

Align ChoiceElite (PPO) Align ChoicePlus (PPO) 2023 Formulary List of Covered Drugs

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

For the most current list of covered medications
or if you have questions, call our Pharmacy
Management Team at (844) 642-9090.

Formulary ID# 00023389, V6

This formulary was updated on 09/01/2022.

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

For more recent information or other questions, please contact Align ChoiceElite (PPO) and Align ChoicePlus (PPO) member service at (888) 278-6485 TTY: (888) 279-1549 from 8 a.m. to 8 p.m. CST, Monday through Friday, or visit align.sanfordhealthplan.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our customer service department at (888) 278-6485 TTY: (888) 279-1549, from 8 a.m. to 8 p.m. CST, Monday through Friday.



Visit align.sanfordhealthplan.com and select Pharmacy Coverage to:

- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



Understanding your formulary

What is the Align ChoiceElite (PPO) and Align ChoicePlus (PPO) formulary?

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

For a complete listing of all prescription drugs covered by the plan, please visit our website align.sanfordhealthplan.com or call (844) 642-9090. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Sanford Health Plan. When it refers to “plan” or “our plan,” it means Align ChoiceElite (PPO) and Align ChoicePlus (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2023. For an updated formulary, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on Jan. 1, 2023, and from time to time during the year.

Understanding your formulary

Can the Formulary (drug list) change?

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Align ChoiceElite (PPO) and Align ChoicePlus (PPO) formulary?”

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug, move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must

Understanding your formulary

notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Align ChoiceElite (PPO) and Align ChoicePlus (PPO) formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on Jan. 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1/1/2023. To get updated information about the drugs covered by the plan, please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website including the date it was updated.

Understanding your formulary

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 11. 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 72. 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?

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

Reading your formulary

The formulary gives you choices so you and your provider can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Tier information

Tiers are different cost levels you pay for a medication. This is how much you will pay when you fill a prescription. Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Consult your Summary of Benefits to determine your cost for each of the tiers listed below.

Drug Tier	Includes		Helpful Tips
Tier 1	\$	Lower cost preferred generic	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$	Mid-range cost generic	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$	High cost non-preferred generic preferred brand Select Insulin Drugs	Many Tier 3 drugs have lower-cost options in Tiers 1 or 2. Ask your provider if they could work for you. Select Insulin Drugs with \$35 max copay through gap.
Tier 4	\$\$\$\$	Higher cost non-preferred brand	Preferred specialty medications typically require more information from you or your provider to determine coverage.
Tier 5	\$\$\$\$\$	Highest cost specialty	Non-preferred specialty medications typically require more information from you or your provider to determine coverage. Lower cost options may be available.

Additional Formulary Information

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact member services and ask if your drug is covered. For more information, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

If you learn that the plan does not cover your drug, you have two options: You can ask member services for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.

You can ask the plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Align ChoiceElite (PPO) and Align ChoicePlus (PPO) Formulary?

You can ask the plan 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 approved, this would lower the amount you must pay for your drug.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception.

Additional Formulary Information

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days that 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 90-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan for less than 90 days.

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

For more information

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

If you have questions about the plan, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

Drug Coverage

Drug coverage

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800-MEDICARE (800-633-4227) 24 hours a day, seven days a week TTY: (877) 486-2048) or visit [medicare.gov](https://www.medicare.gov).

Align ChoiceElite (PPO) and Align ChoicePlus (PPO) Formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the index that begins on page 121. The first column of the chart lists the drug name.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

You can ask the plan 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 plan's formulary?" on page 6 for information about how to request an exception.

Drug List Information

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

NDS	Non-Extended Day Supply — This prescription drug is not available for an extended days' supply.
PA	Prior Authorization — You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	Quantity Limit/Amount Allowed — Medication may be limited to a certain quantity.
SI	Select Insulin — Select insulins are available for a \$35 copay for a 30-day supply during the deductible, initial coverage period and coverage gap phases.
ST	Step Therapy — Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.

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

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Align powered by Sanford Health Plan Customer Service at (888) 278-6485 TTY: (888) 279-1549, seven days a week from 8 a.m. to 8 p.m. CST, or visit align.sanfordhealthplan.com. The formulary, pharmacy network and/or provider network may change at any time. January 2023

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	3	PA
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
BUPRENORPHINE	4	QL (4 EA per 28 days) NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>methadose sugar-free</i>	3	NDS
<i>methadose concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	4	NDS
XTAMPZA ER	3	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine</i>	2	NDS
<i>codeine sulfate tablet 60mg</i>	4	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hcl injection 2mg/2ml</i>	3	
NALOXONE HYDROCHLORIDE LIQUID	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS	4	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO	5	
KIMYRSA	5	
<i>lincomycin hcl injection</i>	2	
<i>linezolid tablet</i>	4	QL (56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL (1800 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
ORBACTIV	5	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days)
<i>vancomycin hydrochloride injection 250mg</i>	2	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
VOQUEZNA DUAL PAK	4	PA
VOQUEZNA TRIPLE PAK	4	PA
XENLETA TABLET	5	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
FETROJA	5	
<i>tazicef injection 1gm, 2gm, 6gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg</i>	1	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>ampicillin sodium injection 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	5	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		

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<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
BAXDELA TABLET	5	
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	2	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	2	
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted</i>	3	
MINOCIN INJECTION	5	

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<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>mondoxyne nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL (10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg-150mg)
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPSULE 300MG	4	

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<i>ethosuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin solution</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
Sodium Channel Agents		
APTiom	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	

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<i>rufinamide tablet 200mg</i>	3	
<i>rufinamide tablet 400mg</i>	5	
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	4	QL (56 EA per 365 days) ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
<i>quetiapine fumarate tablet 150mg</i>	2	QL (90 EA per 30 days)
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	

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SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution</i>	4	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER	4	ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	

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<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl plain</i>	3	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	4	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	4	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO CAPSULE	4	QL (2 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	4	
<i>aprepitant capsule 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant capsule 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	4	QL (8 EA per 30 days) B/D
DRONABINOL CAPSULE 10MG	4	QL (60 EA per 30 days) PA
<i>dronabinol capsule 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl solution</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b liposome</i>	5	B/D

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

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AIMOVIG INJECTION 70MG/ML	4	QL (2 ML per 30 days) PA
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 30 days) PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
UBRELVY	5	QL (16 EA per 30 days) PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SOLUTION	4	QL (12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL (12 EA per 30 days)
<i>zolmitriptan solution 2.5mg</i>	4	QL (18 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
CAPASTAT SULFATE	5	
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide monohydrate injection</i>	5	
CYCLOPHOSPHAMIDE CAPSULE	3	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	5	

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GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
IFOSFAMIDE INJECTION 3GM	4	
LEUKERAN	5	
MATULANE	5	
<i>thiotepa injection 100mg</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID CAPSULE 2.5MG, 20MG	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
INFUGEM INJECTION 1900MG/190ML; 0.9%	5	
<i>mercaptopurine tablet</i>	3	
<i>nelarabine</i>	5	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
<i>arsenic trioxide injection 10mg/10ml</i>	4	
ASPARLAS	5	
BESREMI	5	PA
GAVRETO	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA

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Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT INJECTION 15MG	5	
KIMMTRAK	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA
NINLARO	5	PA
ONUREG	5	PA
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHESGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	PA
RYLAZE	5	
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TICE BCG	4	
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	1	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
ETOPOPHOS	5	
Molecular Target Inhibitors		
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
EXKIVITY	5	PA
FARYDAK	5	PA
FYARRO	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA CAPSULE, TABLET	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA

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LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA
ODOMZO	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSE TABLET 80MG	5	PA
TAGRISSE TABLET 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	PA
UKONIQ	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA	5	PA
DARZALEX FASPRO	5	PA
JEMPERLI	5	PA
KANJINTI	5	PA

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MONJUVI	5	PA
MVASI	5	PA
POLIVY	5	PA
RUXIENCE	5	PA
RYBREVA	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRAZIMERA	5	PA
TRODEL VY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
ELITEK	5	
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg</i>	4	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	5	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
BENZNIDAZOLE	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hcl solution</i>	2	

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<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate, injection, tablet</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA
FANAPT	5	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABLET 80MG	5	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID	5	PA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days)
<i>risperidone tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone solution</i>	4	QL (240 ML per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE THERAPY PACK	4	QL (14 EA per 365 days) ST

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPSULE	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tablet 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL (180 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	5	QL (600 ML per 30 days)
<i>entecavir</i>	4	QL (30 EA per 30 days)
EPIVIR HBV SOLUTION	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET TABLET	5	QL (336 EA per 365 days) PA
MAVYRET PACKET	5	QL (560 EA per 365 days) PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA

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

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL (30 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (20 EA per 5 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	QL (60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
PREZISTA TABLET 600MG, 800MG	5	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		

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<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hydrochloride</i>	3	
XOFLUZA TABLET THERAPY PACK 80MG	3	QL (2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hcl tablet 1gm</i>	3	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hcl tablet 30mg</i>	4	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>buspirone hydrochloride tablet 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	2	QL (900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	2	
CYCLOSET	4	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
INVOKAMET	4	ST
INVOKAMET XR	4	ST
INVOKANA	4	ST
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	3	
MOUNJARO	5	QL (2 ML per 28 days) ST
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days) ST
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) ST
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) ST
RYBELSUS TABLET 3MG	3	QL (60 EA per 365 days) ST
SOLIQUA 100/33	3	ST SI
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	SI
HUMALOG JUNIOR KWIKPEN	3	SI
HUMALOG KWIKPEN	3	SI
HUMALOG MIX 50/50	3	SI
HUMALOG MIX 50/50 KWIKPEN	3	SI
HUMALOG MIX 75/25	3	SI
HUMALOG MIX 75/25 KWIKPEN	3	SI
HUMULIN 70/30	3	SI
HUMULIN 70/30 KWIKPEN	3	SI
HUMULIN N	3	SI
HUMULIN N KWIKPEN	3	SI
HUMULIN R	3	SI
HUMULIN R U-500 (CONCENTRATED)	3	SI
HUMULIN R U-500 KWIKPEN	3	SI
LANTUS	3	SI
LANTUS SOLOSTAR	3	SI
LEVEMIR	3	SI
LEVEMIR FLEXTOUCH	3	SI
LYUMJEV	3	SI
LYUMJEV KWIKPEN	3	SI
NOVOLIN 70/30	3	SI

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN	3	SI
NOVOLIN N	3	SI
NOVOLIN N FLEXPEN	3	SI
NOVOLIN R	3	SI
NOVOLIN R FLEXPEN	3	SI
NOVOLOG	3	SI
NOVOLOG FLEXPEN	3	SI
NOVOLOG MIX 70/30	3	SI
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	SI
NOVOLOG PENFILL	3	SI
TOUJEO MAX SOLOSTAR	3	SI
TOUJEO SOLOSTAR	3	SI
TRESIBA	3	SI
TRESIBA FLEXTOUCH	3	SI
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJECTION 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJECTION 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJECTION 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJECTION 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	5	QL (7 ML per 90 days)
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET SOLUBLE	5	QL (240 EA per 30 days) PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	5	QL (60 EA per 30 days) PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
<i>prasugrel</i>	2	
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl tablet 1mg</i>	4	
<i>guanfacine hydrochloride tablet 2mg</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl tablet 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>disopyramide phosphate capsule</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	
<i>pacerone tablet 200mg</i>	1	
<i>pacerone tablet 100mg, 400mg</i>	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	4	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour</i>	4	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet	1	
Cardiovascular Agents, Other		
acetazolamide	3	
ADRENALIN INJECTION 1MG/ML	4	
aliskiren	2	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	1	
amlodipine/olmesartan medoxomil	2	
atenolol/chlorthalidone	2	
benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg	1	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg	1	
bisoprolol fumarate/hydrochlorothiazide	2	
CAMZYOS	5	QL (30 EA per 30 days) PA
candesartan cilexetil/hydrochlorothiazide	1	
captopril/hydrochlorothiazide	2	
CORLANOR SOLUTION	4	QL (450 ML per 30 days) PA
CORLANOR TABLET	4	QL (60 EA per 30 days) PA
EDARBYCLOR	4	
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO	3	QL (60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide	2	
irbesartan/hydrochlorothiazide	1	
isosorbide dinitrate/hydralazine hydrochloride	3	
KERENDIA	4	QL (30 EA per 30 days) PA
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	1	
pentoxifylline er	2	
quinapril/hydrochlorothiazide	1	
ranolazine er	2	
spironolactone/hydrochlorothiazide	2	
telmisartan/hydrochlorothiazide	1	
trandolapril/verapamil hcl er	1	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
bumetanide injection, tablet	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i>	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR	4	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg, 60mg</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	
NITRO-BID	4	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl injection</i>	4	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL (60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL (60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL (60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL (180 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
FINGOLIMOD	5	QL (30 EA per 30 days) PA
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABLET 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	5	QL (30 EA per 30 days) PA
OCREVUS	5	QL (40 ML per 365 days) PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (4 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TYSABRI	5	PA
VUMERITY	5	QL (120 EA per 30 days) PA
ZEPOSIA	5	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>denta 5000 plus</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	2	
KEPIVANCE	5	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm cream</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACUTANE	4	PA
<i>acitretin</i>	4	
<i>amnestem</i>	4	PA
<i>azelaic acid</i>	4	

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<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL (50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>myorisan</i>	4	PA
<i>rosadan</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>amcinonide lotion</i>	4	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
CIBINQO	5	QL (30 EA per 30 days) PA
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL (120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.05%</i>	3	

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<i>fluocinonide cream 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
OPZELURA	5	QL (240 GM per 30 days) PA
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	3	QL (60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL (120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
<i>fluorouracil cream 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	4	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
PICATO	5	ST
<i>podofilox</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	

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<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL (60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin ointment</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	

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<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
<i>plenamine</i>	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	4	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 180mg</i>	5	PA
<i>deferiprone</i>	5	PA
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>lanthanum carbonate</i>	4	
<i>sevelamer carbonate tablet</i>	4	
<i>sevelamer carbonate packet</i>	5	
VELPHORO	5	
Potassium Binders		
<i>kionex</i>	3	
<i>sodium polystyrene sulfonate oral suspension 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate rectal suspension 30gm/120ml, 50gm/200ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sps</i>	3	
<i>veltassa</i>	5	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL (30 EA per 30 days)
LUBIPROSTONE	4	QL (60 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)
<i>pegylax</i>	2	
<i>polyethylene glycol 3350 packet 17gm</i>	2	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	2	
RELISTOR TABLET	5	QL (90 EA per 30 days) ST
RELISTOR INJECTION 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 30 days) ST
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate oral solution</i>	4	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
<i>Gastrointestinal Agents, Other</i>		
CLENPIQ	3	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl injection, oral solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>peg 3350/electrolytes</i>	2	

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<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
URSODIOL CAPSULE 300MG	4	
<i>ursodiol tablet</i>	3	
XIFAXAN	5	PA
ZORBTIVE	5	PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine solution</i>	4	
<i>Protectants</i>		
<i>misoprostol tablet 100mcg</i>	2	
<i>misoprostol tablet 200mcg</i>	3	
SUCRALFATE SUSPENSION	4	
<i>sucralfate tablet</i>	2	
<i>Proton Pump Inhibitors</i>		
DEXILANT	4	QL (30 EA per 30 days)
DEXLANSOPRAZOLE	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
ORFADIN SUSPENSION	5	
ORFADIN CAPSULE 20MG	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA
SUCRAID	5	
TEGSEDI	5	PA
VIMIZIM	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	3	
GELNIQUE PUMP	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrup, tablet</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	

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<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone elixir, solution</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	3	
<i>prednisolone sodium phosphate solution 20mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetate injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%, 0.1mg/ml</i>	4	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	5	
FENSOLVI	5	QL (1 EA per 168 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
SKYTROFA	5	PA
STIMATE SOLUTION	5	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	3	
<i>camrese</i>	4	QL (91 EA per 91 days)
<i>camrese lo</i>	4	QL (91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL (91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
DIVIGEL	4	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>iclevia</i>	4	QL (91 EA per 91 days)
<i>introvale</i>	4	QL (91 EA per 91 days)
<i>jaimiess</i>	4	QL (91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL (91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL (91 EA per 91 days)
<i>setlakin</i>	4	QL (91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL (91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-lynyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvaferm</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
MAKENA INJECTION 275MG/1.1ML	5	PA
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	2	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	5	QL (4 EA per 365 days) PA
LANREOTIDE ACETATE	5	PA
<i>leuprolide acetate injection</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
MYFEMBREE	5	QL (30 EA per 30 days) PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
ORILISSA TABLET 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABLET 200MG	5	QL (60 EA per 30 days) PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	QL (1 EA per 365 days) PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	4	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
<i>carimune nanofiltered injection 12gm, 6gm</i>	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML, 300UNIT/2ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGAM RABIES-HT INJECTION 300UNIT/2ML	4	B/D
KEDRAB	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL (4 ML per 28 days) PA
ARCALYST	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA

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Drug Name	Drug Tier	Requirements/Limits
EMPAVELI	5	PA
ENJAYMO	5	PA
ENTYVIO	5	PA
ILARIS INJECTION 150MG/ML	5	QL (2 ML per 28 days) PA
ILUMYA	5	PA
LEMTRADA	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SAPHNELO	5	PA
SKYRIZI	5	PA
SKYRIZI PEN	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION	5	QL (300 ML per 30 days) PA
XELJANZ TABLET	5	QL (60 EA per 30 days) PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
SYLATRON	5	PA
Immunosuppressants		
<i>azathioprine tablet 50mg</i>	2	B/D
<i>azathioprine tablet 100mg, 75mg</i>	4	B/D
BENLYSTA INJECTION 120MG, 400MG	5	PA
CIMZIA STARTER KIT	5	PA
CIMZIA INJECTION 200MG/ML	5	PA
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraft capsule 100mg, 25mg</i>	4	B/D
<i>engraft solution</i>	4	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA

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HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>sirolimus tablet 0.5mg, 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
CORTIFOAM FOAM	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TARPEYO	5	QL (120 EA per 30 days) PA
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	5	
<i>doxercalciferol capsule</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL (1 EA per 28 days)
NATPARA	5	QL (2 EA per 28 days) PA
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days)
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	QL (200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	3	
ELLA	3	
IGALMI	4	PA
KORSUVA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO	4	QL (40 EA per 5 days)
LIVMARLI	5	QL (90 ML per 30 days) PA
<i>nutrilipid</i>	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (30 EA per 5 days)
<i>sodium chloride 0.9%</i>	2	
TAVNEOS	5	QL (180 EA per 30 days) PA
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL (200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
VISTOGARD	5	
VOXZOGO	5	QL (30 EA per 30 days) PA
VYVGART	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL (60 ML per 28 days) PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	

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RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
VABYSMO	5	PA
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
BEPOTASTINE BESILATE	4	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	

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<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL (20 GM per 365 days)
LOTEPREDNOL ETABONATE GEL	4	QL (20 GM per 365 days)
<i>loteprednol etabonate suspension</i>	4	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin</i>	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	3	
<i>fluocinolone acetonide ear drops</i>	3	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)

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ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER	4	QL (21.2 GM per 30 days) ST
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	QL (60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	

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<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate syrup</i>	4	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
EPINEPHRINE INJECTION 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	3	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL (90 EA per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
<i>terbutaline sulfate tablet</i>	4	
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG	5	QL (56 EA per 28 days) PA
PULMOZYME	5	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL (56 EA per 28 days) PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL (60 EA per 30 days) PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	QL (84 EA per 28 days) PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP	4	PA
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>alyq</i>	5	QL (60 EA per 30 days) PA
AMBRISSENTAN	5	QL (30 EA per 30 days) PA
<i>bosentan</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil tablet 20mg</i>	4	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET CAPSULE	5	PA
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine solution</i>	4	B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TEZSPIRE	5	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL (30 EA per 30 days)
<i>eszopiclone</i>	4	QL (30 EA per 30 days)
<i>ramelteon</i>	4	QL (30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL (30 EA per 30 days)

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<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tablet 50mg</i>	3	QL (60 EA per 30 days) PA
<i>armodafinil tablet 250mg</i>	4	QL (30 EA per 30 days) PA
<i>modafinil</i>	3	QL (30 EA per 30 days) PA
XYREM	5	QL (540 ML per 30 days) PA

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<i>acetic acid 0.25%</i>	53	<i>amcinonide</i>	46
<i>acetylcysteine</i>	70	<i>amethia</i>	54
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ARNUITY ELLIPTA	67	<i>azelastine hcl</i>	66
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ASMANEX TWISTHALER 14 METERED	68	<i>baclofen</i>	31
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ASMANEX TWISTHALER 30 METERED	68	BAFIERTAM	44
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ASMANEX TWISTHALER 60 METERED	68	BALVERSA	26
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ASMANEX TWISTHALER 7 METERED	68	BAQSIMI ONE PACK	36
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ASPARLAS	24	BARACLUDE	31
<i>aspirin/dipyridamole</i>	38	BAXDELA	16
<i>aspirin/dipyridamole er</i>	38	BCG VACCINE	62
<i>atazanavir</i>	33	<i>bd insulin syringe safetyglide/1ml/29g x</i>	64
<i>atazanavir sulfate</i>	33	<i>1/2"</i>	
<i>atenolol</i>	40	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	64
<i>atenolol/chlorthalidone</i>	41	<i>5/16"</i>	
<i>atomoxetine</i>	44	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	64
<i>atomoxetine hydrochloride</i>	44	<i>12.7mm</i>	
<i>atorvastatin calcium</i>	42	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	64
<i>atovaquone</i>	28	<i>bd pen needle/original/ultra-fine/29g x</i>	64
<i>atovaquone/proguanil hcl</i>	28	<i>12.7mm</i>	
<i>atropine sulfate</i>	65	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	64
ATROVENT HFA	68	<i>6mm</i>	
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benazepril	41	BUPRENORPHINE	11
hydrochloride/hydrochlorothiazide		buprenorphine hcl	13
BENLYSTA	60	buprenorphine hcl/naloxone hcl	13
BENLYSTA	61	buprenorphine hydrochloride/naloxone	13
BENZNIDAZOLE	28	hydrochloride	
benztropine mesylate	28	bupropion hcl	19
BEPOTASTINE BESILATE	66	bupropion hydrochloride	19
BESIVANCE	66	bupropion hydrochloride er (sr)	13
BESREMI	24	bupropion hydrochloride er (sr)	19
betaine anhydrous	51	bupropion hydrochloride er (xl)	19
betamethasone dipropionate	46	buspirone hcl	34
betamethasone dipropionate augmented	46	buspirone hydrochloride	34
betamethasone valerate	46	butalbital/acetaminophen/cafeine	44
BETASERON	44	CABENUVA	32
betaxolol hcl	40	cabergoline	59
betaxolol hcl	67	CABLIVI	38
bethanechol chloride	53	CABOMETYX	26
bexarotene	28	calcipotriene	47
BEXSERO	62	calcitonin-salmon	64
bicalutamide	24	calcitriol	64
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BIKTARVY	32	CALQUENCE	26
bisoprolol fumarate	40	camila	58
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BIVIGAM	60	camrese lo	55
blisovi fe 1.5/30	54	CAMZYOS	41
blisovi fe 1/20	54	candesartan cilexetil	38
BOOSTRIX	62	candesartan cilexetil/hydrochlorothiazide	41
bosentan	69	CAPASTAT SULFATE	23
BOSULIF	26	CAPLYTA	30
BRAFTOVI	26	CAPRELSA	26
BREO ELLIPTA	70	captopril	39
BREZTRI AEROSPHERE	68	captopril/hydrochlorothiazide	41
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BRIMONIDINE TARTRATE/TIMOLOL	65	carbidopa/levodopa	29
MALEATE		carbidopa/levodopa er	29
brinzolamide	67	carbidopa/levodopa odt	29
BRIVIACT	17	carglumic acid	48
bromocriptine mesylate	29	carimune nanofiltered	60
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<i>carvedilol phosphate er</i>	40	CIMDUO	32
<i>caspofungin acetate</i>	22	CIMZIA	61
CAYSTON	69	CIMZIA STARTER KIT	61
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<i>cefadroxil</i>	14	CINRYZE	60
CEFAZOLIN	14	CIPRO	16
<i>cefazolin sodium</i>	14	<i>ciprofloxacin</i>	67
<i>cefdinir</i>	14	<i>ciprofloxacin hcl</i>	16
<i>cefepime</i>	14	<i>ciprofloxacin hydrochloride</i>	16
<i>cefepime hydrochloride</i>	14	<i>ciprofloxacin hydrochloride</i>	66
<i>cefixime</i>	14	<i>ciprofloxacin i.v.-in d5w</i>	16
<i>cefotaxime sodium</i>	14	<i>ciprofloxacin/dexamethasone</i>	67
<i>cefotetan</i>	14	<i>citalopram hydrobromide</i>	20
<i>cefoxitin sodium</i>	14	<i>claravis</i>	46
<i>cefpodoxime proxetil</i>	14	<i>clarithromycin</i>	16
<i>cefprozil</i>	14	<i>clarithromycin er</i>	16
<i>ceftazidime</i>	15	CLENPIQ	50
<i>ceftazidime/dextrose</i>	15	CLIMARA PRO	55
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<i>cefuroxime axetil</i>	15	<i>clindamycin hcl</i>	13
<i>cefuroxime sodium</i>	15	<i>clindamycin hydrochloride</i>	13
<i>celecoxib</i>	11	<i>clindamycin palmitate hcl</i>	13
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<i>cephalexin</i>	15	<i>clindamycin phosphate</i>	48
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<i>chlordiazepoxide hcl</i>	34	<i>clobetasol propionate e</i>	46
<i>chlordiazepoxide hydrochloride</i>	34	<i>clomipramine hydrochloride</i>	20
<i>chlorhexidine gluconate</i>	45	<i>clonazepam</i>	18
<i>chloroquine phosphate</i>	28	<i>clonazepam odt</i>	18
<i>chlorothiazide</i>	42	<i>clonidine hcl</i>	38
<i>chlorpromazine hcl</i>	29	<i>clonidine hydrochloride</i>	38
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<i>chlorthalidone</i>	42	<i>clorazepate dipotassium</i>	34
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<i>cholestyramine</i>	42	<i>clotrimazole/betamethasone dipropionate</i>	47
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<i>colestipol hcl</i>	42	DARZALEX FASPRO	27
<i>colistimethate sodium</i>	13	<i>dasetta 1/35</i>	55
<i>colocort</i>	64	<i>dasetta 7/7/7</i>	55
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COMBIVENT RESPIMAT	70	<i>daysee</i>	55
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<i>compro</i>	21	<i>deferiprone</i>	49
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<i>cromolyn sodium</i>	69	<i>desogestrel/ethinyl estradiol</i>	55
<i>cryselle-28</i>	55	<i>desonide</i>	46
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<i>digoxin</i>	39	DUPIXENT	60
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<i>diltiazem hcl cd</i>	40	EDARBI	39
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<i>diphenoxylate hydrochloride/atropine sulfate</i>	50	<i>elinest</i>	55
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<i>donepezil hydrochloride</i>	19	<i>emtricitabine/tenofovir disoproxil fumarate</i>	32
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<i>ergotamine tartrate/cafeine</i>	22	FASENRA PEN	70
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<i>ertapenem</i>	15	FEMRING	55
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<i>fluocinolone acetonide ear drops</i>	67	<i>gavilyte-h</i>	50
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<i>fluocinonide</i>	46	GAVRETO	24
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<i>fluticasone propionate/salmeterol diskus</i>	70	GILOTRIF	26
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<i>fluvastatin sodium er</i>	42	GLEOSTINE	24
<i>fluvoxamine maleate</i>	20	<i>glimepiride</i>	35
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<i>fondaparinux sodium</i>	37	<i>glipizide xl</i>	35
<i>formoterol fumarate</i>	69	<i>glipizide/metformin hydrochloride</i>	35
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<i>ritonavir</i>	33	<i>sevelamer carbonate</i>	49
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<i>sodium chloride 0.45%</i>	49	<i>subvenite starter kit/orange</i>	17
<i>sodium chloride 0.9%</i>	65	SUCRAID	52
<i>sodium fluoride 5000 plus</i>	45	SUCRALFATE	51
<i>sodium fluoride 5000 ppm</i>	45	<i>sulfacetamide sodium</i>	66
<i>sodium phenylbutyrate</i>	52	<i>sulfacetamide sodium/prednisolone sodium</i>	66
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<i>sorafenib</i>	27	SUPREP BOWEL PREP KIT	51
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<i>sorine</i>	39	SYMBICORT	70
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Align ChoiceElite (PPO) | Align ChoicePlus (PPO) 2023 Formulary List of Covered Drugs

PLEASE READ: This document contains information about the drugs we cover in this plan

Formulary ID# 00023389, V6

This formulary was updated on 09/01/2022.

For more recent information or other questions, please contact Align ChoiceElite (PPO) and Align ChoicePlus (PPO) member service at (888) 278-6485 TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday, or visit **align.sanfordhealthplan.com**.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our customer service department at (888) 278-6485 TTY: (888) 279-1549), from 8 a.m. to 8 p.m. CST, Monday through Friday.

Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, please call us:
Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)
Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone number: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

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

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

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760

Help in Other Languages

(TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) (888) 278-6485: Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549).

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

Chinese – 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 。

Cushite (Oromo) – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Karen – ဟံသာဝတီသား- နမူကတိက ကညီ ကျိအသိ, နမူနာ ကျိအတိမာစာလော တလက်ဘူလ်လက်စာ နီတမံဘူလ်သုန့်လီ. ကိ: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

Laotian – ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບວ ການ

ຊ່ວຍເຫຼືອ ອາດຈະມີພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນ ມີໃຫ້ທ່ານ. ໂທ

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French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Thai – เร ย น: ถ าคณพ ดภาษาไทยคนสามารถไ ช ะร การ ช่วยเหลือทางภาษาได พร โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Great Plains
Medicare Advantage

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SANTRO HEALTH PLAN