



VALUE FORMULARY
EFFECTIVE JANUARY 1, 2025

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INFORMATION FOR MEMBERS AND PROVIDERS

The Value Formulary Guide is intended to help members and providers understand prescription drug coverage under the AmeriHealth Value formulary. We are committed to providing comprehensive prescription drug coverage. To achieve this, we include a formulary feature in your prescription drug benefit. The drugs are approved by the U.S. Food and Drug Administration (FDA). They are also reviewed by our Pharmacy and Therapeutics Committee, a group of doctors and pharmacists from the area. These prescription drugs have been added to the Value Formulary for their reported medical effectiveness, safety, and value.

The pharmacy benefits manager monitors all drugs to ensure they are safe and effective.

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage. Drug coverage is based on medical necessity. This formulary guide was current at the time of printing and is subject to change. Please call Customer Service at the number listed on the back of your ID card if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your provider or pharmacist.

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier.

Value Formulary tier structure

The non-preferred tier will usually cost more than the preferred brand tier or generic tier. Below is a summary of tiers in the general order from lowest to highest level of cost-share. Benefits vary by group, so the inclusion of a drug in this formulary does not guarantee coverage. All cost-share tiers may not be available on all plans.

- Low-Cost Generic (availability varies by benefit)
- Generic
- Preferred Brand
- Non-preferred Drug
- Specialty (availability varies by benefit)
- Non-Formulary

The non-preferred tier on the formulary is generally associated with higher cost-sharing (i.e., at the higher cost to you) than the preferred brand tier or generic tier. Non-formulary drugs are covered when a formulary exception is obtained through the prior authorization process. Please refer to the Procedures that Support Safe Prescribing in the front of the formulary list for details. Non-formulary drugs are covered when a formulary exception approval has been obtained for which the member will pay the highest, non-specialty level of cost-sharing.

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is *non-formulary* while the generic equivalent is covered at the generic level of cost-sharing.
For example: Cipro[®] is the brand drug and is considered non-formulary; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.
- Some brand-name drugs without generic equivalents, authorized generic (also referred to as authorized brand alternative) drugs and generic drugs are also considered *non-preferred*. This is because there are other more cost-effective alternatives covered on the formulary to treat the same condition.

Covered generic drugs not listed in the formulary guide are available at the generic level of cost-sharing; brand drugs not listed in the formulary guide are non-formulary.

The Low-Cost Generic [LCG] tier offers copays lower than the cost-share for the generic tier, when possible. This applies to certain generic drugs that are typically used to treat chronic conditions such as high blood pressure, high cholesterol, diabetes, heart failure, and depression. Benefits may vary. Not all plans provide this incentive. The drug list is subject to change. When this incentive is not available on a plan, these drugs will be covered at the generic cost-share level.

Specialty Drugs [SP] meet certain criteria, including, but not limited to drugs used to treat rare, complex, or chronic diseases, drugs that have complex storage and/or shipping requirements, and drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by your pharmacy benefit managers Specialty Pharmacy Program. Benefits may vary, and many plans cover specialty drugs on a specialty tier with higher cost-sharing. For cost-sharing purposes, drugs on the specialty tier are not eligible for tier lowering.

Authorized Generics [AG] are brand-name drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand-name drug company, or another company with the brand company's permission. These drugs are approved by the FDA. But they are not approved through the abbreviated new drug application (ANDA) process like a standard generic drug. For cost sharing purposes, authorized generics are treated as brand-name drugs and are not eligible for coverage on the generic tier(s). Another name for AGs is Authorized Brand Alternative [ABA]. For example: oxycodone ER tablet, an authorized generic of brand OxyContin[®], is listed as non-preferred and is available at the non-preferred level of cost-sharing.

What are Affordable Care Act (ACA) preventive medications?

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventive Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail-order pharmacy.

The following categories of drugs may be available at no member cost-share with a prescription. Please note that individual benefits may vary. Always refer to your benefits to determine your coverage. This list is subject to change. Refer to the searchable drug lookup tool on your health insurance plan's website to check the status of a specific drug.

Category	Product(s) Available at \$0 at the Pharmacy
Aspirin products (OTC) For women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
Bowel preparations Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-CTM, Gavilyte-GTM, Gavilyte-NTM, Gavilyte-HTM with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
Breast cancer chemo prevention For asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention	tamoxifen 20mg
Contraceptives Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, condoms, and contraceptive film and jelly (in accordance with the women's preventive services provisions of the ACA). Note: IUDs and implantable products are covered under the medical benefit.	<ul style="list-style-type: none"> - Oral: generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora - Injectable: all generics such as medroxyprogesterone injection - Transdermal: Xulane® patches - Diaphragms - Cervical Caps - Condoms - Contraceptive film - Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi® - Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab - Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring
Fluoride For children ages 6 months to 16 years. Includes generics strengths up to 0.5mg	sodium fluoride 1.1 (0.5f) mg/ml solution sodium fluoride 0.55 (0.25f) mg chewable tab Fluoritab 0.275 (0.125f) mg/drop solution Fluoritab 1.1 (0.5f) mg chewable tab
Folic acid For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid. For women younger than 51 years of age	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose)

Category	Product(s) Available at \$0 at the Pharmacy
<p>Tobacco cessation medication For adults ages 18+ years, who use tobacco products and want to quit</p>	<p>varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution</p>
<p>Statins Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75 years without a history of CVD when 1 or more CVD risk factors are present (e.g., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater</p>	<p>lovastatin 10mg lovastatin 20mg lovastatin 40mg</p>
<p>HIV PrEP Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition</p>	<p>Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg Descovy® 200-25mg</p>
<p>Vaccines To prevent certain illnesses in infants, children, and adults. Include immunizations to prevent Influenza, Pneumococcal, Shingles, and Respiratory Syncytial Virus Infection (RSV)</p>	<p>- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval® - Pneumococcal: Prevnar 13®, Pneumovax 23®, Prevnar 20™, Vaxneuvance®, Capvaxive™* - Shingles: Shingrix®* - RSV: Arexvy™**, Abrysvo™***, Mresvia®**</p> <p>*Note: Applies to members at least 19 years of age. Cost share applies for members 18 years of age.</p> <p>**Note: Applies to members at least 60 years of age.</p> <p>***Note: Applies to members at least 60 years of age or for pregnant individuals at 32 through 36 weeks gestational age.</p>

PROCEDURES THAT SUPPORT SAFE PRESCRIBING

AmeriHealth utilizes an independent pharmacy benefits management (PBM) company to manage the administration of its prescription drug programs. Our PBM is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and their providers. The effectiveness and safety of drugs and drug-prescribing patterns are monitored by the PBM. Several procedures, such as prior authorization, age limits, and quantity limits, have been established to support safe prescribing patterns and to provide optimal clinical outcomes for members.

What is prior authorization?

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. AmeriHealth requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary, clinically appropriate, and is being prescribed according to FDA approved labeled or medically accepted use. The approval criteria were developed and approved by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's provider, and the member's available prescription drug therapy history. The clinical pharmacists' evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary.

Please note, coverage of certain drugs on the formulary (e.g., weight loss drugs) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Claim dollar limits are placed to require review for clinical appropriateness on prescription claims exceeding a defined dollar limit threshold. The member's provider will need to submit a prior authorization request to any claim exceeding \$10,000.

Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy. The prior authorization review process may take up to two business days once complete information from the provider has been received. Incomplete information may result in a delayed decision. Prior authorization approvals for some drugs may have a limited timeframe, for example six to twelve months. If the prior authorization approval for a drug is limited to a certain timeframe, an expiration date will be given at the time the approval is made. If the provider wants a member to continue the drug therapy as requested after the expiration date, a new prior authorization request will need to be submitted and approved for coverage to continue.

Safety Edits

Safety edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the clinical practice guideline and FDA approved use outlined in the manufacturer package insert. Some of these safety edits will prompt member counseling at the point of sale, while some will require prior authorization review. Safety edits include age limits, quantity limits, morphine milligram equivalent (MME) limits, and concurrent drug utilization review (cDUR). Each safety edit is described below.

Age Limits

Some drugs, such as zafirlukast, are approved by the FDA only for individuals aged five and older. If the member's prescription falls outside of the FDA guidelines, it may not be covered unless prior authorization is obtained. In addition, an age limit may be applied when certain drugs are more likely to be used in certain age groups. For example, drugs to treat Alzheimer's disease may require prior authorization for use in young adults. The provider may request coverage for drugs outside of the age limit when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the provider to initiate the prior authorization process.

Quantity Limits

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses, standard dosing, and/or length of therapy of a drug. AmeriHealth has several different types of quantity limits that are explained in detail below. The purpose of these limits is to ensure safe and appropriate utilization. If a member requires more than the limit, the member's provider will need to submit a prior authorization request. Similar to other prior authorization requests, quantity limit override requests for certain drugs may have a limited approval timeframe.

- **Quantity Over Time:** This quantity limit is based on dosing guidelines over a rolling time period. For example, if a drug has a quantity limit over a 30-day time period and a member went to the pharmacy on January 1, 2025, for one of these medications, the plan would have looked back 30 days to December 2, 2024, to see how much medication was dispensed. The purpose of these limits is to prevent the dispensing of excessive quantities. Examples of quantity limits over time are:
 - Etonogestrel-ethinyl estradiol (Nuvaring[®]) = 1 ring per 28 days
 - Ibandronate (Boniva[®]) 150mg = 1 tablet per 30 days
 - Sumatriptan (Imitrex[®]) 50mg = 18 tablets per 30 days
 - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
 - Sildenafil (Viagra[®]), tadalafil (Cialis[®] 10mg, 20mg) = 8 tablets per 30 days
- **Maximum daily dose:** This quantity limit defines the maximum number of units of the drug allowed per day. Examples of maximum daily dose quantity limits are:
 - Zolpidem (Ambien[®]) = 1 tablet per day
 - Oxycodone/acetaminophen (Percocet[®]) 5/325mg = 12 tablets per day
 - Guanfacine Extended Release 24 Hour = 1 tablet per day
- **Refill too soon:** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member can receive a refill of a prescription after 75% utilization. Additional refills will be covered once 75% of the supply has been consumed. The following examples illustrate how refill too soon limit works:
 - A 30 days' supply of a prescription filled on 1/1/2025 will be refillable again on or after 1/24/2025
 - A 90 days' supply of a prescription filled on 7/1/2025 will be refillable again on or after 9/7/2025
- **Day Supply Limit:** This limit is based on the day supply and not the quantity. However, quantity limits may apply as well. Day Supply Limits apply to some classes of drugs, such as opioids. If a quantity limit applies, the member will also be limited to the maximum daily dose for that drug. The following are examples of drugs that have a day supply and a quantity limit:
 - Short acting opioids, such as oxycodone/acetaminophen 5mg/325mg
 - Day supply limit = Two 5 days' supplies limit per 60 days for adults, two 3 days' supply limit for children under 18 years of age.
 - Butalbital containing headache agents, such as butalbital/aspirin
 - Day supply limit = 5-day supply per 30 days
 - Quantity Limit = 6 tablets per 1 day
 - Maximum quantity allowed without prior authorization = 30 tablets (6 tablets per day for 5 days)

- Opioid containing cough and cold products, such as hydrocodone/homatropine
 - Day supply limit = Two 5-days' supplies limit per 60 days for adults, and two 3 days' supply limit for children under 18 years of age
 - Quantity Limit = 30ml per 1 day
 - Maximum quantity allowed without prior authorization = 150ml (30ml per day for 5 days)

Morphine Milligram Equivalent (MME) Limit

AmeriHealth applies additional safety measures to opioid products by limiting the total daily dose. This limit accounts for various opioid products through a measurement called the Morphine Milligram Equivalent (MME) dose. The MME is a number that is used to determine and compare the potency of opioid medications. It helps to identify when additional caution is needed. The daily limit is calculated based on the number of opioid drugs, their potencies and the total daily usage. Prior authorization is required for an opioid dose that exceeds 90 MME per day. MME Limit applies to the opioid products containing the active ingredients listed below:

Active Ingredient			
codeine	dihydrocodeine	fentanyl	hydrocodone
hydromorphone	levorphanol	meperidine	methadone
morphine	Opium	oxycodone	oxymorphone
tapentadol	Tramadol	benzhydrocodone	

Cumulative Stimulant Limit

Central nervous system (CNS) stimulants such as amphetamine and methylphenidate, when used in high doses, are associated with increased risk for cardiac related adverse events such as hypertension and new or worsening psychosis including manic behavior. Cumulative stimulant limit is a safety measure designed to ensure the provider has assessed the members for alternative medication and advised the members about the risks associated with stimulant use. The cumulative stimulant limit works by calculating the total daily stimulant dose by the drug's active ingredient. Stimulant claims that exceed the limit outlined below would require prior authorization.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys ER [®] [ODT], Dyanavel [®] , Evekeo [®] [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall [®] [IR/XR], Mydayis [®]	60mg/day
Dextroamphetamine	Dexedrine [®] , Zenedi [®] , ProCentra [®] , Xelstrym [™]	60mg/day
Lisdexamfetamine	Vyvanse [®]	70mg/day
Methamphetamine	Desoxyn [®]	60mg/day
Dexmethylphenidate	Focalin [®] [IR/XR]	40mg/day
Methylphenidate	Ritalin [®] [IR/LA], Daytrana [®] , Cotempla [®] , Metadate [®] [ER/CD], Methylin [®] , Quillivant [®] XR, Concerta [®] , Aptensio XR [®] , QuilliChew [®] ER, Jornay PM [™] , Adhansia [®] XR, Relexxii [®]	72mg/day
Serdexmethylphenidate	Azstarys [™]	52.3mg/day

*Prior authorization and other safety edits including quantity limit and age limit continue to apply.

Concurrent Drug Utilization Review (cDUR)

These reviews are built into the pharmacy claim adjudication system to review a member's prescription history for possible drug related problems including drug-drug interactions and drug therapy duplications. Drugs may reject at the Point-of-Sale (POS) and/or generate a message to the dispensing pharmacist when there is a safety concern. The dispensing pharmacist can review the issue with the provider and override the rejection if appropriate for most edits. Examples of cDURs are:

- Drug-drug interaction: sildenafil (Viagra[®]/Revatio[®]) and nitroglycerin in combination may lead to potentially fatal hypotension.
- Drug therapy duplication: Simvastatin and atorvastatin in combination will trigger a message in the claim adjudication system to alert the dispensing pharmacist there is a duplication of statin therapy.

To determine if a covered prescription drug prescribed for you has a prior authorization requirement, an age limit, a quantity limit, or a morphine milligram equivalent (MME) limit, see the plan website at https://www.amerhealth.com/providers/pharmacy_information/index.html or call your pharmacy benefit manager at the phone number on the back of your ID card.

How to submit a Prior Authorization?

Here is the process to request a prior authorization/preapproval or override:

1. The provider prescribing the drug can access electronic prior authorization (ePA) platforms such as CoverMyMeds[®] and SureScripts[™] to submit a prior authorization request. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to your pharmacy benefit manager by fax at 1-888-671-5285. The forms are available online at: https://www.amerhealth.com/providers/pharmacy_information/index.html.
2. The pharmacy benefit manager will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
3. A decision is made regarding the request.
 - If approved, the provider will be notified of the approval via fax and/or telephone, and the pharmacy claim adjudication system will be coded with the approval. Note: ePA approval can occur in real time, this means the member can be approved for the drug prior to leaving the provider's office with a prescription. The member may call the Customer Service phone number on his or her ID card to determine if the request is approved.
 - If denied, the prescribing provider will be notified via letter, fax, or telephone. The member is also notified via letter. The appeals process is detailed within the denial letters sent to the member and provider.

Formulary exception requests

Non-formulary drugs: Providers may request consideration for coverage of a non-formulary medication when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

Tier exceptions: Providers may request consideration for preferred coverage of a non-preferred drug when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

- Requests for a generic medication that is located on the non-preferred drug tier to be lowered to the generic tier will be approved if the exception criteria are met.
- Requests for a brand medication or an authorized generic (also referred to as authorized brand alternative) non-preferred that is located on the non-preferred drug tier to be lowered to the preferred brand tier will be approved if the exception criteria are met.

Please note, restrictions apply to formulary exception requests. Drugs on the generic tier, the preferred brand tier and the specialty tier are not eligible for tier exceptions. Tier exceptions are not available under some plans; please refer to the member benefit booklet for details.

When requesting an exception, the provider should complete the formulary exception request form, providing detail to support the request, and fax the request to 1-888-671-5285. If the formulary exception request is approved for a non-preferred drug, the drug will pay at the appropriate preferred brand or generic level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. The forms are available online at: https://www.amerithealth.com/providers/pharmacy_information/index.html.

Appealing a decision

If a request for prior authorization or exception results in a denial, the member, or the provider on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. To assist in the appeals process, it is recommended that the provider be involved to provide any additional information on the basis of the appeal.

Prior authorization applies to all formulations of the following specific drugs, including but not limited to, tablet, capsule, and oral suspensions.*+

abiraterone	BeneFIX [®]	clovique	Eloctate [™]
Actemra [®] SC	Benlysta [®]	Coagadex [®]	Emgality [®] (300mg dose) Prefilled Pen 100mg/ml
Actimmune [®]	Benzamycinpak [®]	colchicine 0.6mg cap	Empaveli [™]
Adalimu-AACF Inj 40/0.8ml	benzphetamine	Cometriq [™]	Enbrel [®]
Adalimumab-A Kit 40/0.8ml	Berinert [®]	Contrave ER [®]	Endari [™]
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	Besremi [®]	Corifact [®]	Enspryng [™]
adapalene pad	Betoptic-S [®]	Corlanor [®]	Entyvio [®]
Adbry [™] Inj	Bevespi Aerosphere [™]	Cosentyx [™]	Eohilia [™]
Addyi [®]	bexarotene	Cotellic [™]	Epclusa [®]
Adempas [®]	Bimzelx [®]	Cresemba [®]	Epidiolex [®]
Advate [®]	Bonjesta [®]	Cutivate [®]	Erivedge [™]
Adynovate [®]	bosentan	cyanocobalamin spray	Erleada [®]
Afstyla [®]	Bosulif [®]	cyclobenzaprine ER	erlotinib
Airsupra [®] Aerosol	Brand prenatal vitamins ¹	Cystadrops [®]	Ertaczo [®]
Ajovy [®]	Bravelle [®]	Cystaran [™]	esomeprazole
Akeega [™]	Breeze [®] 2 glucometer	Daklinza [™]	esomeprazole granules
Alecensa [®]	Brexafemme [®]	Dapsone Gel	Esperoct [®]
Alocril [®]	Briviact [®]	Daybue	eszopiclone 3mg
Alphanate [®]	Bronchitol [®]	deferasirox tab/granules	Eucrisa [™]
Alphanine [®] SD	Brukinsa [™]	deferiprone	everolimus (generic for Afinitor)
Alprolix [™]	buprenorphine patch	deflazacort	Eversense [®] E3 Sensor
Altanax [™]	Bydureon BCise [®]	dexchlorpheniramine soln	Eversense [®] E3 Transmitter
Altuviiio [®]	Byetta [®]	Dexcom [®] Receiver, Sensor, Transmitter	Evrysdi [™]
Alunbrig [™]	Bylvay [™]	dexlansoprazole DR	Exelderm [®]
Alvaiz [™]	Byvalson [™]	D.H.E. [®] 45	Exkivity [™]
amphetamine (generic Evekeo)	Cabometyx [™]	dichlorphenate tab	Fabhalta [®]
Angeliq [®]	Calquence [®]	diclofenac cap 25mg	Factive [®]
Apokyn [®]	Camzyos [™]	diclofenac gel 3%	Fanapt [™]
apomorphine inj	Caprelsa [®]	diclofenac sodium soln 2%	Farydak [®]
Aptiom [®]	Carac [®]	diethylpropion HCL	Fasenra [®]
Augtyro [™]	Carbatrol [®]	dihydroergotamine	febuxostat
Austedo [®] [XR]	Cardura [®] XL	Dojolvi [™]	Feiba [®]
Auvi-Q [®] 0.15mg, 0.3mg	carglumic	doxepin tablet	Femring [®]
Ayvakit [™]	Caverject [®]	doxycycline hyclate tab 50mg	fentanyl citrate-OTFC
azelastine/fluticasone spray	Cayston [™]	doxylamine-pyridoxine	fentanyl transdermal
Azstarys [™]	Cequa [®]	droxidopa	Fetzima [™]
baclofen susp 25mg/5ml	Cerdelga [™]	Dupixent [®]	Filspari [™]
Bebulin [®]	Cholbam [®]	Duvyzat [™]	Filsuvez [®]
Belbuca [™]	Cibinqo [™]	Duzallo [®]	Fioricet [®] with Codeine
Belviq [®] [XR]	Ciclodan [®]	Ecoza [™]	Fiorinal [®] with Codeine
	Cimzia [®]	Edex [®]	Firazyr [®]
	clemastine syrup	Edluar [™]	Flector [®] patch
	clindamycin/benzoyl peroxide 1%/5%	Elmiron [®]	Fortamet [®]
	clobazam		

Fotivda [®]	Jaypirca [™]	Mekinist [®]	Nucynta ER [®]
Freestyle glucometer	Jesduvroq [®]	meloxicam cap	Nuedexta [™]
Fruzaqla [®]	Joenja [®]	Meloxicam susp	Nulibry [™]
Fulyzaq [™]	Jublia [®]	Menopur [®]	Nuplazid [™]
Fuzeon [®]	Juxtapid [™]	Metaxalone	Nurtec [™]
gabapentin tab	Jylamvo [®]	Metformin 625mg	Nutropin [®] (AQ)
Gattex [®]	Jynarque [®]	Metformin ER (MOD)	Nuwiq [®]
Gavreto [™]	Kalydeco [™]	Metformin ER (OSM)	Nuzyra [®]
gefitinib	Kerendia [®]	methadone	Obizur [®]
Gilotrif [™]	ketoprofen cap	Methitest [™]	Ocaliva [™]
Gleevec [®]	Kevzara [®]	methyltestosterone	Odactra [®] SL
Glucagen [®] Hypokit [®]	Kineret [®]	mifepristone	Odomzo [®]
Gonal-f [®]	Kisqali [™]	miglustat	Ofev [®]
Grastek [®]	Klisyri [®]	mometasone furoate	Ogsiveo [™]
Haegarda [®]	Koate [®] -DVI	Monoclate-P [®]	Ojemda [™]
Harvoni [™]	Kogenate [®] FS	Monodox [®]	Ojjaara [™]
Helixate [®] FS	Koselugo [™]	Mononine [®]	Olumiant [®]
Hemangeol [®] Soln	Kovaltry [®]	morphine ER	Omnitrope [®]
Hemlibra [®] Soln	Krazati [®]	Motegrity [™]	OmvoH [™]
Hemofil [®] M	Kynamro [®]	Mounjaro [®]	OneTouch [®] Glucometers
Hetlioz [®] LQ Susp	Kynmobi [™]	Muse [®]	Ongentys [®]
Horizant [™]	lansoprazole solutab	Myalept [™]	Onureg [®]
Humate-P [®]	lapatinib	Mycapssa [®]	Onzetra Xsail [™]
Humira [®] 10mg/0.1ml, 20mg/0.2ml	Lastacafi [®]	Myfembree [®]	Opsumit [®]
Hycamtin [®]	ledipasvir-sofosbuvir	Mytesi [™]	Opzelura [™]
hydrocodone ER	lenalidomide	naproxen sodium ER 750mg	Oralair [®]
hydromorphone ER	Lenvima [™]	Natpara [®]	Orencia [®] SQ
Hyftor [™]	Leukeran [®]	Nayzilam [®]	Orenitram [™]
Ibrance [®]	Levemir [®]	Nerlynx [™]	Orfadin [®]
icatibant inj	levothyroxine cap	Nestabs [®] One	Orgovyx [™]
Iclusig [™]	Likmez [®]	Neupro [®] Patch	Oriahnn [®]
Idhifa [®]	Liraglutide	Nexletol [™]	Orilissa [®]
Ilevro [®]	Litfulo [™]	Nexlizet [™]	Orkambi [™]
imatinib mesylate	Livmarli [®]	Ngenla [™] Inj	Orladeyo [®]
Imcivree [™]	Livtencity [™]	Ninlaro [®]	Orlistat cap
imiquimod	Lodoco [®]	nitisinone	orphenadrine-asa caffeine
Increlex [®]	Lonhala [™] Magnair [™]	Nityr [®]	Orserdu [™]
indomethacin 20mg	Lonsurf [®]	Non Preferred Diabetic Meters	Otezla [™]
Ingrezza [™]	Lorbrena [®]	Norditropin [®]	Oxaydo [®]
Inlyta [®]	Lucemyra [™]	Nourianz [™]	Oxbryta [™]
Inqovi [®]	luliconazole cream	Novoeight [®]	oxiconazole nitrate
Inrebic [®]	Lumakras [™]	Novolin [®] Relion [™]	Oxtellar [®] XR
Intrarosa [®]	Lumryz [®]	Novolog [®] Relion [™]	oxycodone ER
Iqirvo [®]	Lupkynis [™]	Novoseven [®] RT	Oxycodone/ acetaminophen Sol 5/325mg
Isturisa [®]	Luzu [®]	Noxafil [®]	Oxycontin [®]
Iwilfin [™]	Lynparza [™]	Nubeqa [™]	oxymorphone ER
Ixinity [®]	Lytgobi [®]	Nucala [®] Soln	
Jakafi [™]	Mavenclad Pak [®]		
	Mavyret [™]		

Oxytrol® Patch	Retevmo™	Stelara®	Truseltiq™
Ozempic®	Rezdiffra™	Stivarga®	Tukysa™
Palforzia™ cap/powder	Revlimid®	Strensiq™	Turalio™
Panretin®	Rezlidhia™	Striant®	Tyenne®
pantoprazole pak	Rezurock™	Sucraid®	Tymlos™
pazopanib	Riastap®	sumatriptan/naproxen	Tyrvaya™
Pegasys®	Rinvoq™	sunitinib	Tyvaso®
Pemazyre™	Rivfloza™	Sunosi™	Ubrelvy™
penicillamine capsule	Rixubis™	Sylatron™	Ukoniq®
Percocet®	RoxyBond™	Symlin®	Uloric®
Pexeva®	15mg, 30mg	Sympazan™ Film	Upneeq®
phendimetrazine tartrate	Rozlytrek™	Tabrecta™	Uptravi®
Phoslyra®	Rubraca®	tadalafil (generic Adcirca)	Utibron™ Neohaler
Picato®	Ruconest®	Tafinlar®	Valchlor™
Piqray®	rufinamide	Tagrisso™	Valtoco®
pirfenidone	Rukobia®	Takhzyro®	Vanflyta®
Pogo Automatic®	Ruzurgi®	Taltz Autoinjector®	varденаfil [ODT]
Mis Monitor	Rybelsus®	Talzenna®	VecamyI™
Pogo Automatic®	Rydapt®	Tasigna®	Velsipity®
Test Cartridge	Rytary™	tasimelteon	Venclexta®
Pomalyst®	sajazir inj	tavaborole	Ventavis®
Praluent®	Sancuso® Patch	Tavneos®	Verdeso®
Pramosone®	sapropterin pow/tab	Tazverik™	Veregen®
Precision Glucometer	Saxenda®	Technivie™	Verquvo®
pregabalin ER tab	Scemblix®	Tegretol® [XR]	Verzenio™
Pretomanid®	Sernivo™	Tekturna® (HCT)	Viberzi™
Prilosec®	Serostim®	temozolomide	Viekira Pak™
Procysbi®	Sevenfact®	Tepmetko®	vigabatrin pack/tab
Profilnine®	Signifor®	Teriparatide® Pen-Injector	vigadrone pack
Promacta®	sildenafil	620mcg/2.48ml	Vijoice®
Pyrukynd®	Siliq™	Texacort®	Voltaren XR®
Qinlock™	Simponi™	Tezspire® Inj	Vonjo™
Qsymia® ER	Sirturo™	Thalomid®	Vonvendi®
Qudexy® XR	Sivextro®	Tirosint®	Vosevi™
QuilliChew ER™	Skyclarys™	tolvaptan	Vowst®
Quillivant XR™	Skytrofa®	topiramate ER sprinkle	Voxzogo™
Qulipta™	Skyrizi™	Tremfya™	Voydeya™
rabeprazole	Sodium Oxybate Sol	Tresiba®	Vtama®
Radicava ORS®	(Hikma)	tretinoin caps	Vuity™
Ragwitek™	sodium phenylbutyrate	Tretten®	Vusion®
Rasuvo™	tab/powder	triamcinolone 0.05%	Vyleesi™
Rebif® Rebidose®	sofosbuvir-velpatasvir	ointment	Vyndamax®
Rebinyn®	Sohonos™	Trianax®	VynDAQel®
Recombinate™	Somavert®	trientine	Wainua™
Recorlev®	sorafenib	Trikafta™	Wakix®
Regranex®	Sotyktu™	Trintellix®	Wegovy™
ReliOn®	Sovaldi™	Tritocin™	Welireg™
Relyvrio™ Pak	Spevigo®	Trulicity®	Wilate®
Repatha™	Sprycel®	Truqap™	Winrevair™

Xalkori [®]	Xpovio [®]	Zelnorm [™]	Zolpidem ER 12.5mg
Xcopri [®]	Xpovio [®] Pak	Zembrace Symtouch [™]	Zolpidem SL 3.5mg
Xdemvy [®]	Xtampza [®] XR	Zepatier [™]	Zoryve [®] Cream
Xeljanz [®] [XR]	Xtandi [®]	Zepbound [™]	Ztalmy [®]
Xenazine [™]	Xultophy [®]	Zeposia [®]	Zurampic [®]
Xenical [®]	Xuriden [™]	Zerviate [™]	Zydelig [®]
Xermelo [™]	Xyntha [®]	Zilbrysq [®]	Zykadia [®]
Xhance [™] MIS 93mcg	Xywav [™]	zileuton ER tab	Zymfentra [™]
Xifaxan [®]	yargesa	Zokinvy [®]	
Xolair [®]	Yupelri [™]	Zolinza [®]	
Xolremdi [™]	Zejula [™]	zolmitriptan spray	
Xospata [®]	Zelboraf [®]	Zolpidem 10mg	

¹ All brand prenatal vitamins require prior authorization.

* Compound products with total cost equal to or greater than \$75 per prescription

⁺ Prescription claims exceeding the dollar limit threshold of \$10,000 per claim

Reading the formulary drug list

How can I tell if a drug is generic or brand?

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications start with an uppercase letter and are written in **bold**. Generic medications are shown in *lowercase and in italic*.

Brand-name Drug	Starts with UPPERCASE in Bold	Ex: Augmentin
<i>Generic drug</i>	<i>Lowercase italic</i>	<i>Ex: avidoxy</i>

Tier information

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier. Below is a reference guide to use as you review your formulary to see the abbreviation for each drug tier on the formulary list.

Drug Tier	Abbreviation
Generic	G
Non-preferred drug	NPD
Specialty drug	SP
Low-cost generic	LCG
Preferred brand	PB
Non-Formulary	NF
\$0 Preventive drug	ACA

Drug list requirements and/or limits

Some medications are noted with letters next to them to help you see which drugs may have coverage requirements and/or limits. Below is a reference guide to use as you review your formulary to see the abbreviation for each requirement/limit on the formulary list.

Requirements/Limits	Abbreviation
Prior Authorization	PA
Quantity Limits Apply	QL
Age Limit	AL
Limited Distribution Drug	LDD
Day Supply Limit	5DS
Requires Rider	R
Quantity Over Time	Q/T
Morphine Milligram Equivalent	MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/lamivudine</i>	G	
<i>abacavir/lamivudine/zidovudine</i>	G	
Acticlate	NF	AL
<i>acyclovir</i>	G	
<i>acyclovir cream 5%</i>	G	QL
<i>adefovir dipivoxil</i>	G	
Aemcolo DR	NPD	QL
<i>albendazole</i>	G	
Albenza	NF	
Alinia susp	NPD	QL
Alinia tab	NF	QL
Altabax	NPD	PA
Amoxicillin 775mg	PB	
<i>amoxicillin</i>	LCG	
<i>amoxicillin/clavulanate</i>	G	
<i>amoxicillin/clavulanate extended-release</i>	G	
<i>ampicillin</i>	G	
Amzeeq	NF	
Ancobon	NF	
Arakoda	NPD	
Arikayce Susp	NPD, SP	PA
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/proguanil</i>	G	
Atripla	NF	
Augmentin	NF	
Augmentin XR	NF	
Avelox	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>avidoxy</i>	G	
<i>azithromycin</i>	G	
Bactrim, Bactrim DS	NF	
Baraclude	NF	
Baxdela	NF	QL
Benznidazole	NPD	
Bethkis	NF, SP	
Biaxin	NF	
Biktarvy	NPD	
Biltricide	NF	
Brexafemme	NPD	PA, QL
<i>cefaclor</i>	G	
<i>cefaclor ER</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefixime susp/cap</i>	G	
<i>ceftibuten</i>	G	
Ceftin	NF	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	G	
<i>chloroquine phosphate</i>	G	
Cimduo	NPD	
Cipro	NPD	
Cipro XR	NF	
<i>ciprofloxacin</i>	LCG	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
Cleocin	NF	
<i>clotrimazole troches</i>	G	
Combivir	NF	
Complera	PB	
Cresemba	NPD	PA, QL, Q/T

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Crixivan	PB	
Daklinza	NPD, SP	PA, Q/T, QL
<i>dapsone tablet</i>	G	
Daraprim Tab	NF, SP	
<i>darunavir</i>	G	
Daxbia	NPD	
Delstrigo	NPD	
<i>demeclocycline</i>	G	
Descovy	NPD	
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
Dificid Tab/Susp	NPD	QL
Diflucan	NF	
Doryx 50mg tablet	NF	
Doryx 200mg tablet	NF	QL
Doryx MPC Tab 60mg	NF	
Dovato	NPD	
Doxycycline DR 40mg	NF	
<i>doxycycline hyclate caps 50mg, 100mg</i>	LCG	
Doxycycline hyclate DR 80mg	NF	
Doxycycline hyclate tab 75mg, 150mg	NPD	AL
Doxycycline hyclate tab 50mg	NPD	PA
Doxycycline hyclate tab DR 50mg, 100mg	NPD	
Doxycycline hyclate tab DR 200mg	NPD	QL, QT
<i>doxycycline monohydrate cap 50mg, 100mg</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Doxycycline monohydrate cap 75mg, 150mg	NPD	AL
Doxycycline monohydrate tab 150mg	NPD	AL
Edurant	PB	
E.E.S. 400mg tab	NF	
<i>efavirenz</i>	G	
<i>efavirenz-emtricitab-tenofovir tab</i>	G	
<i>efavirenz-lamivudine-tenofovir tab</i>	G	
Egaten 250mg tablet	NPD	
<i>emtricitabine cap</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300mg</i>	G, ACA	QL
Emtriva	NF	
Emverm	NPD	QL
<i>entecavir</i>	G	
Eplclusa	PB, SP	PA, Q/T, QL
Epivir HBV Soln	NPD	
Epivir HBV Tab	NF	
Epivir Tab	NF	
Epzicom	NF	
EryPed 400mg/5ml Susp	NF	
Ery-Tab	NF	
Erythrocin	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin delayed release</i>	G	
<i>erythromycin ethylsuccinate</i>	G	
<i>erythromycin stearate</i>	G	
<i>ethambutol</i>	G	
<i>etravirine</i>	G	
<i>famciclovir</i>	G	
Firvanq Soln	NF	AL
Flagyl	NF	
<i>fluconazole suspension</i>	G	
<i>fluconazole tabs</i>	LCG	
<i>flucytosine</i>	G	
Flumadine	NF	
<i>fosamprenavir calcium tab</i>	G	
<i>fosfomycin pow</i>	G	
Fuzeon	NPD	PA
Gris-PEG	NF	
<i>griseofulvin microsize</i>	G	
<i>griseofulvin ultramicrosize</i>	G	
Harvoni	PB, SP	PA, Q/T, QL
Hepsera	NF, SP	
Hiprex	NF	
Humatin	NF	
<i>hydroxy-chloroquine</i>	G	
Impavido	NPD	Q/T, QL
Intelence	NF	
Invirase	PB	
Isentress	PB	
<i>isoniazid</i>	G	
<i>itraconazole</i>	G	
<i>ivermectin</i>	G	
Juluca	NPD	
Kaletra soln/tabs	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Kalydeco Tabs/Pack	NPD, SP	PA, LDD
Keflex	NF	
<i>ketoconazole tabs</i>	G	
Krintafel	NPD	
Lamisil Tabs	NF	
<i>lamivudine 100mg, 150mg, 300mg tab</i>	G	
<i>lamivudine/zidovudine</i>	G	
Lampit	NPD	
Ledipasvir-sofosbuvir tablet 90-400mg	NPD, SP	PA, QL
Levaquin	NF	
<i>levofloxacin tab</i>	LCG	
Lexiva	NF	
Likmez Sus	NPD	PA
<i>linezolid</i>	G	QL
Livtensity	NPD	PA, QL
<i>lopinavir/ritonavir</i>	G	
Lymepak	NF	
Macrodantin	NF	
Malarone	NF	
<i>maraviroc tab</i>	G	
Mavyret	PB, SP	PA, Q/T, QL
<i>mefloquine</i>	G	
Mepron	NF	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	LCG	
Minocin	NF	
<i>minocycline caps</i>	G	
Minocycline ER cap 135mg, 45mg, 90mg	NF	Q/T
<i>minocycline ER tablet</i>	G	Q/T
Minolira	NF	Q/T

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>moderiba</i>	G, SP	
Molnupiravir 200mg	NPD	QL, AL
Mondoxyne NL 75mg cap	NPD	AL
Monurol Pak Granules	NF	
Moxatag	NPD	
<i>moxifloxacin hcl</i>	G	
Myambutol	NF	
Mycobutin	NF	
Mytesi	NPD	PA
Nebupent INH	NF	
<i>nevirapine</i>	G	
<i>nevirapine ER</i>	G	
<i>nitazoxanide</i>	G	QL
<i>nitrofurantoin macrocrystals</i>	LCG	
Nitrofurantoin susp	NPD	AL
Norvir powder	PB	
Norvir tablet	NF	
Noxafil	NF	QL
Nuzyra	NPD	PA, QL
Onmel	NF	
Oracea	NF	
Orkambi tablet/packet	NPD, SP	PA, LDD
<i>oseltamivir caps/susp</i>	G	QL
Paxlovid Tab	PB	QL
Pegasys	NPD, SP	PA
PegIntron	NPD, SP	
<i>penicillin v potassium solution</i>	G	
<i>penicillin v potassium tablet</i>	LCG	
<i>pentamidine INH</i>	G	
Pifeltro	NPD	
Plaquenil	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>posaconazole</i>	G	QL
<i>potassium iodide soln</i>	G	
<i>praziquantel</i>	G	
Pretomanid	NPD	PA
Prevymis	NPD, SP	
Prezista	NF	
<i>pyrimethamin</i>	G, SP	
Qualaquin	NF	QL
<i>quinine sulfate</i>	G	QL
Relenza	NPD	QL, AL
Retrovir	NF	
Reyataz	NF	
<i>ribasphere ribapak 200mg & 400mg/400mg & 600mg</i>	G, SP	
<i>rifabutin</i>	G	
Rifadin	NF	
<i>rifampin</i>	G	
Rivfloza Inj	NPD, SP	PA, QL
<i>rimantadine</i>	G	
<i>ritonavir</i>	G	
Rukobia	NPD	PA
Selzentry	NF	
Seysara	NF	Q/T
Sirturo	NPD	PA
Sitavig	NPD	QL
Sivextro	NPD	PA, QL
Sklice Lot 0.5%	NF	
Skyclarys cap	NPD, SP	PA
Sofosbuvir-velpatasvir tablet 400-100mg	NPD, SP	PA, QL
Sohonos	NPD, SP	PA
Solodyn	NF	QL, Q/T
Solosec GRA	NF	
Sovaldi	NPD, SP	PA, QL, Q/T
Sovuna Tab	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Sporanox	NF	
SSKI Solution	NF	
<i>stavudine</i>	G	
Stribild	PB	
Stromectol	NF	
<i>sulfamethoxazole/ tmp</i>	LCG	
Sunlenca	NPD	
Suprax Susp 100mg/5ml, 200mg/5ml	NF	
Sustiva	NF	
Symfi	NF	
Symfi Lo	NF	
Symtuza	NPD	
Talicia	NPD	
Tamiflu	NF	QL
Targadox	NF	
Technivie	NPD, SP	PA, Q/T, QL
Temixys	NPD	
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	
Tetracycline tab	NF	
Tindamax	NF	
<i>tinidazole</i>	G	
Tivicay PD	NPD	
Tobi Nebulization Soln	NF, SP	
Tobi Podhaler Cap	NPD, SP	
Tolsura	NF	
Trikafta	NPD, SP	PA
Triumeq	PB	
Trizivir	NF	
Truvada	NF	
<i>valacyclovir tab</i>	G	
Valcyte	NF	AL
<i>valganciclovir</i>	G	AL
Valtrex	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin</i>	G	
<i>vancomycin soln</i>	G	AL
Vemlidy	NPD	
Vfend	NF	
Vibramycin	NF	
Videx EC	NF	
Viekira Pak	NPD, SP	PA, QL, Q/T
Viekira XR	NPD, SP	PA, QL, Q/T
Viramune suspension	NF	
Viramune tablet	NF	
Viramune XR	NF	
Viread	NF	
Vivjoa	NF	QL
Vocabria	NPD	
<i>voriconazole</i>	G	
Vosevi	PB, SP	PA, Q/T, QL
Xenleta	NPD	QL
Xepi Cream 0.1%	NF	
Xifaxan 200mg	NPD	QL
Xifaxan 550mg	NPD	PA, Q/T, QL
Ximino ER	NF	Q/T
Xofluza Tab	NPD	QL
Xofluza Therapy Pack	NPD	Q/T
Zepatier	NPD, SP	PA, Q/T, QL
Zerit	NF	
Ziagen	NF	
<i>zidovudine</i>	G	
Zithromax	NF	
Zmax	NF	
Zyvox	NF	QL
CANCER & ORGAN TRANSPLANT DRUGS		
<i>abiraterone</i>	G, SP	PA
Afinitor	NF, SP	QL
Akeega	NPD, SP	PA, QL

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Alecensa	NPD, SP	PA
Alkeran	NF, SP	
Alunbrig tab/pak	NPD, SP	PA, QL
<i>anastrozole</i>	G	
Arimidex	NF	
Aromasin	NF	
Augtyro	NPD, SP	PA
Ayvakit	NPD, SP	PA, QL
Azasan	NF	
<i>azathioprine</i>	G	
Balversa	NPD, SP	PA
Benlysta	NPD, SP	PA
Besremi Sol	NPD, SP	PA
<i>bexarotene</i>	G, SP	PA
<i>bicalutamide</i>	G	
Bosulif	NPD, SP	PA
Braftovi	NPD, SP	PA
Brukinsa	NPD, SP	PA
Cabometyx	PB, SP	PA
Calquence	NPD, SP	PA
<i>capecitabine</i>	G, SP	
Caprelsa	NPD, SP	PA, QL
Casodex	NF	
Cellcept	NF	
Cometriq	NPD, SP	PA
Copiktra	NPD, SP	PA
Cotellic	NPD, SP	PA, LDD
<i>cyclophosphamide caps</i>	G	
Cyclophosphamide tabs	NPD	
<i>cyclosporine</i>	G	
Cytosan	NPD, SP	
<i>danazol</i>	G	
Danocrine	NPD	
Dapagliflozin Pro-metformin ER 10-1000mg, 5-1000mg tablet	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Dapagliflozin propanediol 5mg, 10mg tablet	NF	
Daurismo	NPD, SP	PA
Deltasone	NPD	
Emcyt	NPD	
Erivedge	NPD, SP	PA
Erleada	NPD, SP	PA
<i>erlotinib</i>	G, SP	PA, QL
<i>etoposide</i>	G, SP	
Eulexin	NF	
<i>everolimus (generic for Afinitor)</i>	G, SP	PA, QL
<i>everolimus (generic for Zortress)</i>	G	
<i>exemestane</i>	G	
Exkivity	NPD, SP	PA
Fareston	NF	
Farydak	NPD, SP	PA, LDD
Femara	NF	
<i>flutamide</i>	G	
Fotivda	NPD, SP	PA
Fruzaqla	NPD, SP	PA
Gavreto	NPD, SP	PA
<i>gefitinib</i>	G, SP	PA
Gilotrif	NPD, SP	PA, QL
Gleevec	NF, SP	
Gleostine	NPD, SP	
Hexalen	NPD	
Hycamtin	NPD, SP	PA
Hydrea	NF	
Hyftor Gel 0.2%	NPD	PA
<i>hydroxyurea</i>	G	
Ibrance	NPD, SP	PA, LDD
Iclusig	NPD, SP	PA, QL
Idhifa	NPD, SP	PA, QL
<i>imatinib mesylate</i>	G, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Imbruvica 70mg, 140mg cap	NPD, SP	QL	<i>mercaptopurine</i>	G	
Imbruvica 140mg and 280mg tab	NF, SP	QL	Mesnex	NPD, SP	
Imbruvica 420mg tab	NPD, SP	QL	<i>methotrexate tab</i>	G	
Imuran	NF		<i>mycophenolate</i>	G	
Inlyta	NPD, SP	PA	<i>mycophenolic acid</i>	G	
Inqovi tab	NPD, SP	PA	Myfortic	NF	
Inrebic	NPD, SP	PA	Myhibbin	NF	
Iressa tab	NF, SP		Myleran	NPD	
Iwilfin	NPD, SP	PA	Neoral	NPD	
Jaypirca tab	NPD, SP	PA, QL	Nerlynx	NPD, SP	PA
Jylamvo Sol	NPD	PA	Nexavar	NF, SP	
Kisqali	NPD, SP	PA, LDD	Nilandron	NF, SP	
Koselugo	NPD, SP	PA	<i>nilutamide</i>	G, SP	
Krazati	NPD, SP	PA	Ninlaro	NPD, SP	PA
<i>lapatinib</i>	G, SP	PA	Nubeqa	NPD, SP	PA
<i>lenalidomide</i>	G, SP	PA	Odomzo	NPD, SP	PA
Lenvima	NPD, SP	PA, LDD	Ogsiveo	NPD, SP	PA
<i>letrozole</i>	G		Ojemda Tab/Sus	NPD, SP	PA
<i>leucovorin calcium</i>	G		Ojjaara	NPD, SP	PA, QL
Leukeran	PB, SP	PA	Onureg	NPD, SP	PA
<i>leuprolide</i>	G, SP		Orgovyx tab	NPD, SP	PA
Lonsurf	NPD, SP	PA	Orserdu tab	NPD, SP	PA
Lorbrena	NPD, SP	PA	Ortikos ER Cap	NF	
Lumakras	NPD, SP	PA	<i>pazopanib</i>	G, SP	PA
Lupkynis	NPD, SP	PA, QL	Pemazyre	NPD, SP	PA, QL
Lynparza	PB, SP	PA	Piqray	NPD, SP	PA
Lysodren	NPD		Pomalyst	NPD, SP	PA
Lytgobi	NPD, SP	PA	<i>prednisone</i>	LCG	
Matulane	PB, SP		<i>prednisone therapy pack/ solution/ concentrate</i>	G	
Mavenclad pak	NPD, SP	PA	Prograf capsule/ packet	NPD	
Megace	NF		Protopic	NF	
<i>megestrol acetate</i>	G		Purixan	NPD, SP	
Mekinist	NPD, SP	PA	Qinlock tab	NPD, SP	PA
Mektovi	NPD, SP	PA	Rapamune tab/sol	NF	
<i>melphalan</i>	G, SP				

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RediTrex Inj	NF	
Retevmo cap	NPD, SP	PA
Revlimid	NPD, SP	PA
Rezlidhia	NPD, SP	PA
Rozlytrek	NPD, SP	PA
Rubraca	PB, SP	PA
Rydapt	NPD, SP	PA
Sandimmune	NF	
Scemblix	NPD, SP	PA, QL
<i>sirolimus tab/soln</i>	G	
<i>sorafenib</i>	G, SP	PA
Sprycel	NPD, SP	PA
Stivarga	PB, SP	PA
<i>sunitinib</i>	G, SP	PA
Sutent	NF, SP	
Tabloid	NPD	
Tabrecta tab	NPD, SP	PA
<i>tacrolimus</i>	G	
Tafinlar	NPD, SP	PA
Tagrisso	NPD, SP	PA, QL
Talzenna	NPD, SP	PA, QL
<i>tamoxifen</i>	G	
Tarceva	NF, SP	QL
Targretin cap	NF, SP	
Tasigna	NPD, SP	PA
Tazverik 200mg	NPD, SP	PA
Temodar	NF, SP	
<i>temozolomide</i>	G, SP	PA
Tepmetko	NPD, SP	PA
Thalomid	NPD, SP	PA
Tibsovo	NPD, SP	PA
<i>toremifene</i>	G	
<i>tretinoin caps</i>	G, SP	PA
Trexall tab	NPD	
Truqap	NPD, SP	PA
Truseltiq	NPD, SP	PA
Tukysa	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Turalio	NPD, SP	PA
Tykerb	NF, SP	
Ukoniq	NPD, SP	PA
Valchlor	NPD, SP	PA
Vanflyta	NPD, SP	PA
Venclexta	NPD, SP	PA
Verzenio	NPD, SP	PA
Vitrakvi	NPD, SP	PA
Vizimpro	NPD, SP	PA
Vonjo	NPD, SP	PA
Votrient	NF, SP	
Welireg	NPD, SP	PA
Xalkori	NPD, SP	PA
Xatmep	NPD	AL
Xeloda	NF, SP	
Xospata	NPD, SP	PA
Xpovio	NPD, SP	PA
Xpovio Pak	NPD, SP	PA
Xtandi	NPD, SP	PA, LDD
Yonsa	NPD, SP	PA
Zejula	PB, SP	PA, QL, LDD
Zelboraf	NPD, SP	PA, LDD
Zolinza	NPD, SP	PA, LDD
Zortress	NF	
Zydelig	NPD, SP	PA, LDD
Zykadia	NPD, SP	PA, LDD
Zytiga	NF, SP	LDD

PAIN, NERVOUS SYSTEM, & PSYCH

Abilify	NF	
Abilify Mycite	NF	
Abilify Mycite Maintenance/ Starter Pak	NF	
Abstral	NF	QL, MME
<i>acamprosate DR tab</i>	G	
<i>acetaminophen w/codeine</i>	LCG	QL, 5DS, AL, MME

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Actiq	NF	QL, MME
Adderall	NF	QL
Adderall XR	NF	QL
Adhansia XR Capsule	NF	QL
Adipex-P	NF	R
Adlarity Dis	NF	AL
Adzenys ER susp	NF	QL
Adzenys XR-ODT	NF	QL
Aimovig	PB	PA
Ajovy	PB	PA
Allzital 25-325mg	NF	QL, 5DS
<i>almotriptan maleate</i>	G	QL, AL
<i>alprazolam</i>	LCG	AL
<i>alprazolam ER</i>	G	AL
<i>amantadine</i>	G	
Ambien	NF	QL
Ambien CR	NF	QL
Amerge	NF	QL, AL
<i>amitriptyline</i>	G	
<i>amoxapine</i>	G	
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine</i>	G	QL
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine ER</i>	G	QL
Amphetamine ER suspension	NF	QL
<i>amphetamine tablet (generic Evekeo)</i>	G	PA, QL
Anafranil	NF	
Antabuse	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Apadaz	NPD	PA, QL, 5DS, MME
Aplenzin	NF	
Apokyn Solution Cartridge 30mg/3ml	NF, SP	PA
<i>apomorphine inj 30mg/3ml</i>	G, SP	PA
Apo-Varenicline	NPD, ACA	QL
Aptensio XR	NF	QL
Aptiom	NPD	PA
Aricept [ODT]	NF	AL
<i>aripiprazole</i>	G	
<i>armodafinil</i>	G	
Arymo ER	NF	QL, MME
<i>asenapine sub</i>	G	
Ativan	NF	AL
<i>atomoxetine</i>	G	QL
Aubagio	NF, SP	
Austedo [XR]	NPD, SP	PA
Auvelity	NF	
Avonex	PB, SP	QL
Axert	NF	QL, AL
Azilect	NF	
Azstarys	PB	PA, QL
Banzel Susp	NF	
Banzel Tab	NF	
Belbuca	PB	PA, QL, MME
Belsomra	NF	QL
Belviiq [XR]	NPD	PA, R
Benzhydrocodone-acetaminophen	NPD	PA, QL, 5DS, MME
<i>benzphetamine</i>	LCG	R
<i>benztropine</i>	LCG	
Betaseron	PB, SP	QL
Brisdelle cap	NF	QL
Briviact suspension	NPD	PA, AL
Briviact tablet	NPD	PA

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Bromocriptine mesylate	NF	
Bunavail	NF	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL
<i>buprenorphine patch</i>	G	PA, QL, MME
<i>buprenorphine SL</i>	G	QL
<i>bupropion</i>	G	
<i>bupropion ER 150mg</i>	G	QL
Bupropion ER 450mg	NF	
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
<i>bupirone</i>	G	
Butal/Apap Tab 25-325mg	NF	QL, 5DS
Butalbital-acetaminophen 25-300mg	NF	QL, 5DS
<i>butalbital/apap/caffeine</i>	G	QL, 5DS
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, AL, MME
Butrans	NF	QL, MME
Cafergot	NF	
Cambia Packet	NF	
Capcof Syrup	NPD	QL, 5DS, AL, MME
Caplyta	NF	
<i>carbamazepine</i>	G	
<i>carbamazepine susp</i>	G	AL
<i>carbamazepine XR</i>	G	
Carbatrol	NPD	PA
<i>carbidopa</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa/levodopa</i>	G	
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	
<i>carbidopa/levodopa/entacapone</i>	G	
<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, AL, MME
Cataflam	NF	
Celexa	NF	
Celontin	NF	
Chantix	NF	QL
<i>chlordiazepoxide</i>	G	AL
<i>chlorpromazine HCl</i>	G	
<i>citalopram</i>	LCG	
Citalopram 30mg Cap	NF	
<i>clobazam</i>	G	PA
<i>clobazam susp</i>	G	PA, AL
<i>clomipramine HCl</i>	G	
<i>clonazepam</i>	G	
<i>clorazepate dipotassium</i>	G	AL
<i>clozapine</i>	G	
<i>clozapine ODT</i>	G	QL, 5DS, AL
Clozaril	NF	
<i>codeine tabs</i>	G	QL, 5DS, AL, MME
<i>coditussin AC liquid</i>	G	QL, 5DS, AL, MME
Comtan	NF	
Concerta	NF	QL
Contrave ER	NPD	PA, R
Conzip	NF	QL, AL, MME
Copaxone	NF, SP	QL
Cotempla XR-ODT	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Coxanto	NF	
Cymbalta	NF	
Dantrium	NF	
<i>dantrolene</i>	G	
Daybue Soln	NPD, SP	PA
Daypro	NF	
Daytrana	NF	QL
Dayvigo	NF	QL
Demerol	NF	QL, 5DS, MME
Depakene	NF	
Depakote	NF	
Depakote ER	NF	
Depakote Sprinkle Caps	NF	
<i>desipramine</i>	G	
Desoxyn	NF	QL
Desvenlafaxine ER 24HR	PB	
<i>desvenlafaxine succinate ER</i>	G	
Dexedrine caps	NF	QL
<i>dexmethylphenidate ER</i>	G	QL
<i>dexmethylphenidate hcl</i>	G	QL
<i>dextroamphetamine</i>	G	QL
<i>dextroamphetamine ER</i>	G	QL
D.H.E.45	NF	
Dhivy	NF	
Diacomit	NPD, SP	PA
Diastat	NPD	
<i>diazepam solution</i>	G	
<i>diazepam tabs</i>	LCG	
<i>diclofenac cap 25mg</i>	G	PA, QL
Diclofenac cap 35mg	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diclofenac potassium</i>	G	
<i>diclofenac powder</i>	G	
<i>diclofenac sodium</i>	G	
<i>diclofenac sodium gel 1%</i>	G	
<i>diethylpropion HCL</i>	G	R, PA
<i>diflunisal</i>	G	
<i>dihydrocodeine/APAP/caff</i>	G	QL, 5DS, AL, MME
<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, AL, MME
<i>dihydroergotamine inj</i>	G	PA
<i>dihydroergotamine mesylate nasal spray</i>	G	PA
Dilantin chewable tablets	PB	
Dilaudid	NF	QL, MME, 5DS
<i>dimethyl fumarate DR cap</i>	G, SP	
<i>disulfiram</i>	G	
<i>divalproex sodium</i>	G	
<i>divalproex sodium ER</i>	G	PA, QL
<i>divalproex sprinkle cap</i>	G	
Dolophine	NF	QL, MME
<i>donepezil hydrochloride</i>	LCG	AL
Doral	NF	AL
<i>doxepin capsule</i>	G	
<i>doxepin HCL con 10mg/ml</i>	G	
<i>doxepin tablet</i>	G	PA
Drizalma Sprinkle	NF	
<i>duloxetine</i>	G	
Duragesic patch	NF	QL, MME

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Dyanavel XR	NF	QL
Edluar SL tab	NPD	PA, QL
Effexor XR	NF	
Eldepryl	NF	
Elepsia XR	NF	
<i>eletriptan</i>	G	QL, AL
Elyxyb	NF	QL
Embeda	NPD	QL, MME
Emgality (300mg Dose) Prefilled Pen 100mg/ml	PB	PA, QL
Emgality Prefilled Pen/ Auto-Injector 120mg/ml	NF	
<i>endocet</i>	LCG	QL, 5DS, MME
<i>entacapone</i>	G	
Epidiolex Soln	NPD	PA
Eprontia soln	NF	
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	LCG	
Esgic cap/tab	NF	QL, 5DS
<i>estazolam</i>	G	QL, AL
<i>eszopiclone</i>	G	PA, QL (3mg only)
<i>ethosuximide</i>	G	
<i>etodolac</i>	G	
Evekeo [ODT]	NF	QL
Evzio	NF	QL
Exalgo ER	NF	QL, MME
Exelon	NF	AL
Exservan Mis	NPD	
Extavia	NF, SP	QL
Fanapt	NPD	PA
Fazaclo	NPD	
<i>felbamate</i>	G	
Felbatol	NF	
Feldene	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenoprofen calcium</i>	G	
<i>fentanyl citrate OTFC</i>	G	PA, QL, MME
Fentanyl citrate tablet	NF	QL, MME
Fentora	NF	QL, MME
Fetzima	NPD	PA
<i>fingolimod</i>	G, SP	
Fintepla sol	NF	
Fioricet	NF	QL, 5DS
Fioricet with codeine	NF	QL, AL, 5DS, MME
Fiorinal with codeine	NF	QL, AL, 5DS, MME
<i>fluoxetine</i>	G	QL (Weekly Only)
<i>fluoxetine 10mg, 20mg, 40mg</i>	G	
<i>fluoxetine soln</i>	G	AL
<i>fluphenazine</i>	G	
<i>flurazepam</i>	G	QL, AL
<i>flurbiprofen</i>	G	
<i>fluvoxamine</i>	G	
<i>fluvoxamine ER</i>	G	
Focalin	NF	QL
Focalin XR	NF	QL
ForFivo XL	NF	
Frova	NF	QL, AL
Frovatriptan succinate	NPD	QL, AL
Fycompa	NPD	
<i>gabapentin</i>	G	
<i>gabapentin soln</i>	G	AL
<i>gabapentin tab</i>	G	PA
Gabitril	NF	
<i>galantamine</i>	G	AL
<i>galantamine ER</i>	G	AL
Geodon	NF	
Gilenya	NF, SP	

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<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL
Gocovri	NF	
Gralise Mis	NF	
<i>guaifenesin-codeine soln 10mg/5ml</i>	LCG	QL, AL, 5DS, MME
<i>guanfacine ER</i>	G	QL
Halcion	NF	QL, AL
<i>haloperidol</i>	G	
Hetlioz Cap	NF, SP	QL
Hetlioz LQ Susp	NPD, SP	PA
Horizant	NPD	PA
<i>hydrocodone/acetaminophen</i>	LCG	QL, 5DS, AL, MME
<i>hydrocodone-homatropine</i>	G	QL, 5DS, AL, MME
<i>hydrocodone ER</i>	G	PA, QL, MME
<i>hydromorphone ER</i>	G	PA, QL, MME
<i>hydromorphone IR</i>	G	QL, 5DS, MME
Hysingla ER	NF	QL, MME
Ibudone	NF	QL, 5DS, MME, AL
<i>ibuprofen/hydrocodone</i>	G	QL, 5DS, MME, AL
Imcivree 10mg/ml Inj	NPD, SP	PA
<i>imipramine</i>	G	
Imitrex	NF	AL, QL
Inbrija	NPD, SP	PA
Indocin Suppository	NF	
Indocin susp	NF	AL
Ingrezza	NPD, SP	PA
Intermezzo	NF	QL
Intuniv	NF	QL
Invega ER tablet	NF	
<i>isometheptene/dichloralphenazone/apap</i>	G	
Jakafi	NPD, SP	PA, LDD, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Jornay PM Capsule	NF	QL
Kadian ER	NF	QL, MME
Kapvay	NF	QL
Keppra	NF	
Keppra XR	NF	
<i>ketorolac</i>	G	
Khedeza	NF	
Klonopin	NF	
Kloxxado Liq	PB, ACA	QL
Kynmobi Kit Titration	NPD, SP	PA
Kynmobi Mis	NPD, SP	PA, QL
<i>lacosamide</i>	G	
Lamictal	NF	
Lamictal ODT	NF	
Lamictal XR	NF	
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
Latuda	NF	
Lazanda	NF	QL, MME
<i>levetiracetam</i>	LCG	
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
Lexapro	NF	
Libervant Mis	NF	QL
Librax	NF	
<i>lisdexamphetamine cap/chew</i>	G	QL
<i>lithium carbonate</i>	G	
<i>lithium carbonate ER</i>	G	
Lodine	NF	
Lodosyn	NF	
Lomaira	NPD	R
<i>lorazepam</i>	LCG	AL
<i>lorazepam concentrate</i>	G	AL

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Loreev XR	NF	
Lortab	NF	QL, 5DS, AL
<i>lortab elixir</i>	LCG	QL, MME
<i>loxapine</i>	G	
Lumryz Pak	NPD, SP	PA, QL
Lunesta	NF	QL
<i>lurasidone tab</i>	G	
Lybalvi	NF	
Lyrica	NF	
Lyrica CR	NF	
Lyrica soln	NF	AL
<i>maprotiline</i>	G	
Maxalt, Maxalt-MLT	NF	AL, QL
Mayzent tablet, starter pak	NPD, SP	
m-clear WC soln	NPD	AL, QL, 5DS, MME
<i>meclofenamate</i>	G	
<i>memantine</i>	G	AL
<i>memantine ER</i>	G	AL
<i>meperidine HCl</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
Mestinon syrup	NF	AL
Mestinon tablet	NF	
Metadate CD Cap	NF	QL, MME
<i>methadone</i>	LCG	PA, QL, MME
Methadose concentrate [SF]	NF	QL, MME
Methamphetamine	NPD	QL
<i>methocarbamol 500mg, 750mg</i>	LCG	
<i>methsuximide</i>	G	
Methylin	NF	QL
<i>methylphenidate</i>	G	QL
<i>methylphenidate ER</i>	G	QL
<i>methylphenidate ER (CD)</i>	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate ER (LA)</i>	G	QL
Methylphenidate ER (XR)	NF	QL
<i>methylphenidate pad</i>	G	QL
Midrin	NPD	
Migranal	NF	
Mirapex	NF	
Mirapex ER	NF	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	
<i>molindone hcl</i>	G	
MorphaBond ER	NF	QL, MME
<i>morphine IR</i>	G	QL, 5DS, MME
<i>morphine sulfate ER</i>	G	PA, QL, MME
<i>morphine suppositories</i>	G	QL, 5DS, MME
Motpoly XR	NF	
MS Contin	NF	QL, MME
Mydayis	NF	QL
Mysoline	NF	
<i>nabumetone</i>	G	
Nalfon	NF	
Nalocet	NF	QL, 5DS, MME
Naloxone injection 2mg	NPD	QL
<i>naloxone spray</i>	G	QL
<i>naltrexone 50mg</i>	G	
Namenda [XR]	NF	AL
Namzaric	NF	AL
<i>naratriptan</i>	G	QL, AL
Narcan 4mg/actuation spray	PB	QL
Nardil	NF	
Nayzilam	NPD	PA, QL
<i>nefazodone</i>	G	
Neupro Patch	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Neurontin	NF	
Neurontin soln	NF	AL
<i>ninjacof-XG liquid</i>	G	QL, AL, 5DS, MME
Norpramin	NF	
<i>nortriptyline</i>	G	
<i>nortriptyline soln</i>	G	AL
Nourianz	NPD	PA
Nucynta	NPD	QL, 5DS, MME
Nucynta ER	NPD	PA, QL, MME
Nuplazid	NPD	PA
Nurtec Chw ODT	PB	PA, QL, AL
Nuvigil	NF	
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	LCG	
<i>olanzapine/ fluoxetine hcl</i>	G	
Onfi	NF	
Onfi susp	NF	AL
Ongentys	NPD	PA
Onzetra Xsail	NPD	PA, QL, AL
Opana	NF	QL, 5DS, MME
Opana ER	NF	QL, MME
Opvee Spray	NPD	QL
Orap	NF	
Osmolex ER	NF	
<i>oxaprozin</i>	G	
Oxaydo	NPD	PA, QL, 5DS, MME
<i>oxazepam</i>	G	AL
<i>oxcarbazepine susp</i>	G	AL
<i>oxcarbazepine tab</i>	G	
Oxtellar XR	NPD	PA
Oxycodone ER tablet	NF	QL, MME
<i>oxycodone IR</i>	G	QL, 5DS, MME
<i>oxycodone/ acetaminophen</i>	LCG	QL, 5DS, MME
Oxycodone/ acetaminophen sol 10/300mg	NF	QL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Oxycodone acetaminophen 7.5/300mg	NF	QL, 5DS, MME
Oxycodone/ acetaminophen Sol 5/325mg	NPD	PA, QL, 5DS, MME
Oxycodone/APAP 2.5-300mg, 5-300mg, 10-300mg tab	NF	QL, 5DS, MME
<i>oxycodone/aspirin</i>	G	QL, 5DS, MME
<i>oxycodone/ ibuprofen</i>	G	QL, 5DS, MME
OxyContin	NF	QL, MME
<i>oxymorphone ER</i>	G	PA, QL, MME
<i>oxymorphone IR</i>	G	QL, 5DS, MME
Ozobax Soln	NF	
<i>paliperidone ER tablet</i>	G	
Pamelor	NF	
Parlodel	NF	
Parnate	NF	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	
<i>paroxetine susp</i>	G	
Paxil CR	NF	
Paxil suspension	NF	
Paxil tablet	NF	
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
Percocet	NF	QL, 5DS, MME
<i>perphenazine</i>	G	
Pexeva	NPD	PA
<i>phendimetrazine tartrate</i>	G	PA, R
<i>phenelzine</i>	G	
<i>phenobarbital</i>	G	
<i>phentermine hcl</i>	LCG	R
Phenytek	NPD	
<i>phenytoin</i>	G	

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<i>pimozide</i>	G	
<i>piroxicam</i>	G	
Plegridy	PB, SP	QL
Ponvory	NF, SP	
<i>pramipexole</i>	LCG	
<i>pramipexole ER</i>	G	
<i>pregabalin</i>	G	
<i>pregabalin ER tab</i>	G	PA
<i>pregabalin soln</i>	G	AL
<i>primidone</i>	G	
Primlev	NF	QL, 5DS, MME
Pristiq	NF	
Procentra 1mg/ml	NF	QL
Prolate Sol 10/300mg	NF	QL, 5DS, MME
Prolate tab	NF	QL, 5DS, MME
<i>promethegan supp</i>	G	
Provigil	NF	
Prozac	NF	
<i>pyridostigmine soln</i>	G	AL
<i>pyridostigmine tab</i>	G	
Qdolo Sol 5mg/ml	NF	QL, AL
Qelbree ER	NF	QL
Qmiiz ODT	NF	
Qsymia ER	NPD	PA, R
<i>quazepam</i>	G	AL
Qudexy XR	NPD	PA
<i>quetiapine fumarate [ER]</i>	G	
Quillichew ER	NPD	PA, QL
Quillivant XR	NPD	PA, QL
Qulipta	PB	PA, QL
Radicava ORS Susp	PB, SP	PA
Quviviq	NF	QL
<i>ramelteon</i>	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>rasagiline</i>	G	
Razadyne	NF	AL
Razadyne ER	NF	AL
Rebif Rebidose	NPD, SP	PA, QL
Regimex	NF	R
Relafen	NF	
Relafen DS	NF	
Relexxii	NF	QL
Relpax	NF	QL, AL
Relyvrio Pak	NPD, SP	PA
Remeron	NF	
Remeron SolTab	NF	
Requip	NF	
Requip XL	NF	
Restoril	NF	AL
Rextovy Spr	NF	QL
Rexulti	NPD	
Reyvow	NF	QL, AL
Rilutek	NF	
<i>riluzole</i>	G	
Risperdal, Risperdal M-Tab	NF	
<i>risperidone</i>	LCG	
Ritalin LA	NF	QL
Ritalin Tab	NF	QL
<i>rivastigmine</i>	G	AL
<i>rizatriptan benzoate</i>	G	QL, AL
Robaxin	NF	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	
Roxicodone	NF	QL, 5DS, MME
Roxybond 15mg, 30mg	NPD	PA, QL, 5DS, MME
Roxybond 5mg	NF	QL, 5DS, MME
Rozerem	NF	QL
<i>rufinamide susp 40mg/ml</i>	G	PA
<i>rufinamide tab</i>	G	PA

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Rytary	NPD	PA
Sabril tablet/ packet	NF, SP	
Saphris	NF	
Saxenda	NPD	PA, R, QL
Secuado Patch	NF	
Seglentis 56- 44mg Tab	NF	QL
<i>selegiline HCl</i>	G	
Seroquel	NF	
Seroquel XR	NF	
<i>sertraline</i>	LCG	
Sertraline Cap	NF	
Silenor	NF	
<i>silodosin</i>	G	
Sinemet	NF	
Sinemet CR	NF	
Sodium Oxybate Sol (Hikma)	NPD, SP	PA, QL
Sonata	NF	QL
Spritam Oral Disintegrating Tab	NF	
Sprix Nasal Spray	NF	QL
Stalevo	NF	
Strattera	NF	QL
Suboxone Sublingual Film	NF	QL
Subsys	NF	QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL, AL
<i>sumatriptan/ naproxen</i>	G	PA, QL
Sunosi	PB	PA
Sylatron	NPD, SP	PA
Symbyax	NF	
Sympazan Film	NPD	PA
Tascenso ODT	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>tasimelteon</i>	G, SP	PA, QL
Tasmar	NF	
Tecfidera	NF, SP	LDD
Tegretol susp	NPD	PA, AL
Tegretol [XR]	NPD	PA
<i>temazepam</i>	G	QL, AL
<i>teriflunomide</i>	G, SP	
<i>tetrabenazine</i>	G, SP	PA
<i>thioridazine</i>	G	
<i>thiothixene</i>	G	
<i>tiagabine hcl</i>	G	
Tiglutik Susp	PB	
Tivorbex	NF	
Tofranil	NF	
<i>tolcapone</i>	G	
<i>tolmetin sodium</i>	G	
Topamax	NF	
Topamax Sprinkle Capsules	NF	
<i>topiramate</i>	G	
<i>topiramate ER cap</i>	G	
<i>topiramate sprinkle cap</i>	G	PA
Tosymra Nasal Solution	NF	QL, AL
<i>tramadol</i>	LCG	QL, AL, MME
Tramadol ER cap	NF	QL, AL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, AL, MME
<i>tramadol ER tablet</i>	G	QL, AL, MME
Tramadol soln 5mg/ml	NF	QL, AL, MME
<i>tramadol/ acetaminophen</i>	G	QL, AL, MME
Tranxene T	NF	AL
<i>tranycypromine sulfate</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>trazodone</i>	G	
Treximet	NF	QL, AL
Trezix	NF	
<i>triazolam</i>	G	QL, AL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	LCG	
Trileptal Susp	NF	AL
Trileptal Tab	NF	
<i>trimipramine</i>	G	
Trintellix	NPD	PA
Trokendi XR	NF	
Trudhesa AER	NF	QL
<i>trymine CG liquid</i>	G	AL, QL, 5DS, MME
Tylenol w/Codeine	NF	QL, 5DS, AL, MME
Ubrelyv	PB	PA, QL, AL
Ultracet	NF	QL, AL, MME
Ultram	NF	QL, AL, MME
Valium	NF	
<i>valproic acid</i>	G	
Valtoco	NPD	PA, QL
Vanatol S/LQ	NPD	PA, QL, 5DS
<i>varenicline</i>	G, ACA	QL
<i>varenicline Pak</i>	G, ACA	
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
Venlafaxine Tab 112.5mg	NF	
Veozah	NF	
<i>vigabatrin</i>	G, SP	PA
<i>vigadrone</i>	G, SP	PA
Vimpat solution	NF	
Vimpat tablet	NF	
Virtussin AC w/ ALC liquid	NPD	QL, 5DS, MME
Vivlodex	NF	
Vraylar	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Vyvanse	NF	QL
Wainua Inj	NPD, SP	PA, QL
Wakix	NPD, SP	PA, QL
Wellbutrin SR	NF	
Wellbutrin XL	NF	
Xadago	NF	
Xanax	NF	AL
Xanax XR	NF	AL
Xcopri pak/tab	NPD	PA
Xelstrym Pad	NF	QL
Xenazine	NF	
Xodol, Norco	NF	QL, 5DS, AL, MME
Xtampza ER	PB	PA, QL, MME
Xyrem	NF, SP	QL
Xywav Soln	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL
Zarontin	NF	
Zavzpret Nasal Soln	NF	QL, AL
Zebutal	NF	QL, 5DS
Zembrace Syntouch	NPD	PA, QL
Zenzedi	NF	QL
Zepbound Inj	NPD	PA, R, QL
Zimhi Soln	NPD	QL
<i>ziprasidone</i>	G	
Zohydro ER	NF	QL, MME
<i>zolmitriptan</i>	G	QL, AL
<i>zolmitriptan spray</i>	G	PA, QL, AL
Zoloft	NF	
<i>zolidem tartrate</i>	LCG	PA, QL (10mg only)
Zolpidem Tartrate Cap 7.5mg	NF	QL
<i>zolpidem tartrate ER</i>	G	PA, QL (12.5mg only)
<i>zolpidem tartrate SL</i>	G	PA, QL (3.5mg only)
Zolpimist	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Zomig	NF	QL, AL
Zonegran	NF	
Zonisade Susp	NF	
<i>zonisamide</i>	G	
Zorvolex	NF	
Ztalmy Susp	NPD, SP	PA
Zubsolv	PB	QL
Zurzuvae	NPD	QL
Zyban	NF	QL
Zyprexa	NF	
Zyprexa Zydis	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Amicar	NF	
<i>amiloride</i>	G	
<i>amiloride/HCTZ</i>	G	
<i>aminocaproic acid</i>	G	
<i>amiodarone</i>	G	
<i>amlodipine</i>	LCG	
<i>amlodipine besylate/olmesartan</i>	G	
<i>amlodipine/benazepril</i>	G	
<i>amlodipine/valsartan</i>	G	
<i>amlodipine/valsartan/HCTZ</i>	G	
<i>anagrelide</i>	G	
Antara	NPD	
Arixtra	NF	
<i>aspirin-dipyridamole er</i>	G	
Aspruzyo Spr Gra	NF	
Atacand	NF	
Atacand HCT	NF	
<i>atenolol</i>	LCG	
<i>atenolol/chlorthalidone</i>	G	
Atorvaliq Soln	NF	AL
<i>atorvastatin</i>	G	
<i>atorvastatin/amlodipine</i>	G	
Avalide	NF	
Avapro	NF	
Azor	NF	
Bebulin	NPD, SP	PA
<i>benazepril</i>	G	
<i>benazepril/HCTZ</i>	G	
BeneFIX	PB, SP	PA
Benicar	NF	
Benicar HCT	NF	

HEART, BLOOD PRESSURE, & CHOLESTEROL

Accupril	NF	
Accuretic	NF	
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
Actimmune	NPD, SP	PA
Adalat CC	NF	
Adcirca	NF, SP	
Adempas	PB, SP	PA
Advate	PB, SP	PA
Adynovate	NPD, SP	PA
Afstyla	NPD, SP	PA
Aggrenox	NF	
Agrylin	NF	
Aldactazide	NF	
Aldactone	NF	
<i>aliskiren</i>	G	
Alphanate	PB, SP	PA
AlphaNine	NPD, SP	PA
Alprolix	NPD, SP	PA
Altace	NF	
Altoprev ER	NF	
Altuviio Inj	NPD, SP	PA
<i>ambrisentan</i>	G, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Betapace AF	NF	
<i>betaxolol</i>	G	
Bevyxxa	NPD	QL
Bidil	NF	
<i>bisoprolol</i>	G	
<i>bisoprolol/HCTZ</i>	G	
<i>bumetanide</i>	G	
Bystolic	NF	
Byvalson	NPD	PA
Caduet	NF	
Calan	NF	
Calan SR	NF	
Camzyos	NPD, SP	PA, QL
<i>candesartan</i>	G	
<i>candesartan/hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
Cardizem	NF	
Cardizem CD	NF	
Cardizem LA	NF	
Carospir	NF	
<i>cartia XT</i>	G	
<i>carvedilol</i>	G	
<i>carvedilol ER</i>	G	
Catapres tablets	NF	
Catapres-TTS	NF	
<i>chlorothiazide</i>	G	
<i>chlorthalidone</i>	G	
<i>cholestyramine</i>	G	
<i>cholestyramine light</i>	G	
<i>cilostazol</i>	G	
<i>clonidine ER 12 HR tab</i>	G	
Clonidine ER 24HR tab	NF	
<i>clonidine IR tablet</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine patches</i>	G	
<i>clopidogrel</i>	G	
Coagadex	NPD, SP	PA
<i>colesevelam</i>	G	
Colestid	NF	
<i>colestipol HCl</i>	G	
Conjupri	NF	
Coreg	NF	
Coreg CR	NF	
Corgard	NF	
Corifact	NPD, SP	PA
Corlanor	NPD	PA
Corzide	NF	
Coumadin	PB	
Cozaar	NF	
Crestor	NF	
<i>dabigatran cap</i>	G	
Demadex	NF	
Dibenzylidine	NF	
<i>digitek</i>	G	
<i>digox</i>	G	
<i>digoxin</i>	G	
<i>dilt-CD</i>	LCG	
<i>diltiazem HCl</i>	G	
<i>diltiazem HCl CD</i>	G	
<i>diltiazem HCl ER</i>	G	
<i>diltiazem HCl LA</i>	G	
<i>diltiazem HCl SR</i>	G	
<i>diltzac ER</i>	LCG	
Diovan	NF	
Diovan HCT	NF	
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
<i>droxidopa</i>	G, SP	PA
Durlaza	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Dutoprol	NPD	
Dyazide	NF	
Dyrenium	NF	
Edarbi	NF	
Edarbyclor	NF	
Edecrin	NF	
Effient	NF	
Eliquis	PB	
Eloctate	NPD, SP	PA
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<i>enalapril solution</i>	G	AL
<i>enoxaparin</i>	G	
Entadfi	NF	QL
Entresto	PB	QL
Epaned Sol 1mg/ml	NF	AL
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	
Esperoct	NPD, SP	PA
<i>ethacrynic acid</i>	G	
Exforge	NF	
Exforge HCT	NF	
<i>ezetimibe</i>	G	
Ezetimibe/atorvastatin	NF	
Ezetimibe/rosuvastatin	NF	
<i>ezetimibe/simvastatin</i>	G	
Ezzalor Sprinkle Cap	NF	
Feiba	NPD, SP	PA
<i>felodipine ER</i>	G	
<i>fenofibrate</i>	G	
Fenofibrate micronized cap 30mg, 90mg	NPD	
<i>fenofibrate nanocrystallized</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid</i>	G	
Fenoglide	NF	
Fibricor	NF	
<i>flecainide</i>	G	
Flolipid susp	NF	AL
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
Fragmin	NPD	
Furoscix Kit 80mg/10ml	NF	
<i>furosemide solution</i>	LCG	
<i>furosemide tabs</i>	LCG	
<i>gemfibrozil</i>	G	
<i>guanfacine</i>	G	
Helixate FS	NPD, SP	PA
Hemangeol Soln	NPD	PA
Hemlibra Soln	NPD, SP	PA
Hemofil M	NPD, SP	PA
Humate-P	PB, SP	PA
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
Hyzaar	NF	
<i>icosapent cap</i>	G	
IFE-PG20 Inj	NF	QL
<i>indapamide</i>	G	
Inderal LA	NF	
InnoPran XL	NF	
Inpefa	NF	
Inspra	NF	
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
Isordil Titradoso Tabs	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorb dinitrate-hydralazine</i>	G	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
Ixinity	NPD, SP	PA
<i>jantoven</i>	G	
Jesduvroq	NPD, SP	PA
Jivi	NPD, SP	PA
Juxtapid	NPD, SP	PA
Kaspargo	NF	
Katerzia Susp	NF	AL
Kerendia	NPD	PA
Koate-DVI	PB, SP	PA
Kogenate FS	PB, SP	PA
Kovaltry	PB, SP	PA
Kynamro	NF, SP	
<i>labetalol HCl</i>	G	
Lanoxin 62.5mcg, 187.5mcg tablets	NF	
Lanoxin 125mcg and 250mcg tablets	NF	
Lasix	NF	
Lescol XL	NF	
Letairis	NF, SP	
Levamlodipine	NF	
Lipitor	NF	
Lipofen	NF	
Liqrev Susp	NF, SP	
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
Livalo	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Lopid	NF	
Lopressor HCT	NF	
<i>losartan</i>	G	
<i>losartan-HCTZ</i>	G	
Lotensin	NF	
Lotrel	NF	
<i>lovastatin</i>	ACA	
Lovaza	NF	
Lovenox	NF	
Maxzide	NF	
<i>methyl dopa</i>	G	
<i>metolazone</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol tartrate</i>	LCG	
<i>metoprolol tartrate/HCT</i>	G	
Mevacor	NF	
<i>mexiletine HCl</i>	G	
Micardis	NF	
Micardis HCT	NF	
Microzide	NF	
Minipress	NF	
<i>minitran</i>	G	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
Monoclate-P	NPD, SP	PA
Mononine	PB, SP	PA
Mulpleta	NF, SP	
Multaq	PB	
<i>nadolol</i>	G	
<i>nadolol-bendroflume thiazide</i>	G	
<i>nebivolol</i>	G	
Nexiclon XR	NF	
Nexletol	PB	PA

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Nexlizet	PB	PA
<i>niacin ER</i>	G	
Niaspan ER	NF	
<i>nicardipine</i>	G	
<i>nifedical XL</i>	G	
<i>nifedipine</i>	G	
<i>nifedipine ER</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine ER</i>	G	
Nitro-Bid	PB	
Nitro-Dur	NF	
<i>nitro-time cap</i>	G	
Nitro-Time CR Cap	NF	
<i>nitroglycerin ER</i>	LCG	
<i>nitroglycerin oint 0.4%</i>	G	
<i>nitroglycerin patches</i>	G	
<i>nitroglycerin SL</i>	G	
<i>nitroglycerin spray</i>	G	
Nitrolingual Spray	NF	
Nitromist	NPD	
Nitrostat SL	NF	
Nocdurna SL	NF	
Norliqva Soln	NF	AL
Norpace	NF	
Northera	NF, SP	
Norvasc	NF	
Novoeight	PB, SP	PA
NovoSeven RT	NPD, SP	PA
Nuwiq	PB, SP	PA
Nymalize Sol	NPD	
Obizur	NPD, SP	PA
<i>olmesartan medoxomil</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>olmesartan/amlodipine/hctz</i>	G	
<i>olmesartan/hctz</i>	G	
<i>omega-3 acid ethyl esters</i>	G	
Opsumit	PB, SP	PA
Opsynvi	NF	
Orenitram	NPD, SP	PA
Ormalvi Tab	NF	
<i>pacerone</i>	G	
<i>pentoxifylline ER</i>	G	
<i>perindopril</i>	G	
Persantine	NPD	
<i>phenoxybenzamine</i>	G	PA
<i>pindolol ER</i>	G	
<i>pitavastatin</i>	G	
Plavix	NF	
Pradaxa	NPD	
Pradaxa Pak	NF	
Praluent	NPD	PA
<i>prasugrel</i>	G	
Pravachol	NF	
<i>pravastatin</i>	G	
<i>prazosin</i>	G	
<i>prevalite</i>	G	
Prinivil	NF	
Procardia	NF	
Procardia XL	NF	
Profilnine	NPD, SP	PA
Promacta	NPD, SP	PA
<i>propafenone</i>	G	
<i>propafenone SR</i>	G	
<i>propranolol</i>	G	
<i>propranolol ER</i>	G	
<i>propranolol/HCTZ</i>	G	
Qbrelis	NF	AL
Questran	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Questran Light	NF	
<i>quinapril HCl</i>	LCG	
<i>quinapril/HCTZ</i>	G	
<i>ramipril</i>	G	
Ranexa	NF	
<i>ranolazine</i>	G	
Rebinyn Soln	NPD, SP	PA
Recombinate	PB, SP	PA
Rectiv	NF	
Repatha	PB	PA
Revatio	NF, SP	
Riastap	NPD, SP	PA
Rixubis	NPD, SP	PA
<i>rosuvastatin</i>	G	
Roszet	NF	
Rythmol SR	NF	
Samsca	NF, SP	LDD
Sevenfact Inj	NPD, SP	PA
<i>sildenafil citrate 20mg tab, 10mg/ml susp</i>	G, SP	PA
<i>sildenafil citrate 25mg, 50mg, 100mg</i>	LCG	QL
<i>simvastatin</i>	LCG	
Simvastatin susp	NF	AL
Skytrofa Inf	NPD, SP	PA
Soanz	NF	
Sogroya Inj	NF, SP	
<i>sotalol HCl</i>	G	
Sotylize	NPD	
<i>spironolactone</i>	G	
<i>spironolactone/ HCTZ</i>	G	
Stimate	NF	
Sular	NF	
Tadliq Susp	NF, SP	
Tarka	NF	
<i>taztia XT</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Tekturna	NF	
Tekturna HCT	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan- amlodipine</i>	G	
<i>telmisartan/ hydrochloro- thiazide</i>	G	
Tenoretic	NF	
Tenormin	NF	
Thalitone	NF	
<i>tiadylt ER</i>	G	
Tiazac	NF	
<i>ticlopidine HCl</i>	G	
Tikosyn	NF	
<i>timolol</i>	G	
<i>tolvaptan 15mg, 30mg tab</i>	G, SP	PA
Toprol XL	NF	
<i>torseamide</i>	G	
<i>trandolapril</i>	G	
<i>trandolapril/ verapamil ER</i>	G	
Tretten	NPD, SP	PA
<i>triamterene/HCTZ</i>	LCG	
<i>triamterene cap</i>	G	
Tribenzor	NF	
Tricor	NF	
Trilipix	NF	
Twynsta	NF	
Tyvaso	NPD, SP	PA
Uptravi	NPD, SP	PA
<i>valsartan</i>	G	
Valsartan Soln	NF	AL
<i>valsartan/ hydrochloro- thiazide</i>	G	
Vascepa	NF	
Vaseretic	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Vasotec	NF	
<i>vecamyl</i>	G	PA
Ventavis	NPD, SP	PA
Verelan ER, PM	NF	
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
Verquvo	NPD	PA, QL
Vijoice	NPD, SP	PA, QL
Vonvendi	NPD, SP	PA
Voxzogo	NPD, SP	PA
Vyndaqel, Vyndamax	NPD, SP	PA
Vytorin	NF	
<i>warfarin</i>	G	
Welchol	NF	
Wilate	PB, SP	PA
Xarelto	PB	
Xolremdi	NPD, SP	PA, QL
Xyntha	PB, SP	PA
Zestoretic	NF	
Zestril	NF	
Zetia	NF	
Ziac	NF	
Zocor	NF	
Zypitamag	NF	
SKIN MEDICATIONS		
Absorica	NF	
Absorica LD	NF	
Acanya	NF	
<i>accutane cap</i>	G	
<i>acitretin</i>	G	
<i>acyclovir cream/ oint</i>	G	
Aczone	NF	AL
Adapalene 0.1% lotion	NPD	AL
<i>adapalene 0.3% gel</i>	G	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>adapalene-benzoyl-peroxide gel</i>	G	AL
<i>adapalene cream</i>	G	AL
Adapalene pad 0.1%	NF	AL
Adbry Inj 150mg/ml	PB, SP	PA
Aklief Cream 0.005%	NF	AL
Aktipak	NF	
<i>ala-cort cream</i>	LCG	
Ala-Scalp	NF	
<i>alclometasone cream, ointment</i>	G	
Aldara	NF	
Altreno lotion 0.05%	NF	AL
<i>amcinonide</i>	G	
Apexicon E	NF	
Arazlo lotion 0.045%	NF	AL
Atralin	NF	AL
<i>avita</i>	G	AL
Azelex	NF	
<i>azelaic acid gel 15%</i>	G	
Benzaclin	NF	
Benzamycin gel	NF	
Benzamycinpak	NPD	PA
<i>benzoyl peroxide/ erythromycin</i>	G	
<i>beser lotion 0.05%</i>	G	
<i>betamethasone dipropionate</i>	G	
<i>betamethasone valerate</i>	G	
<i>betamethasone/ clotrimazole</i>	G	
Bimzelx Inj	NPD, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine gel 0.33%</i>	G	
Bryhali lotion 0.01%	NF	
Cabtreo Gel	NF	
<i>calcipotriene cream</i>	G	
Calcipotriene foam	NF	
<i>calcipotriene-betamethasone dp oint</i>	G	
<i>calcipotriene-betamethasone dp susp</i>	G	
<i>calcitriol ointment</i>	G	
Capex	NF	
Carac	NPD	PA
Centany ointment 2%	NF	
Cibinqo Tab	PB, SP	PA
<i>ciclopirox 0.77% cream</i>	G	
<i>ciclopirox 8% solution</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G	
Cleocin T	NF	
Clindagel	NF	
<i>clindamycin, clindamycin cream, clindamycin-benzoyl peroxide gel [w/pump]</i>	G	
Clindamycin/benzoyl peroxide 1-5%	NF	
<i>clindamycin HCL caps</i>	LCG	
<i>clindamycin phosphate sol 1%</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin/tretinoin gel</i>	G	AL
<i>clobetasol cream, ointment, solution</i>	G	
Clobex	NF	
Clocortolone pivalate	NPD	PA
<i>clodan</i>	G	
Cloderm	NF	
Condylox	NF	
Cordran	NF	
Cosentyx	NPD, SP	PA
Crotan	NPD	
Cutivate	NF	
Cystaran Soln 0.44%	NPD, SP	PA, QL
Dapsone Gel 5%, 7.5%	NPD	PA, AL
Denavir	NF	QL
Derma-Smoothe FS	NF	
Dermatop	NF	
Desonate	NF	
<i>desonide gel 0.05%</i>	G	
Desowen	NF	
<i>desoximetasone cream, gel, ointment</i>	G	
<i>desrx gel 0.05%</i>	G	
<i>diclofenac sodium gel 3%</i>	G	PA
Differin 0.1% cream	NF	AL
Differin 0.1% lotion	NF	AL
Differin 0.3% gel	NF	AL
Diflorasone diacetate	NPD	PA
Diprolene, Diprolene AF	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Dovonex cream	NF	
<i>doxepin cream 5%</i>	G	QL
Duac	NF	
Duobrii Lotion	NF	
Dupixent	PB, SP	PA
<i>econazole</i>	G	
Ecoza	NPD	PA
Efudex cream	NF, SP	
Elidel	NF	
Elimite	NF	
Elocon	NF	
Enstilar	NPD	
Epiduo	NF	AL
Epiduo Forte gel	NPD	AL
Epsolay	NF	
Ertaczo	NPD	PA
Erygel	NF	
<i>erythromycin gel, soln, swabs</i>	G	
Eucrisa	PB	PA
Eurax	NF	
Evoclin	NF	
Exelderm	NPD	PA
Extina	NF	
Fabior	NF	AL
Fasenra	PB, SP	PA
Filsuvez Gel 10%	NPD, SP	PA, QL
Finacea	NF	
<i>fluocinolone acetonide cream, soln, oil</i>	G	
<i>fluocinonide gel</i>	G	
<i>fluocinonide ointment</i>	LCG	
Fluorouracil cream 0.5%	PB	
<i>fluorouracil solution 2%</i>	G, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Flurandrenolide cream, lotn, oint	NPD	PA
<i>fluticasone propionate cream, lotn, oint</i>	G	
<i>gentamicin topical cream, ointment</i>	G	
<i>halcinonide cream 0.1%</i>	G	
<i>halobetasol AER 0.05%</i>	G	
<i>halobetasol propionate</i>	G	
Halobetasol propionate foam 0.05%	NF	
Halog	NF	
<i>hydrocortisone 2.5%</i>	G	
<i>hydrocortisone butyrate 0.1%</i>	G	
<i>hydrocortisone butyrate/emoll</i>	G	
<i>hydrocortisone lot</i>	G	
<i>hydrocortisone supp</i>	G	
<i>hydrocortisone valerate 0.2%</i>	G	
<i>hydrocortisone/lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	PA
Imiquimod Cream 3.75% Pump	NF	
Impeklo Lotion	NF	
Impoyz cream 0.025%	NF	
<i>isotretinoin</i>	G	
Jublia	NPD	PA
Kenalog Spray	NF	
Kerydin	NF	

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<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
Klaron	NF	
Klisyri Oint 1%	NPD	PA
Lexette Foam	NF	
<i>lidocaine</i>	G	
<i>lidocaine solution</i>	G	
Lidoderm	NF	
Litfulo	NPD, SP	PA
Locoid	NF	
Locoid Lipocream	NF	
Loprox	NF	
Lotrisone	NF	
Luliconazole cream	NPD	PA
Luxiq	NF	
Luzu	NPD	PA
<i>malathion lotion</i>	G	
<i>methoxsalen</i>	G	
MetroCream	NF	
MetroGel	NF	
MetroLotion	NF	
<i>metronidazole cream, lotion, gel</i>	G	
Miconazole-zinc ointment	NPD	PA
Mirvaso	PB	
<i>mometasone cream, ointment, solution</i>	LCG	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream/gel</i>	G	
Naftin	NF	
Natroba	NF	
Nizoral shampoo	NF	
Noritrate	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nystatin/ triamcinolone cream, ointment</i>	LCG	
<i>nystatin oint</i>	LCG	
<i>nystatin suspension</i>	G	
Olux [E]	NF	
Onexton	NF	
Opzelura Cream	PB	PA, QL
Ovide	NF	
Oxiconazole nitrate	NPD	PA
Oxistat	NF	
Oxsoralen Ultra	NF	
Pandel	NF	
Panretin Gel	NPD	PA
<i>penciclovir cream 1%</i>	G	QL
Penlac	NF	
<i>permethrin</i>	G	
<i>pimecrolimus cre 1%</i>	G	
<i>podofilox gel 0.5</i>	G	
<i>podofilox soln</i>	G	
Pramosone cream/lotion	NPD	PA
<i>prednicarbate ointment</i>	G	
<i>prilocaine/ lidocaine</i>	G	
Proctofoam HC	PB	
Prudoxin cream 5%	NF	QL
Qbrexza Pad 2.4%	NPD	PA, QL
Retin-A	NF	AL
Retin-A Micro 0.04%, 0.1%	NF	AL
Retin-A Micro 0.08%	NF	AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Rhofade 1% cream	NPD	PA
<i>selenium sulfide shampoo/lotion</i>	G	
Sernivo	NPD	PA
Siliq	NPD, SP	PA
Silvadene	NF	
<i>silver sulfadiazine</i>	LCG	
Skyrizi Inj	PB, SP	PA
<i>sodium sulfacetamide suspension</i>	G	
Solaraze	NF	
Soolantra	PB	
Soriatane	NF	
Sorilux Foam	NF	
Spevigo Inj	NPD, SP	PA
<i>spinosad</i>	G	
<i>SSD cream 1%</i>	LCG	
Sulconazole cream/solution	NPD	PA
Sulfamylon	NF	
Synalar	NF	
Taclonex	NPD	
Taltz Autoinjector	NPD, SP	PA
Targretin gel	NF, SP	
<i>tavorole sol 5%</i>	G	PA
Tazarotene AER 0.1%	NF	AL
<i>tazarotene cream 0.1%</i>	G	AL
<i>tazarotene gel</i>	G	AL
Tazorac cream/gel	NF	AL
Temovate	NF	
Texacort soln	NPD	PA
Tobradex ointment	NPD	
Topicort cream/ ointment	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Topicort spray	NF	
Tremfya	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
Tretinoin microspheres gel	NPD	AL
<i>triamcinolone acetonide</i>	LCG	
Triamcinolone oint 0.05%	NPD	PA
Trianex	NPD	PA
Tridacaine Pad 5%	NF	QL
Tridacaine II Pad 5%	NF	QL
<i>triderm cream</i>	LCG	
Tritocin oint 0.05%	NPD	PA
Twynéo 0.1-3% Cream	NF	AL
Tyenne Inj	NPD, SP	PA
Ultravate	NF	
Vectical	NF	
Veltin	NF	AL
Verdeso	NPD	PA
Veregen Oint	NPD	PA, QL
Vtama Cream	NPD	PA
Vusion	NPD	PA
Winlevi Cream 1%	NF	
Wynzora Cream	NPD	
Xaciato Gel	NPD	
Xerese Cream	NF	
Xolegel	NF	
Ziana	NF	AL
Zilxi Aer	NF	
Zonalon cream 5%	NPD	QL
Zoryve Cream	NPD	PA
Zoryve Foam	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Zovirax cream	NF	QL
Zovirax oint	NF	
Ztlido Pad 1.8%	NF	QL
Zyclara Cream/ Pump	NF	

EAR, NOSE, THROAT MEDICATIONS

<i>acetasol HC, acetic acid HC otic</i>	G	
Astepro	NF	
<i>azelastine</i>	G	
Bactroban nasal oint	PB	
Cetraxal	NF	
<i>cevimeline hcl</i>	G	
Ciprodex	NF	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin-dexamethasone otic sus</i>	G	
Ciprofloxacin-fluocinolone PF otic soln	NF	
<i>cortane B otic drops</i>	G	
Dermotic	NF	
Evoxac	NF	
<i>fluocinolone acetonide oil</i>	G	
<i>mometasone furoate nasal spray</i>	G	PA
Nasonex	NF	
<i>neomycin/polymyxin/hydrocortisone</i>	LCG	
<i>ofloxacin otic</i>	LCG	
<i>olopatadine</i>	G	
Omnaris	NPD	
Patanase	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pilocarpine HCl</i>	G	
Qnasl	NF	
<i>ribavirin</i>	G, SP	
Ryaltris Spray 665-25mcg/act	NF	
Salagen	NF	
Virazole	NF	
Xhance	NF	
Zetonna	NPD	

DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES

<i>acarbose</i>	G	
Actos	NF	
Adlyxin	NF	
Admelog	PB	QL
Adthyza tab	NPD	
Afrezza	NF	
Alogliptin benz/metformin hcl	PB	
Alogliptin benz/pioglitazone	PB	
Alogliptin benzoate	PB	
Amaryl	NF	
Androderm patch	NF	
Androgel 1.62% Packet, Pump	NF	
Androgel 1%	NF	
Apidra	PB	QL
Armour Thyroid	NPD	
Aveed Soln 750mg/3ml Intramuscular	NF	
Axiron	NF	
Bafiertam DR Cap	PB, SP	
Baqsimi	PB	
Basaglar	PB	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaine powder</i>	G, SP	
Bexagliflozin	NF	
Breeze2 Glucometer	PB	PA, QL
Breeze2 Test Strips	NF	QL
Brenzavvy	NF	
Bydureon	PB	PA, QL
Byetta	PB	PA, QL
Bynfezia Pen	NPD, SP	PA
<i>calcitriol capsules</i>	G	
Carnitor	NF	
Cetrotide Kit	NF, SP	R
<i>cinacalcet</i>	G	
Contour Glucometers	PB	QL
Contour Next Test Strips	PB	QL
Contour Test Strips	PB	QL
Cortef	NF	
Cortisone tab	NPD	
Cytomel	NPD	
<i>danazol</i>	G	
DDAVP	NF	
<i>deflazacort</i>	G, SP	PA
Degludec Flextouch Inj	NF	QL
Delatesteryl	NF	
Delestrogen Oil Intramuscular	NF	
Demser	NF	
Depo-Estradiol Oil 5mg/ml Intramuscular	NF	
Depo-Testosterone Solution 100mg/ml, 200mg/ml	NF	
<i>desmopressin acetate</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Desmopressin Nasal Soln	NF	
Dexabliss	NF	
<i>dexamethasone</i>	LCG	
<i>dexamethasone pak, 6-day, 10-day, 13-day</i>	G	
Dexcom Continuous Glucose Monitor Receiver	PB	PA, QL
Dexcom Continuous Glucose Monitor Transmitter	PB	PA, QL
Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors	PB	PA, QL
Dexpak pak	NF	
<i>diazoxide suspension 50mg/ml</i>	G	
<i>doxercalciferol</i>	G	
Duetact	NF	
Duvyzat Sus	NPD, SP	PA
Dxevo 11-Day Therapy Pack 1.5mg	NF	
Emflaza	NF, SP	
<i>estradiol valerate oil intramuscular</i>	G	
<i>euthyrox</i>	G	
Eversense E3 Sensor	NPD	PA, QL
Eversense E3 Transmitter	NPD	PA, QL
Farxiga	PB	
Fiasp	PB	QL
<i>fludrocortisone acetate</i>	G	
Fortamet	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Forteo	NF, SP	Q/T
Fortesta	NF	
Freestyle Glucometer	PB	PA, QL
Freestyle InsuLinx Test Strips	NF	QL
FreeStyle Libre Reader, Sensor, Reader Device	NF	QL
Freestyle Lite Test Strips	NF	QL
Freestyle Test Strips	NF	QL
Genotropin	NF, SP	
<i>glimepiride</i>	G	
<i>glipizide ER</i>	G	
<i>glipizide tab</i>	LCG	
<i>glipizide XL</i>	G	
Glucagen Hypokit	NF	
<i>glucagon emergency kit (generic)</i>	G	
Glucagon Emergency Kit (Lilly)	NF	
Glucophage	NF	
Glucophage XR	NF	
Glucotrol	NF	
Glucotrol XL	NF	
Glucovance	NF	
<i>glyburide</i>	G	
<i>glyburide micronized</i>	G	
Glynase	NF	
Glyset	NF	
Glyxambi	PB	
Gvoke HypoPen	NF	AL
Gvoke PFS inj	NF	AL
Hectorol	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Hemady	NF	
Humalog	PB	QL
Humatrope	NF, SP	
Humulin	PB	QL
Humulin R U-500 (Concentrated and KwikPen)	PB	QL
<i>hydrocortisone</i>	G	
Increlex	NPD, SP	PA, LDD
Insulin aspart inj	NF	QL
Insulin aspart protamin inj flexpen	NF	QL
Insulin Degludec Inj	NF	QL
Insulin Glargine	NF	QL
Insulin lispro	PB	QL
Insulin lispro inj junior	PB	QL
Insulin lispro inj protamin	PB	QL
Invokamet [XR]	NF	
Invokana	NF	
Isturisa	NPD, SP	PA, QL
Janumet	PB	
Janumet XR	PB	
Januvia	PB	
Jardiance	PB	
Jatenzo	NF	
Javygtor	NF, SP	
Jentadueto tablet	PB	
Jentadueto XR	PB	
Kazano tablet	NF	
Kombiglyze XR	NF	
Korlym tablet	NF, SP	
Kyzatrex	NF	
Lantus	PB	QL
Levemir	NF	QL, AL
<i>levocarnitine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Levothyroxine cap	NPD	PA
<i>levothyroxine tab</i>	G	
<i>levo-T tab</i>	G	
<i>levoxyl</i>	G	
<i>liothyronine</i>	G	
Liraglutide Soln Pen Inj	PB	PA, QL
Lyumjev Inj/Pen	PB	QL
Medrol	NF	
Medtronic Continuous Glucose Monitor Receiver	NPD	PA, QL
Medtronic Continuous Glucose Monitor Guardian Transmitter	NPD	PA, QL
Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors	NPD	PA, QL
<i>metformin</i>	G	
Metformin 625mg	NPD	PA
Metformin ER (MOD)	NPD	PA
Metformin ER (OSM)	NPD	PA
<i>metformin ER (generic for Glucophage XR)</i>	G	
<i>metformin HCL 500mg/5ml oral soln</i>	G	AL
<i>metformin/glyburide</i>	G	
<i>methimazole</i>	G	
Methitest Tab	NPD	PA
<i>methylprednisolone</i>	G	
<i>methyltestosterone</i>	G	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metirosine</i>	G	
<i>mifepristone</i>	G, SP	PA
<i>miglitol</i>	G	
Millipred solution	NF	
Millipred tabs	NF	
Mounjaro Inj	PB	PA, QL
Myalept	NPD, SP	PA
Mycapssa cap	NPD, SP	PA
<i>nateglinide</i>	G	
Natesto	NF	
Natpara	NPD, SP	PA
Nature-Throid	NPD	
Nesina tablet	NF	
Ngenla Inj	NPD, SP	PA
Noctiva Emulsion	NF	
Non Preferred Diabetic Meters	PB	PA, QL
Norditropin	PB, SP	PA
Novolin	PB	QL
Novolin R	PB	QL
Novolin Relion	NPD	PA, QL
Novolog	PB	QL
Novolog Relion	NPD	PA, QL
<i>NP thyroid</i>	G	
Nutropin AQ	PB, SP	PA
Omnipod 5 Pack	PB	
Omnipod Dash System	PB	
Omnipod Dash 5 Pack	PB	
Omnipod Go Kit	PB	
Omnipod Starter Kit	PB	
Omnitrope	PB, SP	PA
One Touch Glucometers	PB	PA, QL
One Touch Test Strips	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Onglyza	NF	
Orapred ODT	NF	
Orilissa	PB	PA, QL
Oseni	NF	
Oxandrin	NF	
<i>oxandrolone</i>	G	QL
Ozempic Soln	PB	PA, QL
Palynziq	NPD, SP	PA
<i>paricalcitol</i>	G	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
Pogo Automatic Mis Monitor	PB	PA, QL
Pogo Automatic Test Cartridge	NPD	PA, QL
Prandin	NF	
Precision Glucometer	PB	PA, QL
Precision XTRA Test Strips	NF	QL
Precose	NF	
<i>prednisolone</i>	G	
Procysbi	NPD, SP	PA
Proglycem Susp	NF	
<i>propylthiouracil</i>	G	
Qtern	NF	
Rayos	NF	
Regranex gel	NPD	PA
<i>repaglinide</i>	G	
Rezdifra Tab	NPD	PA, QL
Rezvoglar Inj	PB	QL
Riomet [ER] solution/ suspension 500mg/5ml	NF	AL
Rocaltrol capsules	NF	
Rybelsus	PB	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Saizen	NF, SP	
<i>saxagliptin</i>	G	
<i>saxagliptin- metformin</i>	G	
Segluromet	NF	
Semglee Inj 100U/ML	NF	QL
Sensipar	NF	
Serostim	NPD, SP	PA, LDD
Signifor	NPD, SP	PA
Sitagliptin tab	NF	
Sitagliptin/ Metformin	NF	
Soliqua	PB	
Somavert	NPD, SP	PA
Starlix	NF	
Steglatro	NF	
Steglujan	NF	
Striant buccal system	NPD	PA
Symlin	PB	PA
Synjardy	PB	
Synjardy XR	PB	
Synthroid	NPD	
Tanzeum	NF	
Tapazole	NF	
Teriparatide Pen-Injector 620mcg/2.48ml	PB, SP	PA, Q/T
Teriparatide Pen-Injector 600mcg/2.4ml	NF, SP	
Testim Gel	NF	
Testosterone Cypionate Solution 200mg/ ml Injection	NPD	
<i>testosterone cypionate solution 100mg/ml, 200mg/ml intramuscular</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone enanthate inj 200mg/ml</i>	G	
<i>testosterone enanthate solution</i>	G	
<i>testosterone gel 10mg/act (2%)</i>	G	
<i>testosterone gel 1%, 1.62%</i>	G	
<i>testosterone solution 30mg/act</i>	G	
Thyquidity Soln	NPD	PA, AL
Tirosint capsule/soln	NPD	PA
Tlando	NF	
<i>tolbutamide</i>	G	
Toujeo Solostar	PB	QL
Tradjenta tablet	PB	
Tresiba	NF	QL, AL
Trijardy XR	PB	
Trulicity	PB	PA, QL
Tymlos	PB, SP	PA, Q/T
Uceris	NF	
<i>unithroid</i>	G	
V-GO	PB	
Veripred soln 20mg/5ml	NF	
Victoza	NF	QL
Vogelxo	NF	
Vumerity	PB, SP	
Wegovy	NPD	PA, R, QL
Westhroid	NPD	
WP Thyroid	NPD	
Xigduo XR	PB	
Xultophy	NPD	PA
Xyosted Soln	NPD	PA
Zcort 7-day tab	NF	
Zegalogue Inj	PB	
Zemplar	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Zituvio	NF	
Zomacton	NF, SP	
STOMACH, ULCER, & BOWEL MEDS		
Abrilada Inj	NF, SP	QL
Aciphex	NF	QL
Aciphex Sprinkle	NF	QL, AL
Actigall	NF	
Agamree Susp	NPD, SP	PA
Amitiza	NF	
Amoxicill-clarithro-lansoprazole	NPD	
Ampyra	NF, SP	QL
Anusol-HC cream	NF	
<i>aprepitant</i>	G	QL
Apriso	NF	
Asacol HD	NF	
Azulfidine	NF	
<i>balsalazide</i>	G	
Bentyl	NF	
Bismuth/metronidazole/tetracycline	NPD	
Bonjesta	NPD	PA
<i>budesonide ER tablet</i>	G	
Budesonide-formoterol	NF	
Bylvay	PB, SP	PA
Canasa supp	NF	
Carafate susp	NF	
Carafate tabs	NF	
Chenodal	NPD, SP	
<i>chlordiazepoxide/clidinium</i>	LCG	AL
Cholbam	NPD, SP	PA
<i>cimetidine</i>	G	
Clenpiq	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Colazal	NF	
<i>colocort</i>	G	
Creon	PB	
Cuvposa	NF	
Cuvrior	NF, SP	
Cyltezo Inj	NF, SP	QL
Cyltezo Kit Crohns	NF, SP	QL
Cyltezo Psor Kit	NF, SP	QL
Cytotec	NF	
<i>dalfampridin ER</i>	G, SP	PA, QL
Delzicol	NF	
Dexilant DR	NF	QL
<i>dexlansoprazole DR cap</i>	G	PA, QL
Diclegis	NF	
<i>dicyclomine</i>	G	
<i>diphenoxylate HCl/atropine</i>	G	
<i>doxylamine-pyridoxine</i>	G	PA
<i>dronabinol</i>	G	
Emend	NF	QL
Emverm	NPD	QL
Endari powder	NPD	PA
Entocort EC	NF	
Entyvio Inj	NPD, SP	PA
<i>esomeprazole</i>	G	PA, QL
<i>esomeprazole granules</i>	G	PA, QL
Esomeprazole strontium	NPD	PA, QL
<i>famotidine 40mg tab, suspension</i>	G	
Gastrocrom	NF	
Gattex	NPD, SP	PA
Gimoti Spray	NF	Q/T
Golytely solution reconstituted 227.1gm	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Golytely solution reconstituted 236gm	NF	QL
<i>granisetron</i>	G	
Hemmorex-HC Supp	NF	
<i>hydrocortisone cream</i>	G	
<i>hydrocortisone retention enema</i>	G	
Ibsrela	NF	
Iqirvo	NPD, SP	PA
Konvomep Soln	NF	QL
Kristalose Pak	NF	
Lactulose pak	NF	
<i>lactulose soln</i>	G	
<i>lansoprazole cap</i>	G	QL
<i>lansoprazole solutab</i>	G	PA, QL
Lialda	NF	
Linzess	PB	
Livmarli Soln	NPD, SP	PA
Lomotil	NF	
<i>loperamide</i>	G	
<i>lubiprostone caps</i>	G	
Marinol	NF	
<i>meclizine</i>	LCG	
<i>mesalamine</i>	G	
<i>mesalamine DR</i>	G	
<i>mesalamine rectal susp</i>	G	
<i>metoclopramide</i>	G	
Metoclopramide odt	NPD	
<i>misoprostol</i>	LCG	
Motegrity	NPD	PA
Movantik	NF	
Moviprep	NF	
Nexium capsule	NF	QL
Nexium packets	NF	QL, AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nizatidine cap</i>	G	
<i>nizatidine solution</i>	G	
Nulytely	NF	QL
Olpruva Pak	NF, SP	
Omeclamox-Pak	NPD	
<i>omeprazole</i>	G	QL
OmvoH Inj	NPD, SP	PA
<i>ondansetron HCl</i>	LCG	
Orlistat cap	NPD	PA, R
Osmoprep	NF	
Pancreaze	NF	
<i>pancrelipase EC/SA</i>	G	
<i>pantoprazole</i>	G	QL
<i>pantoprazole pak</i>	G	PA, QL
<i>peg 3350 & electrolytes</i>	G	QL
<i>peg-kcl-nacl-nasulf-na asc-c soln reconstituted</i>	G	
Peg-Prep	NPD	QL
Pentasa 250mg	NPD	QL
Pentasa 500mg	NF	
Pepcid tabs, suspension	NF	
Pertzye	NF	
Pheburane Mis 483/gm	NF, SP	
Plenvu Soln	NF	
Prevacid caps	NF	QL
Prevacid SoluTab	NF	QL
Prilosec packets	NPD	PA, QL
<i>prochlorperazine suppository</i>	G	
<i>prochlorperazine tabs</i>	G	
Proctocort Supp 30mg	NF	
Protonix	NF	QL
Protonix packets	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Pylera Cap	NPD	
<i>rabeprazole DR tab 20mg</i>	G	QL
Rabeprazole Sprinkle Cap 10mg	NF	QL
<i>ranitidine 300mg</i>	G	
Ravicti Liquid	NF, SP	
Recorlev 150mg Tab	NPD, SP	PA, QL
Reglan	NF	
Relistor	NF	
Reltone	NF	
Sancuso Patch	NPD	PA
<i>scopolamine patch</i>	G	
SFRowasa enema	NPD	
<i>sodium/potassium sol magnesium</i>	G	
<i>sucrafate tabs</i>	G	
Suflave Sol	NPD	QL
<i>sulfasalazine</i>	G	
Suprep Bowel Prep Kit	NPD	
Sutab	NPD	
Symproic	PB	
Syndros Sol	NF	
Tigan	NF	
Transderm-Scop patch	NF	
<i>trimethobenzamide</i>	G	
Trulance	NF	
Urso 250 Tab	NF	
Urso Forte Tab	NF	
Ursodiol Cap	NF	
<i>ursodiol tab</i>	G	
Varubi	NPD	
Velsipity	NPD, SP	PA
Viberzi	NPD	PA
Viokace	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Voquezna Pak	NPD	
Voquezna Tab	NF	QL
Xenical	NPD	PA, R
Xermelo	NPD, SP	PA
Xphozah	NF	
Zantac	NF	
Zegerid packets	NF	QL
Zelnorm	NPD	PA
Zenpep	PB	
Zofran	NF	
Zorbtive	NF, SP	
Zuplenz	NF	
Zymfentra Inj	NPD, SP	PA
BONE, JOINT, & MUSCLE		
Actemra SC	NPD, SP	PA
Actonel	NF	QL
Adalimu-AACF Inj 40/0.8ml	PB, SP	PA, QL
Adalimu-AATY Kit	NF, SP	QL
Adalimu-Adaz Inj 40/0.4ml (Sandoz)	NF, SP	QL
Adalimu-RYVK Inj	NF, SP	QL
Adalimumab - AATY	NF, SP	QL
Adalimumab adbm	NF, SP	QL
Adalimumab-ADB M Crohns/ UC/HS Starter	NF, SP	QL
Adalimumab-ADB M Psoriasis/ Uveitis Starter	NF, SP	QL
Adalimumab fkjp	NF, SP	QL
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	PB, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Adalimumab-ryvk	NF, SP	QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
Allopurinol 200mg Tab	NF	
<i>alosetron hcl</i>	G	
Amjevita	NF, SP	QL
Amrix	NF	
Anaprox DS	NF	
Arava	NF	
Arthrotec	NF	
Atelvia	NF	QL
<i>baclofen</i>	G	
Baclofen soln	NF	
<i>baclofen susp 25mg/5ml</i>	G	PA, QL
Binosto	NF	QL
Boniva	NF	QL
<i>calcitonin-salmon inj</i>	G	
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
Celebrex	NF	
<i>celecoxib</i>	G	
<i>chlorzoxazone 375mg, 500mg, 750mg</i>	G	
Cimzia	PB, SP	PA
<i>colchicine 0.6mg cap</i>	G	PA
<i>colchicine 0.6mg tab</i>	G	
<i>colchicine/ probenecid</i>	G	
Colcris	NF	
Cuprimine	NF, SP	
<i>cyclobenzaprine</i>	G	

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Cyclobenzaprine ER	NF	
Dantrium	NF	
<i>dantrolene</i>	G	
Dartisla ODT	NF	QL
Diclofenac epolamine 1.3% transdermal	NF	QL
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium DR</i>	G	
<i>diclofenac sodium ER</i>	G	
<i>diclofenac sodium soln 1.5%</i>	G	
<i>diclofenac sodium soln 2%</i>	G	PA
<i>diclofenac/misoprostol</i>	G	
EC-Naprosyn	NF	
Enbrel	PB, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
Evista	NF	
<i>febuxostat</i>	G	PA
Feldene	NF	
Fenoprofen calcium	NPD	PA
Fenortho	NPD	PA
<i>fesoterodine tab ER</i>	G	
Fexmid	NF	
Flector Patch	NF	QL
Fleqsuvy Susp 25mg/5ml	NF	QL
<i>flurbiprofen</i>	G	
Fosamax	NF	QL
Fosamax Plus D	NF	QL
Gloperba Soln	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>glycopyrrolate oral solution 1mg/5ml</i>	G	
<i>glycopyrrolate tab</i>	G	
Hadlima Inj	NF, SP	QL
Hulio Inj	NF, SP	QL
Humira Pen Pen-Injector Kit 40mg/0.8ml	NF, SP	QL
Humira (2 Pen) Pen-Injector Kit 40mg/0.4ml, 80mg/0.8ml	NF, SP	QL
Humira (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20 mg/0.1ml	PB, SP	QL, PA
Humira Prefilled Syringe Kit 40mg/0.8ml	NF, SP	QL
Humira-Ped >=40kg Crohns Start Prefilled Syringe Kit	NF, SP	QL
Humira-Ped <40kg Crohns Starter Prefilled Syringe Kit	NF, SP	QL
Humira-Ped >=40kg UC Starter Pen-Injector Kit	NF, SP	QL
Humira-Psoriasis/Uveit Starter Pen-Injector Kit	NF, SP	QL
Hyrimoz Inj (Sandoz)	NF, SP	QL
Hyrimoz Soln Auto-Injector/ Prefilled Syringe 40/0.8ml (Cordavis)	NF, SP	QL

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<i>ibandronate</i>	G	QL
<i>ibuprofen</i>	LCG	
Idacio Inj	NF, SP	QL
<i>indomethacin</i>	G	
Indomethacin 20mg capsule	NF	
<i>indomethacin SR</i>	G	
<i>indomethacin sus 25mg/5ml</i>	G	AL
Joenja	NPD, SP	PA
Ketoprofen 25mg cap	NPD	PA
<i>ketoprofen SR</i>	G	
<i>ketorolac</i>	LCG	
Ketorolac sol tromethamine	NF	QL
Kevzara	NPD, SP	PA
Kineret	NPD, SP	PA
<i>leflunomide</i>	G	
Licart Dis 1.3%	NF	QL
Lodoco	NPD	PA
Lorzone	NF	
Lotronex	NF	
Lyvispah Gra	NF	
<i>meloxicam cap</i>	G	PA
Meloxicam susp	NPD	PA
<i>meloxicam tab</i>	LCG	
Metaxalone	NPD	PA
Miacalcin	NF	
Mitigare	NF	
Mobic	NF	
<i>nabumetone</i>	G	
Naprelan	NF	
Naprosyn	NF	
Naprosyn susp	NF	AL
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen sodium ER</i>	G	PA
<i>naproxen sodium susp</i>	G	AL
Norgesic	NF	
Norgesic Tab Forte	NF	
Orencia	NPD, SP	PA
Oriahnn cap	PB	PA
Orphenadrine-asa-caffeine	NPD	PA
<i>orphenadrine ER</i>	G	
Orphengesic Forte Tab	NF	
Otezla	PB, SP	PA
Otrexup	NF	
<i>oxaprozin</i>	G	
Oxaprozin 300mg cap	NF	
Pennsaid	NF	
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
<i>raloxifene hcl</i>	G	
Rasuvo	PB	PA
<i>risedronate</i>	G	QL
<i>risedronate DR</i>	G	QL
Robaxin	NF	
<i>salsalate tab</i>	G	
Simlandi Kit/Inj 40/0.4ml	NF, SP	QL
Simponi	PB, SP	PA
Skelaxin	NF	
Soma	NF	
Sotyktu	NPD, SP	PA
Stelara	PB, SP	PA
<i>sulindac</i>	G	
<i>tizanidine</i>	G	
<i>tolmetin</i>	G	
Toviaz	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Uloric	NF	
Viibryd	NF	
<i>vilazodone</i>	G	
Voltaren Gel	NPD	
Xeljanz [XR]	PB, SP	PA
Yuflyma 2pen Kit 40/0.4ml	NF, SP	QL
Yuflyma 2Syr Kit 40/0.4ml	NF, SP	QL
Yuflyma Kit 20/0.2ml	NF, SP	QL
Yusimry Soln	NF, SP	QL
Zanaflex	NF	
Zeposia	NPD, SP	PA
Zipsor	NF	QL
Zurampic 200mg	NPD, SP	PA
Zyloprim	NF	

FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.

Activella	NF	
Addyi	NPD	PA
Alora	NF	
Angeliq	NPD	PA
Anovera Mis	NPD	QL
<i>aurovela 24 FE 1/20</i>	G	
Aygestin	NF	
Balcoltra	NF	
Beyaz	NF	
Bijuva	NPD	
<i>blisovi 24 FE 1/20</i>	G	
Bravelle	NPD, SP	PA, QL, R
Brevicon	NF	
Cenestin	PB	
<i>cetorelix inj</i>	G, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>charlotte 24 chew FE 1/20</i>	G	
Cleocin vaginal	NF	
Climara patch	PB	
Clindesse Vaginal	NPD	
<i>clomiphene citrate</i>	G	
Crinone Gel	NF	
Cyclessa	NF	
Depo SubqQ Provera	NF	QL
Depo-Provera	NF	QL
Desogen	NF	
<i>desogestrel-ethinyl estradiol</i>	ACA	
Diflucan	NF	
Divigel	NF	
<i>drospirenone-ethinyl estradiol</i>	G	
<i>eluryng mis</i>	ACA	QL
Endometrin Insert Vagina	PB	
Estrace	NF	
<i>estradiol</i>	G	
<i>estradiol cream 0.01%</i>	G	
<i>estradiol transdermal</i>	G	
Estring	PB	
Estrogel	NF	
<i>estropipate</i>	ACA	
Estrostep FE	NF	
Evista	NF	
<i>fayosim tab</i>	G	
Femcon FE	NF	
FemHRT	NF	
Femring	NPD	PA
<i>finzala chew FE 1/20</i>	G	
Follistim AQ	NPD, SP	QL, R

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Gemmily cap 1/20	ACA	
Generess FE	NF	
Gonal-f	NPD, SP	PA, QL
<i>hailey 1.5/30</i>	ACA	
<i>hailey 24 FE 1/20</i>	G	
Imvexxy	PB	
Intrarosa Vaginal	NPD	PA
<i>joyeaux</i>	G	
<i>junel FE 24 tab</i>	G	
<i>kaitlib FE chew</i>	G	
<i>layolis FE chew</i>	G	
<i>leena tab</i>	G	
<i>levonorgestrel/ethinyl estradiol</i>	G	
<i>levonorgestrel/my way/next dose</i>	ACA	QL
Lo Loestrin FE	PB	
Loestrin	NF	
Loestrin FE	NF	
LoSeasonique	NF	
<i>lyllana Dis</i>	G	
Lysteda	NF	
<i>medroxy-progesterone acetate suspension IM</i>	ACA	QL
<i>medroxy-progesterone acetate tab</i>	LCG	
<i>melodetta chew 24 FE</i>	G	
Menest	NPD	
Menopur	NPD, SP	PA, QL, R
Metrogel vaginal	NF	
<i>metronidazole</i>	LCG	
<i>metronidazole vaginal gel</i>	G	
<i>mibelas 24 chew FE</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>microgestin 24 FE 1/20</i>	G	
Minastrin 24 FE	NF	
Minivelle	NF	
Mircette	NF	
Myfembree	PB	PA
Natazia	NPD	
Nextstellis	NF	
<i>nore/eth/fer chew 0.4mg-35mcg</i>	G	
<i>norethin-ethynil-fer cap 1/20</i>	G	
<i>norethindrone</i>	ACA	
<i>norethindrone acetate</i>	G	
<i>norethindrone-ethinyl estradiol</i>	ACA	
<i>norethindrone-mestranol</i>	ACA	
<i>norgestimate-ethinyl estradiol</i>	ACA	
<i>norgestrel-ethinyl estradiol</i>	ACA	
Nuvaring	NF	QL
Nuversa Vaginal Gel	NF	
OB Complete	NF	
Ortho Micronor	NF	
Ortho Novum	NF	
Ortho Tri-Cyclen	NF	
Ortho Tri-Cyclen Lo	NF	
Ortho-Cyclen	NF	
Ovidrel	PB, SP	R
Plan B One-Step	NPD	QL
Premarin	PB	
Premarin vaginal cream	PB	
Premphase	PB	
Prempro	PB	

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<i>progesterone, micronized</i>	G		Alphagan P	NF	
Prometrium	NF		Alrex	NF	
Provera	NF		<i>apraclonidine</i>	G	
Quartette	NF		<i>atropine sulfate</i>	G	
<i>raloxifene</i>	G		<i>azelastine HCL drops</i>	G	
<i>rivelsa tab</i>	G		Azopt	NF	
Safyral	NF		<i>bacitracin ophth</i>	G	
Seasonique	NF		<i>bacitracin/ polymyxin B ophth oint</i>	G	
Slynd	NF		<i>bepotastine</i>	G	
Synarel	NPD		Bepreve Soln	NF	
<i>tarina 24 FE tab</i>	G		Besivance	PB	
Taytulla	NF		Betagan	NF	
<i>terconazole cream</i>	G		<i>betaxolol</i>	G	
<i>tilia FE tab</i>	G		Betimol	NPD	
<i>tri-legest FE</i>	G		Betoptic S	NPD	PA
Tri-Norinyl	NF		<i>bimatoprost</i>	G	
Twirla Dis	NF	QL	Bleph 10	NF	
Tyblume	NPD		Blephamide S.O.P. ointment	NPD	
<i>tydemi tab</i>	G		<i>brimonidine sol 0.1%</i>	G	
Vagifem	NF		<i>brimonidine tartrate</i>	G	
Vandazole	NF		<i>brimonidine/ timolol soln 0.2-0.5%</i>	G	
VCF Vaginal Gel 4%	NPD		<i>bromfenac drops</i>	G	
Vivelle Dot	NF		<i>brinzolamide sus 1%</i>	G	
Vyleesi	NPD	PA, QL	Bromsite sol 0.075%	NF	
<i>wymzya Fe tablet chewable</i>	G		<i>carteolol</i>	G	
<i>xulane</i>	ACA	QL	Cequa Sol 0.09%	NPD	PA, QL
Yasmin	NF		Ciloxan Sol	NF	
YAZ	NF		<i>ciprofloxacin</i>	G	
<i>yuvafem</i>	G		Combigan soln 0.2-0.5%	NF	
Zafemy DIS	ACA	QL			
EYE MEDICATIONS					
Acular/Acular LS	NF				
Alcaine	NF				
Alocril	NPD	PA			

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Cosopt	NF	
<i>cromolyn ophth</i>	LCG	
Cyclogyl	NF	
<i>cyclopentolate HCl</i>	G	
<i>cyclosporine emulsion</i>	G	QL
Cystadrops Soln	NPD, SP	PA, QL
<i>dexamethasone ophth</i>	G	
Diamox Sequels	NF	
<i>diclofenac soln 0.1% ophth</i>	G	
<i>difluprednate</i>	G	
<i>dorzolamide HCl 2%</i>	G	
<i>dorzolamide-timolol</i>	G	
Durezol Emu	NF	
Elestat	NF	
<i>epinastine HCl</i>	G	
<i>erythromycin ethylsuccinate susp</i>	G	
<i>erythromycin ophth oint</i>	G	
Eysuvis Drop 0.25%	NPD	
<i>fluorometholone</i>	G	
<i>flurbiprofen</i>	G	
FML Liquifilm suspension	NF	
<i>gentak oint 0.3% OP</i>	NF	
<i>gentamicin ophth</i>	G	
Homatropaire sol 5% OP	NPD	
<i>homatropine ophthalmic</i>	LCG	
Ilevro Susp 0.3%	NPD	PA
Inveltys Susp	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Iopidine	NF	
Isopto Carpine	NF	
Istalol Drops	NF	
Iyuzeh Drops 0.005%	NF	
<i>ketorolac ophth soln</i>	G	
Lastacft Soln	NPD	PA
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
<i>levofloxacin ophth soln</i>	G	
Lotemax [SM]	NF	
<i>loteprednol susp</i>	G	
Lumigan	PB	
Maxitrol	NF	
<i>methazolamide</i>	G	
Miebo Drops	PB	QL
Moxeza	NF	
<i>moxifloxacin ophthalmic soln</i>	G	
Mydriacyl	NF	
<i>neomycin/polymyxin B/dexamethasone</i>	G	
Neosporin soln	NF	
Nevanac Susp 0.1%	NPD	PA
Ocufen	NF	
Ocuflox	NF	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
Omnipred	NF	
Oxervate soln 200mcg/ml	NPD, SP	PA, QL
Patanol	NF	
Pediapred Sol	NF	
Phospholine Iodide	PB	
<i>pilocarpine</i>	G	

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<i>polymyxin B/neo/bacitracin</i>	G	
<i>polymyxin B/neo/gramicidin</i>	G	
<i>polymyxin B/trimethoprim soln</i>	G	
Polytrim	NF	
Pred-Forte	NF	
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/sodium sulfacetamide</i>	G	
Prolensa sol 0.07%	NF	
<i>proparacaine</i>	G	
Rescula	NF	
Restasis Emulsion 0.05% Ophthalmic	NF	QL
Restasis Multidose	PB	QL
Rhopressa Soln 0.02%	NPD	
Rocklatan Soln	NPD	
Simbrinza Susp 1-0.2%	PB	
<i>sulfacetamide</i>	G	
<i>tafluprost soln</i>	G	
<i>timolol ophth</i>	G	
Timoptic	NF	
Timoptic Ocudose	NF	
Timoptic XE	NF	
<i>tobramycin ophthalmic</i>	LCG	
<i>tobramycin-dexamethasone</i>	G	
Tobrex	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Travatan Z	NF	
<i>travoprost</i>	G	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/polymyxin B</i>	G	
<i>tropicamide</i>	LCG	
Trusopt	NF	
Tyrvaya soln	NPD	PA, QL
Upneeq Soln	NPD	PA
Verkazia Emu 0.1%	NF	QL
Vevye Drops 0.1	NF	QL
Vigamox	NF	
Viroptic	NF	
Vuity Sol	NPD	PA
Vyzulta Soln 0.024% OP	NF	
Xalatan	NF	
Xdemvy Drops 0.25%	NPD	PA, QL
Xelpros Emulsion	NF	
Xiidra	PB	QL
Zerviate Drops 0.24%	NPD	PA
Zioptan	NF	
Zymaxid	NF	

ALLERGY, COUGH & COLD, LUNG MEDS

Accolate	NF	AL
<i>acetylcysteine</i>	G	
Advair Diskus	NF	
Advair HFA	PB	
Aerospan	NF	
AirDuo Digihaler	NF	
AirDuo RespiClick	NF	
Airsupra AER	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
Alkindi Sprinkle	NF	
Alvesco	NF	
Anoro Ellipta	PB	
<i>arformoterol neb</i>	G	
ArmonAir Digihaler	NF	
ArmonAir RespiClick	NF	
Arnuity Ellipta	PB	
Asmanex	NF	
Asmanex HFA	NF	
Atrovent HFA	PB	
Auvi-Q 0.1mg	NPD	AL, QL
Auvi-Q 0.15mg and 0.3mg	NPD	PA, QL
<i>azelastine/ fluticasone spray 137-50</i>	G	PA
Beconase AQ	NF	
<i>benzonatate</i>	LCG	
Bevespi Aerosphere	NPD	PA
<i>bosentan</i>	G, SP	PA
Breo Ellipta	PB	
Breyna AER	NF	
Breztri Aerosphere	PB	
<i>bromfed DM</i>	G	
Bronchitol Cap	NPD, SP	PA
Brovana Neb	NF	
<i>budesonide susp.</i>	G	
<i>carbinoxamin</i>	G	
Carbinoxamin Sus	NPD	
Cayston	NPD, SP	PA
<i>cheratussin AC</i>	G	5DS, QL, AL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>cheratussin DAC</i>	G	5DS, QL, AL, MME
Clarinex	NF	
Clarinex-D	NF	AL
<i>clemastine syrup</i>	NPD	PA
<i>clemastine tab</i>	NPD	
Combivent Respimat	PB	
<i>cromolyn sodium solution (oral,nasal, inhalation)</i>	G	
<i>cyproheptadine</i>	LCG	
Daliresp	NF	
<i>desloratadine</i>	G	
Dexchlorphen-iramine	NF	
Duaklir	NF	
Dulera	NF	
Dymista	NF	
Elixophyllin Elixir	NPD	
Epinephrine pen 0.15mg	PB	QL
<i>epinephrine pen 0.3mg</i>	G	QL
EpiPen	NF	QL
EpiPen Jr.	NF	QL
Esbriet	NF, SP	LDD
Filspari tab	NPD, SP	PA, QL
Flovent Diskus	NF	
Flovent HFA	NF	(Bypass NF exception for members 5 years of age and under)
<i>flunisolide</i>	G	
Flutic/Vilan INH	NF	
Fluticasone AER	NF	
Fluticasone HFA AER	NF	(Bypass NF exception for members 5 years of age and under)

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<i>fluticasone propionate nasal soln</i>	G	
Fluticasone/Salmeterol AER	NF	
<i>fluticasone-salmeterol AER powder</i>	G	
<i>formoterol neb</i>	G	
Grastek	NPD	PA
Hycodan Sol 5-1.5mg/ml	NF	QL, 5DS, AL, MME
Hycodan Tab 5-1.5mg	NF	QL, 5DS, MME
Hycofenix	NPD	QL, 5DS
<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, AL, MME
<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, AL, MME
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, AL, MME
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, AL, MME
<i>hydromet</i>	G	QL, 5DS, AL, MME
<i>hydroxyzine HCL syrup</i>	G	
<i>hydroxyzine HCL tab</i>	LCG	
<i>hydroxyzine pamoate</i>	G	
HyperSal	NPD	
Incruse Ellipta	NF	
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>	G	
Kitabis Pak	NF, SP	LDD
Kuvan	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Levalbuterol tartrate HFA	NPD	QL
<i>levalbuterol nebulizer</i>	G	
Lonhala Magnair	NPD	PA
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
Nucala Soln	PB, SP	PA
Obredon	NF	QL, 5DS, AL, MME
Odactra SL	NPD	PA
Ofev	NPD, SP	PA
Oralair	NPD	PA
Palforzia cap/powder	NPD	PA
Perforomist Neb	NF	
<i>pirfenidone</i>	G, SP	PA
ProAir Digihaler	NF	QL
ProAir HFA	NPD	QL
ProAir RespiClick	NPD	QL
<i>promethazine</i>	LCG	
<i>promethazine/codeine</i>	LCG	QL, 5DS, AL, MME
<i>promethazine/dextromethorphen</i>	G	
<i>promethazine/phenylephrine</i>	G	
<i>promethazine/phenylephrine/codeine</i>	G	QL, 5DS, AL, MME
Proventil HFA	NF	QL
Pulmicort Flexhaler	PB	
Pulmicort Respules	NF	
Pulmozyme	PB, SP	
Qvar	NF	
Ragwitek	NPD	PA
Rebetol	NF, SP	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Rezira	NF	QL, 5DS, AL, MME
Rezurock	NPD, SP	PA, QL
<i>roflumilast</i>	G	
Ryclora	NF	
Ryvent	NF	
Seebri	NF	
Semprex-D	NF	QL
Serevent Diskus	PB	
Singulair	NF	
<i>sodium chloride inhalation</i>	LCG	
Spiriva	PB	
Stiolto Respimat	PB	
Striverdi Respimat Aer Solution	PB	
Symbicort	PB	
Symdeko	NF, SP	
Symjepi Inj	NPD	QL
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	QL
Tarpeyo	NF	QL
<i>terbutaline sulfate tablet</i>	G	
Tessalon Perles	NF	
Tezspire Inj	PB, SP	PA
Theo-24	PB	
<i>theochron</i>	G	
<i>theophylline extended release</i>	G	
<i>theophylline soln</i>	G	
Thiola [EC]	NF, SP	
<i>tiotropium bromide cap 18mcg</i>	NF	
<i>tiopronin</i>	G, SP	
Tracleer	NF, SP	LDD
Trelegy Ellipta	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Tudorza Pressair	NF	
Tussicap	NF	QL, 5DS, AL, MME
Tuxarin ER	NF	QL, 5DS, AL, MME
Tuzistra XR	NPD	QL, 5DS, AL, MME
Utibron Neohaler	NPD	PA
Ventolin HFA	NF	QL
Vistaril	NF	
Vituz	NF	QL, 5DS, AL, MME
VoSpire ER	NF	
Winrevair Inj	NPD, SP	PA
<i>wixela inhub aer</i>	G	
Xhance	NF	
Xolair Inj	PB, SP	PA
Xopenex Nebulization Soln	NF	
Xopenex HFA	NF	QL
Yupelri Soln	NPD	PA
Z-Tuss AC	NF	QL, 5DS, AL, MME
<i>zafirlukast</i>	G	AL
<i>zileuton ER 600mg</i>	G	PA
Zutripro	NF	QL, 5DS, AL, MME
Zyflo 600mg	NF	AL
Zyflo CR 600mg	NF	AL

URINARY & PROSTATE MEDS

Accrufer	NF	
<i>alfuzosin</i>	G	
Anaspaz	NPD	
Avodart	NF	AL
<i>bethanechol</i>	G	
Cardura	NF	
Cardura XL	NPD	PA
Caverject	PB	PA, QL
Cialis	NF	QL
<i>darifenacin ER</i>	G	
Detrol	NF	
Detrol LA	NF	
Ditropan XL	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	AL
<i>dutasteride/tamsulosin hcl</i>	G	
Edex	NPD	PA, QL
ED-Spaz	NPD	
Elmiron	NPD	PA
Enablex	NF	
<i>finasteride</i>	G	AL
<i>flavoxate</i>	G	
Flomax	NF	
Gelnique Gel	NF	
Gemtesa	NF	
<i>hyoscyamine</i>	LCG	
<i>hyosyne</i>	LCG	
Jalyn	NF	
Levbid	NPD	
Levitra	NF	QL
Levsin	NPD	
<i>mirabegron</i>	G	
Muse	PB	PA, QL
Myrbetriq	PB	
Nulev	NPD	
<i>oscimin</i>	LCG	
<i>oxybutynin tab [ER]</i>	G	
<i>oxybutynin sol</i>	G	
<i>oxybutynin syrup</i>	LCG	
Oxytrol Patch	NPD	PA
<i>phenazopyridine</i>	LCG	
Potassium citrate	NF	
Proscar	NF	AL
Pyridium	NF	
Rapaflo	NF	
<i>solifenacin</i>	G	
Staxyn	NF	QL
Stendra	NF	QL
Symax	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamsulosin</i>	G	
<i>terazosin</i>	G	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>trospium chloride</i>	G	
Urecholine	NF	
Urocit-K	NF	
Uroxatral	NF	
<i>varденаfil</i>	G	PA, QL
<i>varденаfil ODT</i>	G	PA, QL
Vesicare	NF	
Viagra	NF	QL

VITAMINS & ELECTROLYTES

Auryxia	NPD	
Brand Prenatal vitamins	NF	
Buphenyl Powder/Tablet	NF, SP	
Calciferol	NPD	
<i>cyanocobalamin spray</i>	G	PA
Dailyvite w/Zinc & NephplexRx	NPD	
Dojolvi Liq	NPD	PA
Duzallo	NPD	PA
<i>ergocalciferol</i>	G	
<i>fluoritab chew tab</i>	G	
Fosrenol chewable tab	NF	
Jynarque	NPD, SP	PA
K-Phos	NF	
K-Tab	NF	
<i>klor-Con</i>	G	
<i>lanthanum chewable tab</i>	G	
Lokelma Pak	NPD	
Mephyton	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>multivitamin with fluoride drops, tabs</i>	G	
Nascobal	NF	
Nebusal Nebulization Solution	NPD	
Nestabs One	NPD	PA
Phospho-trin tab K500	NF	
<i>phytonadione</i>	G	
Pokonza Pow	NF	
<i>potassium bicarbonate/potassium citrate effervescent</i>	G	
<i>potassium chloride</i>	G	
Pulmosal Nebulization Solution	NPD	
Quflora	NF	
Royaldee	NF	
<i>sodium fluoride chew tab</i>	G	
<i>sodium phenylbutyrate tab/powder</i>	G, SP	PA
SPS Suspension 15GM/60ml	NPD	
Tri-Vi-Flor, Poly-Vi-Flor with and without iron	NPD	

DIAGNOSTICS & MISCELLANEOUS AGENTS

Alvaiz Tab	NPD, SP	PA
Arcalyst	NPD, SP	PA
Bafiertam	PB, SP	
Berinert	NPD, SP	PA
Cablivi Kit	NPD, SP	QL
<i>calcium acetate</i>	G	
Carbaglu	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>carglumic</i>	G, SP	PA
Cerdelga	NPD, SP	PA
Chemet	PB	
Chorionic gonadotropin	NF, SP	
Cinryze	NF, SP	
<i>clovique</i>	G, SP	PA
Cystadane	NF, SP	
Cystagon	NPD, SP	PA
<i>deferasirox tab/granules</i>	G	PA
<i>deferiprone tab</i>	G	PA
Depen Titratub	PB, SP	
D-Penamamine 125mg tablet	NPD, SP	
<i>dichlorophenate tab</i>	G, SP	PA
Doptelet	NPD, SP	PA
Empaveli	NPD, SP	PA
Eohilia Sus	NPD	PA, QL
Ermeza Soln	NF	
Enspryng Inj	NPD, SP	PA
Evrysdi Soln	NPD, SP	PA
Exjade	NF	
Fabhalta	NPD, SP	PA
Ferriprox	NF	
Firazyr	NPD, SP	PA, QL
Firdapse	NPD, SP	PA
Galafold	NPD, SP	PA, QL
<i>ganirelix acetate soln</i>	G, SP	R
Haegarda	NPD, SP	PA
<i>icatibant inj</i>	G, SP	PA, QL
Idelvion	NF, SP	
Jadenu Sprinkle	NF	
Jadenu Tab	NF	
Kesimpta Inj	PB, SP	
Keveyis	NF, SP	
Kionex suspension	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Lucemyra	NPD	PA, QL, Q/T
Metopirone	NPD	
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
<i>nitisinone</i>	G, SP	PA
Nityr	NPD, SP	PA
Novarel 10000 Unit	PB, SP	
Novarel 5000 Unit	NF, SP	
Nulibry Inj	NPD, SP	PA
Ocaliva	NPD, SP	PA
Olumiant	NPD, SP	PA
Opfolda	NPD, SP	
Orfadin Cap/ Susp	NPD, SP	PA
Orladeyo Cap	NPD, SP	PA
Oxbryta	NPD, SP	PA
<i>penicillamine capsule</i>	G, SP	PA
<i>penicillamine tablet</i>	G, SP	
PhosLo	NF	
Phoslyra soln	NPD	PA
<i>phospha</i>	G	
Potaba	NPD	
<i>pregnyl</i>	G, SP	
Pyrukynd	NPD, SP	PA
Renagel	NF	
Renvela	NF	
Ridaura	NPD, SP	
Rinvoq	PB, SP	PA
Ruconest	NPD, SP	PA
Ruzurgi	NPD, SP	PA
<i>sajazir inj</i>	G, SP	PA, QL
<i>sapropterin pow/ tab</i>	G, SP	PA
<i>sevelamer carbonate</i>	G	
Siklos	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Strensiq	NPD, SP	PA
Sucraid Solution 8500 unit/ml	NPD, SP	PA
Syprine	NF, SP	
Takhzyro	NPD, SP	PA
Tavalisse	NPD, SP	PA
Tavneos	NPD, SP	PA
Tegsedi	NPD, SP	PA
<i>trientine</i>	G, SP	PA
Velphoro Tab Chew	NF	
Vowst	NPD	PA, QL
Voydeya	NPD, SP	PA
Xuriden	NPD, SP	PA
<i>yargesa</i>	G, SP	PA
Zavesca	NF, SP	
Zilbrysq Inj	NPD, SP	PA
Zokinvy	NPD, SP	PA

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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Telugu: శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషాసహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) కు కాల్ చేయండి.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh. Hódííłnih koji' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ 1-800-275-2583។

Taglines as of 12/31/2022

Discrimination is Against the Law

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

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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