
cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)	3	PA - TO CONFIRM PART D COVERAGE
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 25 MG KIT, 50 MG/ML SYRINGE)	4	PA
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA
ENBREL 50 MG/ML SURECLICK	4	PA
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET)	3	PA - TO CONFIRM PART D COVERAGE
ENVARSUS XR 4 MG TABLET	4	PA - TO CONFIRM PART D COVERAGE
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)	4	PA - TO CONFIRM PART D COVERAGE
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	4	PA
HUMIRA PEDI CROHN 40 MG/0.8 ML	4	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML, HUMIRA(CF) 20 MG/0.2 ML, HUMIRA(CF) 40 MG/0.4 ML)	4	PA
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	4	PA
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA
INFLECTRA 100 MG VIAL	4	PA
leflunomide (10 mg tablet, 20 mg tablet)	1	
methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)	1	
methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)	1	
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	3	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	TIER	REQUIREMENTS/LIMITS
mycophenolate mofetil 200 mg/ml susp recon	4	PA - TO CONFIRM PART D COVERAGE
mycophenolate sodium (180 mg tablet dr, 360 mg tablet dr)	3	PA - TO CONFIRM PART D COVERAGE
NULOJIX 250 MG VIAL	4	PA - FOR NEW STARTS ONLY
ORENCIA 250 MG VIAL	4	PA
PROGRAF 0.2 MG GRANULE PACKET	3	PA - TO CONFIRM PART D COVERAGE
PROGRAF 1 MG GRANULE PACKET	4	PA - TO CONFIRM PART D COVERAGE
RASUVO 10 MG/0.2 ML AUTOINJ	3	PA, QL (0.8 PER 28 DAYS)
RASUVO 12.5 MG/0.25 ML AUTOINJ	3	PA, QL (1 PER 28 DAYS)
RASUVO 15 MG/0.3 ML AUTOINJ	3	PA, QL (1.2 PER 28 DAYS)
RASUVO 17.5 MG/0.35 ML AUTOINJ	3	PA, QL (1.4 PER 28 DAYS)
RASUVO 20 MG/0.4 ML AUTOINJ	3	PA, QL (1.6 PER 28 DAYS)
RASUVO 22.5 MG/0.45 ML AUTOINJ	3	PA, QL (1.8 PER 28 DAYS)
RASUVO 25 MG/0.5 ML AUTOINJ	3	PA, QL (2 PER 28 DAYS)
RASUVO 30 MG/0.6 ML AUTOINJ	3	PA, QL (2.4 PER 28 DAYS)
RASUVO 7.5 MG/0.15 ML AUTOINJ	3	PA, QL (0.6 PER 28 DAYS)
REMICADE 100 MG VIAL	4	PA
RENFLEXIS 100 MG VIAL	4	PA
SANDIMMUNE 100 MG/ML SOLN	3	PA - TO CONFIRM PART D COVERAGE
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	4	PA
SIMPONI ARIA 50 MG/4 ML VIAL	4	PA
sirolimus (0.5 mg tablet, 1 mg tablet)	3	PA - TO CONFIRM PART D COVERAGE
sirolimus (1 mg/ml solution, 2 mg tablet)	4	PA - TO CONFIRM PART D COVERAGE
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	3	PA - TO CONFIRM PART D COVERAGE
XATMEP 2.5 MG/ML ORAL SOLUTION	3	
ZORTRESS 1 MG TABLET	4	PA - TO CONFIRM PART D COVERAGE
Vaccines		
ACTHIB (VIAL, WITH DILUENT)	2	
ADACEL TDAP (SYRINGE, VIAL)	2	
BCG VACCINE (TICE STRAIN) VIAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BEXSERO PREFILLED SYRINGE	2	
BOOSTRIX TDAP (SYRINGE, VIAL)	2	
DAPTACEL DTAP VACCINE	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	PA - TO CONFIRM PART D COVERAGE
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2	PA - TO CONFIRM PART D COVERAGE
GARDASIL 9 (9 SYRINGE, 9 VIAL)	2	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	2	
HEPLISAV-B 20 MCG/0.5 ML VIAL	2	PA - TO CONFIRM PART D COVERAGE
HIBERIX VACCINE WITH DILUENT	2	
IMOVAX RABIES VACCINE VIAL	2	PA - TO CONFIRM PART D COVERAGE
INFANRIX DTAP (SYRINGE, VIAL)	2	
IPOL VIAL	2	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	2	
KINRIX (TIP-LOK SYRINGE, VIAL)	2	
M-M-R II VACCINE VIAL	2	
MENACTRA VIAL	2	
MENQUADFI VIAL	2	
MENVEO A-C-Y-W-135-DIP VIAL KT	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDVAXHIB VACCINE VIAL	2	
PENTACEL ACTHIB COMPONENT VIAL	2	
PENTACEL VIAL KIT	2	
PROQUAD VIAL	2	
QUADRACEL DTAP-IPV VIAL	2	
RABAVERT RABIES VACC W-DILUENT	2	PA - TO CONFIRM PART D COVERAGE
RECOMBIVAX HB (5 MCG/0.5 ML VL, 5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	2	PA - TO CONFIRM PART D COVERAGE
ROTARIX VACCINE SUSPENSION	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ROTATEQ VACCINE	2	
SHINGRIX VIAL KIT	2	
STAMARIL VIAL	2	
TDVAX VIAL	2	
TENIVAC (SYRINGE, VIAL)	2	
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TWINRIX VACCINE SYRINGE	2	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	2	
VAQTA (25 UNITS/0.5 ML VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	2	
VARIVAX VACCINE WITH DILUENT	2	
VAXELIS (SYRINGE, VIAL)	2	
YF-VAX (1 VIAL, 5 VIAL)	2	
ZOSTAVAX VIAL	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ER 0.375 GRAM CAPSULE	2	
balsalazide disodium 750 mg capsule	3	
DIPENTUM 250 MG CAPSULE	4	
mesalamine (1.2 g tablet dr, 800 mg tablet dr)	2	
mesalamine (4 g/60 ml enema, 1000 mg	3	
mesalamine 0.375g cap er 24h	1	
mesalamine w/cleansing wipes 4 g/60 ml enema	3	
sulfasalazine (500 mg tablet, 500 mg tablet dr)	1	
Glucocorticoids		
budesonide 3 mg capdr - er	3	
budesonide 9 mg tabdr - er	4	
CORTIFOAM 10% AEROSOL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 100mg/60ml enema)	1	
ORTIKOS (ER 6 MG CAPSULE, ER 9 MG CAPSULE)	4	
UCERIS 2 MG RECTAL FOAM	3	
Metabolic Bone Disease Agents		
alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet)	1	
alendronate sodium 70 mg tablet	1	QL (4 PER 28 DAYS)
alendronate sodium 70 mg/75ml solution	3	
BINOSTO (70 MG TABLET EFF, 70 MG EFFERVESCENT TAB)	3	QL (4 PER 28 DAYS)
calcitonin,salmon,synthetic 200/spray spray/pump	1	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)	1	
cinacalcet hcl (60 mg tablet, 90 mg tablet)	4	
cinacalcet hcl 30 mg tablet	3	
doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)	3	
doxercalciferol (4mcg/2ml ampul, 4mcg/2ml vial)	1	
EVENITY 105 MG/1.17 ML SYRINGE	4	PA, QL (2.34 PER 28 DAYS)
EVENITY 210 MG DOSE-2 SYRINGES	4	PA, QL (2.34 PER 28 DAYS)
FORTEO 620 MCG/2.48 ML PEN INJ	4	PA
FOSAMAX PLUS D (70 MG-5,600, 70 MG-2,800)	3	ST, QL (4 PER 28 DAYS)
ibandronate sodium (3 mg/3 ml vial, 3 mg/3 ml syringe)	1	
ibandronate sodium 150 mg tablet	1	QL (1 PER 28 DAYS)
NATPARA (25 MCG, 50 MCG, 75 MCG, 100 MCG)	4	PA, QL (2 PER 28 DAYS)
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	1	
PROLIA 60 MG/ML SYRINGE	3	QL (2 PER 365 DAYS OVER TIME)
RAYALDEE ER 30 MCG CAPSULE	4	
risedronate sodium (5 mg tablet, 30 mg tablet)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
risedronate sodium 150 mg tablet	1	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tablet	3	QL (4 PER 28 DAYS)
risedronate sodium 35 mg tablet dr	1	QL (4 PER 28 DAYS)
TERIPARATIDE 620 MCG/2.48 ML	4	PA
TYMLOS 80 MCG DOSE PEN INJECTR	4	PA
XGEVA 120 MG/1.7 ML VIAL	4	PA

Miscellaneous Therapeutic Agents

alcohol antiseptic pads med. pad	2	
DOJOLVI LIQUID	4	PA
ELLA 30 MG TABLET	2	
gauze bandage 2" x 2" bandage	2	
GIVLAARI 189 MG/ML VIAL	4	PA
insulin pump cartridge cartridge	2	QL (30 PER 30 DAYS)
insulin syringe-needle,safety,disposal unit,0.5 ml (29 g x1/2" disp, 30 gx5/16" disp)	2	QL (200 PER 30 DAYS)
INTRALIPID 20% IV FAT EMUL	1	PA - TO CONFIRM PART D COVERAGE
levocarnitine (100 mg/ml solution, 330 mg tablet)	1	
levocarnitine (with sugar) 100 mg/ml solution	1	
levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo	1	QL (91 PER 91 DAYS)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estrad 100-20(84), l-norgest/e.estradiol-e.estrad 150-30(84))	1	QL (91 PER 91 DAYS)
NUTRILIPID 20% IV FAT EMULSION	1	PA - TO CONFIRM PART D COVERAGE
ORLADEYO (110 MG CAPSULE, 150 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
PALFORZIA (3 MG (LEVEL 1), 6 MG (LEVEL 2), 12 MG (LEVEL 3), 20 MG (LEVEL 4), 40 MG (LEVEL 5), 80 MG (LEVEL 6), 120 MG (LEVEL 7), 160 MG (LEVEL 8), 200 MG (LEVEL 9), 240 MG (LEVEL 10), 300 MG (MAINTENANCE), 300 MG (LEVEL 11), INITIAL DOSE PACK)	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
pen needle, diabetic (pen , 29 gauge, pen , 29g x 3/8", pen , 29 g x1/2", pen , 30 gx3/16", pen , 30 gx5/16", pen , 31 gx5/16", pen , 31 gx3/16", pen , 31 g x1/3", pen , 31 g x1/4", pen , 31 g x1/6", pen , 32 gx5/16", pen , 32 gx 1/4", pen , 32 gx 1/5", pen , 32 gx 1/6", pen , 32 gx3/16", pen , 32gx 5/32", pen , 33 gx5/16", pen , 33 g x1/4", pen , 33 gx3/16", pen , 33 gx5/32", pen , 34 gx9/64")	2	QL (200 PER 30 DAYS)
pen needle, diabetic disposable, safety (pen 30 gx5/16", pen 30 gx3/16")	2	QL (200 PER 30 DAYS)
pen needle, diabetic, remover and disposal unit (pen , 31 gx3/16", pen , 31 gx5/16", pen , 31 g x1/4", pen , 32 gx 1/4", pen , 32gx 5/32")	2	QL (200 PER 30 DAYS)
pen needle, diabetic, safety (pen , 29gx 5/16", pen , 29gx3/16", pen , 29 g x1/2", pen , 30 gx5/16", pen , 30 gx 1/3", pen , 30 gx3/16", pen , 31 gx3/16", pen , 31 g x1/4", pen , 31 gx5/16")	2	QL (200 PER 30 DAYS)
sodium chloride irrig solution 0.9 % irrig soln	1	
sub-q insulin device, 20 unit each	2	
sub-q insulin device, 30 unit each	2	
sub-q insulin device, 40 unit each	2	
subcutaneous insulin pump each	2	QL (1 PER 365 DAYS OVER TIME)
syr,ndl 0.3 ml,ins,safe,d.unit 30 gx5/16" disp syrin	2	QL (200 PER 30 DAYS)
syringe with needle 1 ml,insulin,safety w-self-con.disp.unit (1 28gx1/2" disp, 1 29 g x1/2" disp)	2	QL (200 PER 30 DAYS)
syringe with needle, insulin 29 g x1/2" disp syrin	2	QL (200 PER 30 DAYS)
syringe with needle, insulin, safety, 0.3 ml (ge,needle,insuln,sf,0.3ml 29 g x1/2" disp, ge,needle,insuln,sf,0.3ml 31gx15/64" disp, ge,needle,insuln,sf,0.3ml 30 gx5/16" disp)	2	QL (200 PER 30 DAYS)
syringe with needle, insulin, safety, 0.5 ml (29 g x1/2" disp, 30 gx5/16" disp, 31gx15/64" disp)	2	QL (200 PER 30 DAYS)
syringe with needle, insulin, safety, 1 ml (29 g x1/2" disp, 30 gx3/16" disp, 30 gx5/16" disp, 30gx1/2" disp, 31 gx5/16" disp, 31gx15/64" disp)	2	QL (200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
syringe with needle,disposable,insulin 1 ml (ge disp, ge 25gx1" disp, ge 25gx5/8" disp, ge 26gx1/2" disp, ge 27gx5/8" disp, ge 27gx1/2" disp, ge 28 gx5/16" disp, ge 28 gauge disp, ge 28gx1/2" disp, ge 29gx 5/16" disp, ge 29 gauge disp, ge 29gx7/16" disp, ge 29 g x1/2" disp, ge 30 gx5/16" disp, ge 30 g x3/8" disp, ge 30gx15/64" disp, ge 30gx1/2" disp, ge 30 gauge disp, ge 31gx15/64" disp, ge 31 g x1/4" disp, ge 31gx3/8" disp, ge 31 gx5/16" disp, ge 32 gx5/16" disp)	2	QL (200 PER 30 DAYS)
syringe with needle,insulin 0.3 ml (half unit mark) (0.3 ml 29 g x1/2" disp, 0.3 ml 31 g x1/4" disp, 0.3 ml 31gx15/64" disp, 0.3 ml 31 gx5/16" disp, 0.3 ml 30 gx5/16" disp, 0.3 ml 30gx1/2" disp)	2	QL (200 PER 30 DAYS)
syringe with needle,insulin 0.5 ml (half unit mark) (0.5 ml 29 g x1/2" disp, 0.5 ml 30gx15/64" disp, 0.5 ml 31gx15/64" disp, 0.5 ml 30 gx5/16" disp, 0.5 ml 30gx1/2" disp, 0.5 ml 31 gx5/16" disp)	2	QL (200 PER 30 DAYS)
syringe with needle,insulin,0.3 ml (ml 29 gauge disp, ml 29 g x1/2" disp, ml 30gx1/2" disp, ml 30 gx5/16" disp, ml 30 gauge disp, ml 30 g x3/8" disp, ml 30gx15/64" disp, ml 31gx15/64" disp, ml 31gx3/8" disp, ml 31 gx5/16" disp, ml 31 g x1/4" disp)	2	QL (200 PER 30 DAYS)
syringe with needle,insulin,0.5 ml (ml 27gx1/2" disp, ml 28 gauge disp, ml 28gx1/2" disp, ml 29 gauge disp, ml 29 g x1/2" disp, ml 30 g x3/8" disp, ml 30 gx5/16" disp, ml 30 gauge disp, ml 30gx1/2" disp, ml 31 g x1/4" disp, ml 31 gx5/16" disp, ml 31gx3/8" disp, ml 31gx15/64" disp, ml 32 gx5/16" disp)	2	QL (200 PER 30 DAYS)
syringe,insul u-500,ndl,0.5ml 31gx15/64" disp syrin	2	QL (200 PER 30 DAYS)
syringe,insulin,needless 1 ml disp syrin	2	QL (200 PER 30 DAYS)
VILTEPSO 250 MG/5 ML VIAL	4	PA
VISTOGARD 10 GRAM PACKET	4	
water for irrigation,sterile irrig soln	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate 1 % drops	1	
bacitracin/polymyxin b sulfate 500-10k/g oint. (g)	1	
BLEPHAMIDE EYE DROPS	3	
BLEPHAMIDE EYE OINTMENT	3	
COMBIGAN 0.2%-0.5% EYE DROPS	2	
CORTISPORIN CREAM	3	
cyclopentolate hcl 1 % drops	1	
CYSTADROPS 0.37% EYE DROPS	4	PA, QL (20 PER 28 DAYS OVER TIME)
CYSTARAN 0.44% EYE DROPS	4	PA, QL (60 PER 28 DAYS OVER TIME)
dorzolamide hcl/timolol maleat 22.3-6.8/1 drops	1	
dorzolamide hcl/timolol maleate/pf (dorzolamide/timolol/pf 2 % drops, dorzolamide/timolol/pf 2 % droperette)	1	
ISOPTO ATROPINE 1% EYE DROP	1	
LACRISERT 5 MG EYE INSERT	3	
LUCENTIS (0.3 MG/0.05 ML VIAL, 0.3 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL, 0.5 MG/0.05 ML SYRING)	4	PA
neomycin sulf/bacitracin/poly 3.5mg-400 oint. (g)	1	
neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)	1	
neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))	1	
neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp	1	
neomycin/polymyxn b/gramicidin 1.75mg-10k drops	1	
OXERVATE 0.002% EYE DROP	4	PA, QL (56 PER 28 DAYS)
phenylephrine hcl 2.5 % drops	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
polymyxin b sulf/trimethoprim 10000-1/ml drops	1	
PRED-G (1% DROPS, S.O.P. OINTMENT)	3	
RESTASIS 0.05% EYE EMULSION	2	
RESTASIS MULTIDOSE 0.05% EYE	2	
ROCKLATAN 0.02%-0.005% EYE DRP	2	QL (2.5 PER 25 DAYS)
SIMBRINZA 1%-0.2% EYE DROPS	2	
sulfacetamide/prednisolone sp 10 %-0.23% drops	1	
TOBRADEX EYE OINTMENT	3	
TOBRADEX ST EYE DROPS	3	
tobramycin/dexamethasone 0.3 %-0.1% drops susp	1	
XIIDRA 5% EYE DROPS	3	QL (60 PER 30 DAYS)
ZYLET EYE DROPS	3	
Ophthalmic Anti-Infectives		
bacitracin 500 unit/g oint. (g)	1	
BESIVANCE 0.6% SUSP	3	
CILOXAN 0.3% OINTMENT	3	
ciprofloxacin hcl 0.3 % drops	1	
erythromycin base 5 mg/gram oint. (g)	1	
gatifloxacin 0.5 % drops	1	
gentamicin sulfate (0.3 % drops, 0.3 % oint. (g))	1	
levofloxacin 0.5 % drops	1	
moxifloxacin hcl (0.5 % drops, 0.5 % drops visc)	1	
NATACYN EYE DROPS	3	
ofloxacin 0.3 % drops	1	
sulfacetamide sodium (10 % drops, 10 % oint. (g))	1	
tobramycin 0.3 % drops	1	
TOBREX 0.3% EYE OINTMENT	3	
trifluridine 1 % drops	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Anti-allergy Agents		
ALOCRIL 2% EYE DROPS	3	
ALOMIDE 0.1% EYE DROPS	3	
azelastine hcl 0.05 % drops	1	
BEPREVE 1.5% EYE DROPS	3	
cromolyn sodium 4 % drops	1	
EMADINE 0.05% EYE DROPS	3	
epinastine hcl 0.05 % drops	1	
olopatadine hcl (0.1 % drops, 0.2 % drops)	1	
PAZEO 0.7% EYE DROPS	2	
Ophthalmic Anti-inflammatories		
ALREX 0.2% EYE DROPS	3	
bromfenac sodium 0.09 % drops	3	
dexamethasone sodium phosphate 0.1 % drops	1	
diclofenac sodium 0.1 % drops	1	
DUREZOL 0.05% EYE DROPS	2	
FLAREX 0.1% EYE DROPS	2	
fluorometholone 0.1 % drops susp	1	
flurbiprofen sodium 0.03 % drops	1	
FML FORTE 0.25% EYE DROPS	2	
FML S.O.P. 0.1% OINTMENT	2	
ILEVRO 0.3% OPHTH DROPS	2	QL (6 PER 30 DAYS OVER TIME)
ketorolac tromethamine (0.4 % drops, 0.5 % drops)	1	
LOTEMAX 0.5% EYE OINTMENT	3	QL (14 PER 365 DAYS OVER TIME)
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL (20 PER 365 DAYS OVER TIME)
LOTEMAX SM 0.38% OPHTH GEL	3	QL (20 PER 365 DAYS OVER TIME)
loteprednol etabonate 0.5 % drops susp	3	
MAXIDEX 0.1% EYE DROPS	2	
PRED MILD 0.12% EYE DROPS	2	
prednisolone acetate 1 % drops susp	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
prednisolone sodium phosphate 1 % drops	1	
PROLENSA 0.07% EYE DROPS	3	QL (12 PER 365 DAYS OVER TIME)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5 % drops	1	
BETIMOL (0.25% DROPS, 0.5% DROPS)	3	
BETOPTIC S 0.25% EYE DROPS	3	
carteolol hcl 1 % drops	1	
levobunolol hcl 0.5 % drops	1	
timolol maleate (0.25 % sol-gel, 0.25 % drops,	1	
timolol maleate/pf 0.5 % droperette	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide 500 mg capsule er	1	
ALPHAGAN P 0.1% DROPS	2	
apraclonidine hcl 0.5 % drops	1	
AZOPT 1% EYE DROPS	2	
brimonidine tartrate 0.15 % drops	3	
brimonidine tartrate 0.2 % drops	1	
dorzolamide hcl 2 % drops	1	
dorzolamide hcl/pf 2 % drops	1	
IOPIDINE 1% EYE DROPS	3	
methazolamide (25 mg tablet, 50 mg tablet)	3	
PHOSPHOLINE IODIDE 0.125%	3	
pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)	1	
RHOPRESSA 0.02% OPHTH SOLUTION	2	QL (2.5 PER 25 DAYS)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03 % drops	1	QL (5 PER 30 DAYS)
DURYSTA 10 MCG IMPLANT	4	
latanoprost 0.005 % drops	1	
latanoprost/pf 0.005 % drops	1	
LUMIGAN 0.01% EYE DROPS	2	QL (2.5 PER 25 DAYS)

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on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VYZULTA 0.024% OPHTH SOLUTION	3	QL (5 PER 25 DAYS)
Otic Agents		
acetic acid 2 % solution	1	
acetic acid/aluminum acetate 2 % drops	1	
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	2	
ciprofloxacin hcl 0.2 % droperette	1	
ciprofloxacin hcl/dexameth 0.3 %-0.1% drops	1	
COLY-MYCIN S (EAR DROP, OTIC UP DROP)	3	
CORTISPORIN-TC EAR SUSPENSION	3	
fluocinolone acetonide oil 0.01 % drops	1	
hydrocortisone/acetic acid 1 %-2 % drops	1	
neomycin sulfate/polymyxin b b/hydrocort 3.5-10k-1 drops susp, solution)	1	
ofloxacin 0.3 % drops	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	2	QL (30 PER 30 DAYS)
ASMANEX (TWISTHALER 110 MCG #7, TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALER 220 MCG #14, TWISTHALR 220 MCG #120)	3	QL (1 PER 30 DAYS)
ASMANEX HFA (50 MCG, 100 MCG, 200 MCG)	3	QL (13 PER 30 DAYS)
budesonide (0.25mg/2ml, 0.5 mg/2ml, 1 mg/2 ml)	3	PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS)
FLOVENT 250 MCG DISKUS	2	QL (240 PER 30 DAYS)
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG, 220 MCG)	2	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	2	QL (21.2 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
flunisolide 25 mcg spray	3	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg spray susp	1	
mometasone furoate 50 mcg spray/pump	3	QL (34 PER 30 DAYS)
QVAR REDIHALER (40 MCG, 80 MCG)	2	ST, QL (21.2 PER 30 DAYS)
Antihistamines		
azelastine hcl (137 mcg spray/pump, 205.5 mcg	1	QL (60 PER 30 DAYS)
azelastine/fluticasone 137-50 mcg spray/pump	3	QL (23 PER 30 DAYS)
cyproheptadine hcl (2 mg/5 ml syrup, 4 mg/10	3	PA
desloratadine 5 mg tablet	1	
diphenhydramine hcl (50 mg/ml syringe, 50	1	
hydroxyzine hcl (10 mg tablet, 10 mg/5 ml *mg tablet)*	3	PA
levocetirizine dihydrochloride 5 mg tablet	1	
olopatadine hcl 0.6 % spray/pump	3	QL (30.5 PER 30 DAYS)
Antileukotrienes		
montelukast sodium (4 mg gran pack, 4 mg tab	1	
zafirlukast (10 mg tablet, 20 mg tablet)	1	
zileuton 600 mg tbmp 12hr	4	ST
ZYFLO 600 MG FILMTAB	4	ST
Bronchodilators, Anticholinergic		
ATROVENT 17 MCG HFA INHALER	3	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG INH	2	QL (30 PER 30 DAYS)
ipratropium bromide (21 mcg spray, 42 mcg spray)	1	
ipratropium bromide 0.2 mg/ml solution	1	PA - TO CONFIRM PART D COVERAGE, QL (312.5 PER 30 DAYS)
LONHALA MAGNAIR 25 MCG REFILL	4	QL (60 PER 30 DAYS)
LONHALA MAGNAIR 25 MCG STARTER	4	QL (60 PER 30 DAYS)
SPIRIVA 18 MCG CP-HANDIHALER	2	QL (30 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SPIRIVA RESPIMAT 1.25 MCG INH	2	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	2	QL (8 PER 28 DAYS)
TUDORZA PRESSAIR 400 MCG INHAL	3	ST, QL (60 PER 30 DAYS)
YUPELRI 175 MCG/3 ML SOLUTION	4	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
albuterol sulfate (0.63mg/3ml, 1.25mg/3ml)	1	PA - TO CONFIRM PART D COVERAGE, QL (375 PER 30 DAYS)
albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tab er 12h, 4 mg tablet, 8 mg tab er 12h)	3	
albuterol sulfate (2.5 mg/0.5 vial-neb, 5 mg/ml solution)	1	PA - TO CONFIRM PART D COVERAGE, QL (100 PER 30 DAYS)
albuterol sulfate 2.5 mg/3ml vial-neb	1	PA - TO CONFIRM PART D COVERAGE, QL (525 PER 30 DAYS)
albuterol sulfate 90 mcg hfa aer ad	1	QL (48 PER 30 DAYS)
epinephrine (0.15mg/0.3, 0.15/0.15, 0.3mg/0.3)	2	
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	3	
EPIPEN JR 2-PAK 0.15 MG INJCTR	3	
levalbuterol hcl (0.31mg/3ml, 0.63mg/3ml)	1	PA - TO CONFIRM PART D COVERAGE, QL (540 PER 30 DAYS)
levalbuterol hcl 1.25mg/0.5 vial-neb	3	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
levalbuterol hcl 1.25mg/3ml vial-neb	1	PA - TO CONFIRM PART D COVERAGE, QL (270 PER 30 DAYS)
levalbuterol tartrate 45 mcg hfa aer ad	1	QL (30 PER 30 DAYS)
metaproterenol sulfate 10 mg/5 ml syrup	3	
PERFOROMIST 20 MCG/2 ML SOLN	4	PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS)
PROAIR HFA 90 MCG INHALER	2	QL (17 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	2	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	2	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT INHAL SPRAY	3	QL (4 PER 30 DAYS)
terbutaline sulfate (2.5 mg tablet, 5 mg tablet)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cystic Fibrosis Agents		
BETHKIS 300 MG/4 ML AMPULE	4	PA - TO CONFIRM PART D COVERAGE
CAYSTON 75 MG INHAL SOLUTION	4	PA
KALYDECO (25 MG GRANULES PACKET, 50 MG 150 MG TABLET)	4	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG, 150-188 MG)	4	PA, QL (56 PER 28 DAYS)
PULMOZYME 1 MG/ML AMPUL	4	PA
SYMDEKO 100/150 MG-150 MG TABS	4	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	4	PA, QL (60 PER 30 DAYS)
TOBI PODHALER 28 MG INHALE CAP	4	QL (224 PER 56 DAYS OVER TIME)
tobramycin in 0.225% sod chlor 300 mg/5ml	4	PA - TO CONFIRM PART D COVERAGE
tobramycin/nebulizer 300 mg/5ml ampul-neb	4	PA - TO CONFIRM PART D COVERAGE
TRIKAFTA 100/50/75 MG-150 MG	4	PA, QL (84 PER 28 DAYS)
Mast Cell Stabilizers		
cromolyn sodium 20 mg/2 ml ampul-neb	1	PA - TO CONFIRM PART D COVERAGE
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	3	PA
theophylline anhydrous (80 mg/15ml solution, tab er 24h, 450 mg tab er 12h, 600 mg tab er	1	
Pulmonary Antihypertensives		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	4	PA, QL (90 PER 30 DAYS)
ambrisentan (5 mg tablet, 10 mg tablet)	4	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tablet, 125 mg tablet)	4	PA, QL (60 PER 30 DAYS)
OPSUMIT 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	4	PA
ORENITRAM ER 0.125 MG TABLET	3	PA
sildenafil citrate 10 mg/ml susp recon	4	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
sildenafil citrate 20 mg tablet	1	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	4	PA, QL (60 PER 30 DAYS)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	4	PA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	4	PA, QL (400 PER 365 DAYS OVER TIME)
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	4	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG TABLET, 267 MG CAPSULE, 801	4	PA
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	4	PA
Respiratory Tract Agents, Other		
acetylcysteine (100 mg/ml vial, 200 mg/ml vial)	1	PA - TO CONFIRM PART D COVERAGE
ANORO ELLIPTA 62.5-25 MCG INH	2	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	2	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	2	QL (8 PER 30 DAYS)
DULERA (100 MCG, 200 MCG)	3	QL (17.6 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER	3	QL (13 PER 30 DAYS)
FASENRA 30 MG/ML SYRINGE	4	PA
FASENRA PEN 30 MG/ML	4	PA
fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg w/dev, propion/salmeterol 250-50 mcg w/dev, propion/salmeterol 500-50 mcg w/dev)	1	QL (60 PER 30 DAYS)
ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb	1	PA - TO CONFIRM PART D COVERAGE, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML SYRINGE, 100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR)	4	PA, QL (3 PER 28 DAYS)
phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup	3	PA
STIOLTO RESPIMAT INHAL SPRAY	2	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	2	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	2	QL (13.8 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	2	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
carisoprodol (250 mg tablet, 350 mg tablet)	3	PA
chlorzoxazone 500 mg tablet	3	PA
cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet,	3	PA
methocarbamol (500 mg tablet, 750 mg tablet)	3	PA
orphenadrine citrate 100 mg tablet er	3	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA (5 MG TABLET, 10 MG TABLET, 15	2	QL (30 PER 30 DAYS)
doxepin hcl (3 mg tablet, 6 mg tablet)	1	QL (30 PER 30 DAYS)
estazolam (1 mg tablet, 2 mg tablet)	1	PA, QL (30 PER 30 DAYS)
eszopiclone (1 mg tablet, 2 mg tablet, 3 mg	3	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
ramelteon 8 mg tablet	3	QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	1	PA, QL (30 PER 30 DAYS)
temazepam (7.5 mg capsule, 22.5 mg capsule)	3	PA, QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	3	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	3	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	1	QL (30 PER 30 DAYS)
zolpidem tartrate (6.25 mg tab, 12.5 mg tab)	3	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)	1	PA, QL (30 PER 30 DAYS)
armodafinil 50 mg tablet	1	PA, QL (60 PER 30 DAYS)
modafinil (100 mg tablet, 200 mg tablet)	1	PA, QL (30 PER 30 DAYS)
WAKIX (4.45 MG TABLET, 17.8 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
XYREM 500 MG/ML ORAL SOLUTION	4	PA, QL (540 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
XYWAV 0.5 GM/ML ORAL SOLUTION	4	PA, QL (540 PER 30 DAYS)
Therapeutic Nutrients/Minerals/Electrolytes		
Vitamins		
KOSHER PRENATAL PLUS IRON TAB	1	
multivit 47/iron/folate 1/dha 27-1-300mg	1	
mv-mins 71/iron/folic no.1/dha 28-1-300mg	1	
mvn-min75/iron/iron ps/om3/dha 35-1-200mg	1	
pnv 11/iron fum/folic acid/om3 28-1-200mg	1	
pnv 22/iron,gluc/folic/dss/dha 27-1-50 mg	1	
pnv no.118/iron fumarate/fa 29 mg-1 mg tab	1	
pnv,calcium 72/iron,carb/folic 29 mg-1 mg	1	
pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet	1	
prenatal no115/iron/folic acid 29 mg-1 mg tab	1	
prenatal vit,calc76/iron/folic 29 mg-1 mg tablet	1	
prenatal vit22/iron/folic/om3s 28-6-1-203	1	
prenatal,calc.40/iron/folate 1 27 mg-1 mg tablet	1	
prenatal72/iron fum/fa/om3/dha 27-1-250mg	1	
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Retiree RxCare Formulary

This formulary was updated on January 27, 2021. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or, for TTY users, 711, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit http://retireerxcare.amwins.com.