



Mercy Care Advantage (HMO SNP) 2024 Formulary (List of Covered Drugs) *Formulario para 2024 (Lista de Medicamentos Cubiertos)*



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

Formulary ID 00024084, Version 7

This formulary was updated on 08/03/2023. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY: **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **www.MercyCareAZ.org**.

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS BAJO ESTE PLAN

Identificación del Formulario 00024084, Versión 7

Este formulario fue actualizado en 08/03/2023. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY: **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.



Mercy Care Advantage (HMO SNP)

2024 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Mercy Care. When it refers to “plan” or “our plan,” it means Mercy Care Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/03/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Mercy Care Advantage (HMO SNP) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Mercy Care (HMO SNP)’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Mercy Care Advantage (HMO SNP)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/03/2023. To get updated information about the drugs covered by Mercy Care Advantage please contact us. Our contact information appears on the front and back cover pages. If we update the formulary during 2024 due to a non-maintenance formulary change, an updated version of the formulary and the notice issued to affected members will be posted on our website at www.MercyCareAZ.org. Printed formularies will be updated with the changes using an errata notice.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 62. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Mercy Care Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mercy Care Advantage before you fill your prescriptions. If you don't get approval, Mercy Care Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Mercy Care Advantage limits the amount of the drug that Mercy Care Advantage will cover. For example, Mercy Care Advantage provides 30 tablets per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Mercy Care Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mercy Care Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mercy Care Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Mercy Care Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Mercy Care Advantage’s formulary?” on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Mercy Care Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Mercy Care Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mercy Care Advantage.
- You can ask Mercy Care Advantage to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Mercy Care Advantage (HMO SNP) Formulary?

You can ask Mercy Care Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Mercy Care Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are admitted to or discharged from a long-term care facility, you will be allowed to refill a prescription upon admission or discharge.

For more information

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

If you have questions about Mercy Care Advantage, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Mercy Care Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Mercy Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 62.

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

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

Your cost-sharing amounts depend on which category the drug is in:

| Category | Cost-sharing amount |
|--|--|
| Generic drugs (including brand drugs treated as generic) | \$0/\$1.55/\$4.50 (each prescription) |
| All other drugs | \$0/\$4.60/\$11.20 (each prescription) |

Your copays may be less, depending on the level of “Extra Help” you are receiving. The Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider) lists the amount you will pay for your prescription drugs. You can also call Member Services to find out your cost-sharing amount. Phone numbers for Member Services are on the front and back cover pages.

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

| Abbreviation | Requirements/Limits |
|--------------|--|
| B/D | Covered under Medicare Part B or Part D. Most drugs are covered under Part D, but there are some drugs that can be covered under both Part B or Part D depending on what the drug is used for and how it is administered. |
| EA | Each. Medications listed with EA indicates number of pills dispensed. |
| LA | Limited Access. This prescription may be available only at certain pharmacies. For more information consult the Pharmacy Directory. |
| NDS | Non-Extended Days Supply. Medications listed with NDS have a supply limit of 30 days. |
| NM | Not available at mail-order. |
| PA | Prior Authorization. You or your provider need to get approval from our plan before we will agree to cover the drug. |
| QL | Quantity Limits. The amount per fill or refill is shown. |
| ST | Step Therapy. This prescription drug requires that you've tried another drug first, which did not work for you. |



Mercy Care Advantage (HMO SNP)

Formulario para 2024 (Lista de Medicamentos Cubiertos)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS BAJO ESTE PLAN

Identificación del Formulario 00023086, Versión 7

Este formulario fue actualizado el 08/03/2023. Para la información más reciente o para otras preguntas, por favor llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (los usuarios de TTY deberían llamar al **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.

Nota para los miembros actuales: Este formulario cambió desde el año pasado. Por favor revisen este documento para asegurarse de que todavía contenga los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o a “nuestros”, esto significa Mercy Care. Cuando se refiere al “plan” o a “nuestro plan”, esto significa Mercy Care Advantage.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está actualizada a la fecha de 08/03/2023. Para un formulario actualizado, por favor contáctenos. Nuestra información de contacto, junto con la fecha en la que actualizamos por último el formulario, aparece en la portada y la contraportada.

Por lo general, usted debe usar farmacias de la red para usar su beneficio de medicamentos de prescripción. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1º de enero de 2024, y de tiempo en tiempo durante el año.

¿Qué es el Formulario de Mercy Care Advantage (HMO SNP)?

Un formulario es una lista de medicamentos cubiertos seleccionados por Mercy Care Advantage en consulta con un equipo de proveedores del cuidado de la salud, el cual representa las terapias de prescripción/receta que se considera son una parte necesaria de un programa de tratamiento de calidad. Por lo general, Mercy Care Advantage cubrirá los medicamentos listados en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la prescripción/receta sea surtida en una farmacia de la red de Mercy Care Advantage, y se sigan otras reglas del plan. Para más información sobre cómo surtir sus prescripciones/recetas, por favor revise su Evidencia de Cobertura.

¿El Formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1º de enero, pero Mercy Care Advantage puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año, cambiarlos a niveles de costo compartido distintos o agregar nuevas restricciones. Nosotros debemos seguir las reglas de Medicare para hacer estos cambios.

Cambios que pueden afectarle este año: En los casos a continuación, usted se verá afectado/a por los cambios a la cobertura durante el año:

- **Nuevos medicamentos genéricos.** Nosotros podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo estamos reemplazando con un medicamento genérico nuevo que aparecerá en el mismo nivel o en un nivel más bajo de costo compartido y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, nosotros podemos decidir retener el medicamento de marca en nuestra Lista de Medicamentos, pero cambiarlo inmediatamente a un nivel de costo compartido distinto o agregar nuevas restricciones. Si actualmente usted está tomando dicho medicamento de marca, es posible que nosotros no le informemos por adelantado que haremos dicho cambio, pero más tarde le proveeremos información sobre el/los cambio/s específico/s que hayamos hecho.
 - o Si nosotros hacemos dicho cambio, usted o la persona prescribiéndole pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que nosotros le proveeremos también incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?”
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro, o si el fabricante del medicamento retira el medicamento del mercado, nosotros inmediatamente retiraremos el medicamento de nuestro formulario y les proveeremos un aviso a los miembros que estén tomando dicho medicamento.
- **Otros cambios.** Nosotros podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, nosotros podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido distinto o ambas cosas. O podemos hacer cambios basados en nuevas directrices clínicas. Si retiramos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y/o restricciones de terapia a pasos a un medicamento, nosotros debemos notificárselo a los miembros afectados por el cambio por lo menos 30 días antes de que el cambio entre en vigor, ó cuando el miembro pida que se le vuelva a surtir el medicamento, en cuyo momento, el/la miembro recibirá un suministro para 31 días del medicamento.

- o Si nosotros hacemos estos otros cambios, usted o la persona prescribiéndole pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que le proveeremos también incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?”

Cambios que no le afectarán si usted está tomando actualmente el medicamento. Por lo general, si usted está tomando un medicamento listado en nuestro Formulario de 2024 que fue cubierto a principios de año, nosotros no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2024 excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de la cobertura. Este año usted no recibirá un aviso directo sobre los cambios que no le afecten a usted. Sin embargo, el 1º de enero del próximo año, dichos cambios le afectarían a usted, y es importante que revise la Lista de Medicamentos del nuevo año de beneficios para cualquier cambio a los medicamentos.

El formulario adjunto entra en vigor a partir de 08/03/2023. Para obtener información actualizada sobre los medicamentos cubiertos por Mercy Care Advantage, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Si nosotros actualizamos el formulario durante 2024 debido a un cambio al formulario que no sea de mantenimiento, se publicará una versión actualizada del formulario y se emitirá un aviso a los miembros afectados en nuestro sitio web www.MercyCareAZ.org. Los cambios a los formularios impresos se actualizarán por medio de un aviso de erratas.

¿Cómo uso el Formulario?

Hay dos formas de encontrar su medicamento dentro del formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías, dependiendo del tipo de condiciones médicas para cuyo tratamiento se usan. Por ejemplo, los medicamentos usados para tratar una condición cardíaca están listados bajo la categoría de “Agentes Cardiovasculares”. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después busque en esa categoría el nombre de su medicamento.

Listado Alfabético

Si usted no está seguro/a bajo qué categoría buscar, debería buscar su medicamento en el Índice que empieza en la página 62. El Índice provee una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos están listados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, usted encontrará el número de la página en la que podrá encontrar información sobre la cobertura. Pase a la página listada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Mercy Mercy Care Advantage cubre tanto a los medicamentos de marca como a los medicamentos genéricos. medicamento genérico es aprobado por la Administración de Alimentos y Medicamentos (FDA por sus siglas en inglés) por contar con el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden contar con requerimientos adicionales o límites en la cobertura. Dichos requerimientos y límites pueden incluir:

- **Autorización Previa:** Mercy Care Advantage requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de Mercy Care Advantage antes de surtir sus prescripciones/recetas. Si usted no obtiene la aprobación, Mercy Care Advantage puede no cubrir el costo del medicamento.
- **Límites de Cantidades:** Para ciertos medicamentos, Mercy Care Advantage limita la cantidad del medicamento que Mercy Care Advantage cubrirá. Por ejemplo, Mercy Care Advantage provee 30 tabletas por cada prescripción de rosuvastatin. Esto puede ser en adición al suministro estándar para un mes o tres meses.
- **Terapia a Pasos:** En algunos casos, Mercy Care Advantage requiere que usted pruebe primero ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para dicha condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan ambos su condición médica, Mercy Care Advantage puede no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le funciona, entonces Mercy Care Advantage cubrirá el Medicamento B.

Usted puede informarse si hay cualquier requerimiento o límite adicional para sus medicamentos consultando el formulario que empieza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Nosotros hemos publicado un documento en línea que explica nuestras restricciones sobre la autorización previa y la terapia a pasos. Usted también puede pedirnos que le enviemos a usted una copia. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en la portada y la contraportada.

Usted le puede pedir a Mercy Care Advantage que haga una excepción a estas restricciones o límites, o pedirle una lista de otros medicamentos similares que puedan tratar su condición de salud. Vea la sección “¿Cómo solicito una excepción al formulario de Mercy Care Advantage?” en la página X para información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero usted debería comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si usted descubre que Mercy Care Advantage no cubre su medicamento, tiene dos opciones:

- Usted le puede pedir a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por Mercy Care Advantage. Cuando usted reciba la lista, muéstrasela a su doctor y pídale que le prescriba un medicamento similar que esté cubierto por Mercy Care Advantage.
- Usted puede solicitar que Mercy Care Advantage haga una excepción y cubra su medicamento. Vea abajo cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?

Usted le puede pedir a Mercy Care Advantage que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que usted puede pedir que hagamos.

- Usted nos puede pedir que cubramos un medicamento, aún si no está en nuestro formulario. Si es aprobado, dicho medicamento será cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le proveamos dicho medicamento a un nivel de costo compartido más bajo.
- Usted puede pedir que no apliquemos las restricciones o los límites a la cobertura en su medicamento. Por ejemplo, para ciertos medicamentos, Mercy Care Advantage limita la cantidad del medicamento

que nosotros cubriremos. Si su medicamento tiene un límite de cantidad, usted puede pedirnos que no apliquemos el límite y que cubramos una cantidad más alta.

Por lo general, Mercy Care Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones adicionales para su uso no serían tan efectivos tratando su condición y/o podrían ocasionarle efectos médicos adversos.

Usted se debería comunicar con nosotros para pedirnos una decisión inicial de cobertura para una excepción al formulario, o a la restricción de uso. **Cuando usted solicite una excepción al formulario o a la restricción de uso, debería presentar una declaración de su médico o de la persona emitiendo la prescripción respaldando su solicitud.** En general, nosotros debemos tomar nuestra decisión dentro de 72 horas después de recibir la declaración de respaldo de la persona emitiendo la prescripción. Usted puede solicitar una excepción expedita (rápida) si usted o su doctor creen que su salud podría verse seriamente dañada por esperar 72 horas para una decisión. Si se le concede su solicitud de excepción expedita, nosotros debemos darle una decisión no más tarde de 24 horas después de recibir la declaración de respaldo de su doctor o de la otra persona emitiendo la prescripción.

¿Qué hago antes de que pueda hablar con mi doctor sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuando en nuestro plan, usted puede estar tomando medicamentos que no estén en nuestro formulario. O usted puede estar tomando un medicamento que esté en nuestro formulario pero su capacidad para obtenerlo puede ser limitada. Por ejemplo, usted puede necesitar nuestra autorización previa antes de poder surtir su prescripción/receta. Usted debería hablar con su doctor para decidir si debería cambiar a un medicamento apropiado que nosotros cubramos, o solicitar una excepción al formulario para que nosotros cubramos el medicamento que usted toma. Mientras habla con su doctor para determinar el curso de acción apropiado para usted, en ciertos casos, nosotros podemos cubrir su medicamento durante los primeros 90 días en los que usted sea miembro de nuestro plan.

Para cada medicamento que no esté en nuestro formulario, o si su capacidad para obtener dicho medicamento es limitada, nosotros cubriremos un suministro temporal para 31 días. Si su prescripción ha sido emitida para menos días, nosotros permitiremos que la vuelva a surtir hasta que se le provea medicamento con un suministro máximo de 31 días. Después de su primer suministro para 31 días, nosotros ya no pagaremos por dichos medicamentos, aún si usted ha sido miembro del plan durante menos de 90 días.

Si usted es residente de una instalación de cuidado a largo plazo y necesita un medicamento que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días como miembro de nuestro plan, nosotros cubriremos un suministro de emergencia de dicho medicamento para 31 días, mientras usted trata de obtener una excepción al formulario.

Si a usted se le admite o se le da de alta de una instalación de cuidado a largo plazo, se le permitirá que se le surta una prescripción ante su admisión o dada de alta.

Para más información

Para información más detallada sobre su cobertura de medicamentos de prescripción/receta de Mercy Care Advantage, por favor lea su Evidencia de Cobertura y otros materiales del plan.

Si tiene usted preguntas sobre Mercy Care Advantage, por favor contáctenos. Nuestra información de contacto, junto con la fecha en la que actualizamos por último el formulario, aparece en la portada y en la contraportada.

Si tiene usted preguntas generales sobre la cobertura de medicamentos de prescripción/receta de Medicare, por favor llame a Medicare al **1-800-MEDICARE (1-800-633-4227)** 24 horas al día, siete días de la semana. Los usuarios de TTY deberían llamar al **1-877-486-2048**. Ó visite **<http://www.medicare.gov>**.

Formulario de Mercy Care Advantage

El formulario que empieza en la siguiente página provee información de cobertura sobre algunos de los medicamentos cubiertos por Mercy Care Advantage. Si usted tiene problemas para encontrar su medicamento en la lista, regrese al Índice que empieza en la página 62.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (ejem.: SYNTHROID) y los medicamentos genéricos están escritos en cursivas minúsculas (ejem.: *levothyroxine*).

La información en la columna de Requerimientos/Límites le indica si Mercy Care Advantage tiene cualquier requerimiento especial para la cobertura de su medicamento.

Sus cantidades de costo compartido dependen de la categoría en la que se encuentre el medicamento:

| Categoría | Cantidad del costo compartido |
|---|----------------------------------|
| Medicamentos genéricos (incluyendo medicamentos de marca tratados como genéricos) | \$0/\$1.55/\$4.50 (cada receta) |
| El resto de los otros medicamentos | \$0/\$4.60/\$11.20 (cada receta) |

Sus copagos pueden ser más bajos, dependiendo del nivel de “Ayuda Extra” que usted esté recibiendo. La Evidencia de Cobertura para Personas que Reciben Ayuda Extra para el Pago de Sus Medicamentos de Prescripción (Cláusula LIS) lista la cantidad que usted pagará por sus medicamentos de prescripción. Usted también puede llamar a Servicios al Miembro para informarse sobre la cantidad de su costo compartido. Los números telefónicos de Servicios al Miembro están en la portada y la contraportada.

La información en la columna de Requerimientos/Límites le indica si Mercy Care Advantage tiene cualquier requerimiento especial para la cobertura de su medicamento.

| Abreviatura en Inglés | Requerimientos/Límites |
|-----------------------|--|
| B/D | Cubiertos por la Parte B o la Parte D de Medicare. La mayoría de los medicamentos están cubiertos por la Parte D, pero hay algunos medicamentos que pueden estar cubiertos tanto por la Parte B como por la Parte D según para qué se utiliza el medicamento y cómo se administra |
| EA | Cada uno. Los medicamentos listados con EA indican el número de píldoras despachadas. |
| LA | Acceso limitado. Esta prescripción puede estar disponible sólo en ciertas farmacias. Para más información consulte el Directorio de Farmacias. |
| NDS | Suministro no extendido. Los medicamentos listados con la abreviatura NDS tienen un límite de suministro de 30 días. |
| NM | No disponible para pedido por correo. |
| PA | Autorización previa. Usted o su proveedor deben obtener la autorización de nuestro plan antes de que aceptemos cubrir el medicamento. |
| QL | Límites de cantidad. Se muestra la cantidad por surtido o resurtido. |
| ST | Tratamiento escalonado. Este medicamento con receta requiere que usted haya probado otro medicamento antes, y que no haya funcionado. |

2024 Formulary (List of Covered Drugs)

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|-----------------------------|
| ANALGESICS – DRUGS TO TREAT PAIN AND INFLAMMATION | | | |
| GOUT – DRUGS TO TREAT GOUT | | | |
| | <i>allopurinol</i> TABS 100mg, 300mg | Tier 1 | |
| | <i>colchicine</i> TABS .6mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>colchicine w/ probenecid tab 0.5-500 mg</i> | Tier 1 | |
| | MITIGARE CAPS .6mg | Tier 1 | QL (60 caps/30 days) |
| | <i>probenecid</i> TABS 500mg | Tier 1 | |
| NSAIDS – DRUGS TO TREAT PAIN AND INFLAMMATION | | | |
| | <i>celecoxib</i> CAPS 50mg, 100mg, 200mg | Tier 1 | QL (60 caps/30 days) |
| | <i>celecoxib</i> CAPS 400mg | Tier 1 | QL (30 caps/30 days) |
| | <i>diclofenac potassium</i> TABS 50mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | Tier 1 | |
| | <i>diflunisal</i> TABS 500mg | Tier 1 | |
| | <i>ec-naproxen</i> TBEC 375mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>ec-naproxen</i> TBEC 500mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | Tier 1 | |
| | <i>flurbiprofen</i> TABS 100mg | Tier 1 | |
| | <i>ibu</i> TABS 400mg, 600mg, 800mg | Tier 1 | |
| | <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | Tier 1 | |
| | <i>meloxicam</i> TABS 7.5mg, 15mg | Tier 1 | |
| | <i>nabumetone</i> TABS 500mg, 750mg | Tier 1 | |
| | <i>naproxen</i> TABS 250mg, 375mg, 500mg | Tier 1 | |
| | <i>naproxen</i> TBEC 375mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>naproxen</i> TBEC 500mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>naproxen sodium</i> TABS 275mg, 550mg | Tier 1 | |
| | <i>piroxicam</i> CAPS 10mg, 20mg | Tier 1 | |
| | <i>sulindac</i> TABS 150mg, 200mg | Tier 1 | |
| OPIOID ANALGESICS, LONG-ACTING | | | |
| | <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | Tier 1 | QL (10 patches/30 days), PA |
| | <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | Tier 1 | QL (30 tabs/30 days), PA |
| | HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | Tier 1 | QL (30 tabs/30 days), PA |
| | <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml | Tier 1 | QL (450 mL/30 days), PA |
| | <i>methadone hcl</i> TABS 5mg, 10mg | Tier 1 | QL (90 tabs/30 days), PA |
| | <i>methadone hydrochloride i</i> CONC 10mg/ml | Tier 1 | QL (90 mL/30 days), PA |
| | <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | Tier 1 | QL (90 tabs/30 days), PA |
| OPIOID ANALGESICS, SHORT-ACTING | | | |
| | <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | Tier 1 | QL (2700 mL/30 days) |
| | <i>acetaminophen w/ codeine tab 300-15 mg</i> | Tier 1 | QL (400 tabs/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
 B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|------------------------------------|
| | <i>acetaminophen w/ codeine tab 300-30 mg</i> | Tier 1 | QL (360 tabs/30 days) |
| | <i>acetaminophen w/ codeine tab 300-60 mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i> | Tier 1 | |
| | <i>endocet tab 2.5-325mg</i> | Tier 1 | QL (360 tabs/30 days) |
| | <i>endocet tab 5-325mg</i> | Tier 1 | QL (360 tabs/30 days) |
| | <i>endocet tab 7.5-325mg</i> | Tier 1 | QL (240 tabs/30 days) |
| | <i>endocet tab 10-325mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>fentanyl citrate LPOP 200mcg</i> | Tier 1 | QL (120 lozenges/30 days), PA |
| | <i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> | Tier 1 | NDS, QL (120 lozenges/30 days), PA |
| | <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | Tier 1 | QL (2700 mL/30 days) |
| | <i>hydrocodone-acetaminophen tab 5-325 mg</i> | Tier 1 | QL (240 tabs/30 days) |
| | <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>hydrocodone-acetaminophen tab 10-325 mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | Tier 1 | QL (150 tabs/30 days) |
| | <i>hydromorphone hcl LIQD 1mg/ml</i> | Tier 1 | QL (600 mL/30 days) |
| | <i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i> | Tier 1 | B/D |
| | <i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i> | Tier 1 | B/D |
| | <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> | Tier 1 | QL (900 mL/30 days) |
| | <i>morphine sulfate SOLN 20mg/ml</i> | Tier 1 | QL (180 mL/30 days) |
| | <i>morphine sulfate TABS 15mg, 30mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>MORPHINE SULFATE/SODIUM C SOLN 1mg/ml</i> | Tier 1 | B/D |
| | <i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i> | Tier 1 | |
| | <i>oxycodone hcl CAPS 5mg</i> | Tier 1 | QL (180 caps/30 days) |
| | <i>oxycodone hcl CONC 100mg/5ml</i> | Tier 1 | QL (180 mL/30 days) |
| | <i>oxycodone hcl SOLN 5mg/5ml</i> | Tier 1 | QL (900 mL/30 days) |
| | <i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | Tier 1 | QL (360 tabs/30 days) |
| | <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | Tier 1 | QL (360 tabs/30 days) |
| | <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | Tier 1 | QL (240 tabs/30 days) |
| | <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | Tier 1 | QL (180 tabs/30 days) |
| | <i>tramadol hcl TABS 50mg</i> | Tier 1 | QL (240 tabs/30 days) |
| | <i>tramadol-acetaminophen tab 37.5-325 mg</i> | Tier 1 | QL (240 tabs/30 days) |
| ANESTHETICS – DRUGS FOR NUMBING | | | |
| LOCAL ANESTHETICS | | | |
| | <i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i> | Tier 1 | B/D |
| ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS | | | |
| ANTI-INFECTIVES – MISCELLANEOUS | | | |
| | <i>albendazole TABS 200mg</i> | Tier 1 | NDS, QL (672 tabs/year), PA |
| | <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i> | Tier 1 | |
| | <i>atovaquone SUSP 750mg/5ml</i> | Tier 1 | |
| | <i>aztreonam SOLR 1gm, 2gm</i> | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|---------------------------|
| | CAYSTON SOLR 75mg | Tier 1 | NDS, NM, LA, PA |
| | <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg | Tier 1 | |
| | <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml | Tier 1 | |
| | <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | Tier 1 | |
| | <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | Tier 1 | |
| | <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | Tier 1 | |
| | <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | Tier 1 | |
| | CLINDMYC/NAC INJ 300/50ML | Tier 1 | |
| | CLINDMYC/NAC INJ 600/50ML | Tier 1 | |
| | CLINDMYC/NAC INJ 900/50ML | Tier 1 | |
| | <i>colistimethate sodium</i> SOLR 150mg | Tier 1 | |
| | <i>dapsone</i> TABS 25mg, 100mg | Tier 1 | |
| | DAPTOMYCIN SOLR 350mg | Tier 1 | NDS |
| | <i>daptomycin</i> SOLR 350mg, 500mg | Tier 1 | NDS |
| | EMVERM CHEW 100mg | Tier 1 | NDS, QL (12 tabs/year) |
| | <i>ertapenem sodium</i> SOLR 1gm | Tier 1 | |
| | <i>gentamicin in saline inj 0.8 mg/ml</i> | Tier 1 | |
| | <i>gentamicin in saline inj 1 mg/ml</i> | Tier 1 | |
| | <i>gentamicin in saline inj 1.2 mg/ml</i> | Tier 1 | |
| | <i>gentamicin in saline inj 1.6 mg/ml</i> | Tier 1 | |
| | <i>gentamicin in saline inj 2 mg/ml</i> | Tier 1 | |
| | <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml | Tier 1 | |
| | <i>imipenem-cilastatin intravenous for soln 250 mg</i> | Tier 1 | |
| | <i>imipenem-cilastatin intravenous for soln 500 mg</i> | Tier 1 | |
| | <i>ivermectin</i> TABS 3mg | Tier 1 | QL (12 tabs/90 days), PA |
| | <i>linezolid</i> SOLN 600mg/300ml | Tier 1 | |
| | <i>linezolid</i> SUSR 100mg/5ml | Tier 1 | NDS, QL (1800 mL/30 days) |
| | <i>linezolid</i> TABS 600mg | Tier 1 | QL (60 tabs/30 days) |
| | LINEZOLID INJ 2MG/ML | Tier 1 | |
| | <i>meropenem</i> SOLR 1gm, 500mg | Tier 1 | |
| | <i>methenamine hippurate</i> TABS 1gm | Tier 1 | |
| | <i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg | Tier 1 | |
| | <i>neomycin sulfate</i> TABS 500mg | Tier 1 | |
| | <i>nitazoxanide</i> TABS 500mg | Tier 1 | NDS, QL (6 tabs/30 days) |
| | <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg | Tier 1 | |
| | <i>nitrofurantoin monohyd macro</i> CAPS 100mg | Tier 1 | |
| | <i>paromomycin sulfate</i> CAPS 250mg | Tier 1 | |
| | <i>pentamidine isethionate inh</i> SOLR 300mg | Tier 1 | B/D |
| | <i>pentamidine isethionate inj</i> SOLR 300mg | Tier 1 | |
| | <i>praziquantel</i> TABS 600mg | Tier 1 | |
| | SIVEXTRO SOLR 200mg; TABS 200mg | Tier 1 | NDS |
| | <i>streptomycin sulfate</i> SOLR 1gm | Tier 1 | NDS |
| | <i>sulfadiazine</i> TABS 500mg | Tier 1 | NDS |
| | <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|--|-----------|-------------------------------|
| | <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | Tier 1 | |
| | <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | Tier 1 | |
| | <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | Tier 1 | |
| | <i>tinidazole TABS 250mg, 500mg</i> | Tier 1 | |
| | <i>tobramycin NEBU 300mg/5ml</i> | Tier 1 | NDS, NM, PA |
| | <i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i> | Tier 1 | |
| | <i>trimethoprim TABS 100mg</i> | Tier 1 | |
| | <i>vancomycin hcl CAPS 125mg</i> | Tier 1 | QL (80 caps/180 days) |
| | <i>vancomycin hcl CAPS 250mg</i> | Tier 1 | QL (160 caps/180 days) |
| | <i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i> | Tier 1 | |
| | VANCOMYCIN INJ 1 GM | Tier 1 | |
| | VANCOMYCIN INJ 500MG | Tier 1 | |
| | VANCOMYCIN INJ 750MG | Tier 1 | |
| ANTIFUNGALS – DRUGS TO TREAT FUNGAL INFECTIONS | | | |
| | ABELCET SUSP 5mg/ml | Tier 1 | B/D |
| | <i>amphotericin b SOLR 50mg</i> | Tier 1 | B/D |
| | <i>amphotericin b liposome SUSR 50mg</i> | Tier 1 | NDS, B/D |
| | <i>caspofungin acetate SOLR 50mg, 70mg</i> | Tier 1 | |
| | <i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i> | Tier 1 | |
| | <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | Tier 1 | |
| | <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | Tier 1 | |
| | <i>flucytosine CAPS 250mg, 500mg</i> | Tier 1 | NDS, PA |
| | <i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i> | Tier 1 | |
| | <i>griseofulvin ultramicrosize TABS 125mg, 250mg</i> | Tier 1 | |
| | <i>itraconazole CAPS 100mg</i> | Tier 1 | PA |
| | <i>ketoconazole TABS 200mg</i> | Tier 1 | PA |
| | <i>miconazole sodium SOLR 50mg, 100mg</i> | Tier 1 | NDS |
| | <i>nystatin TABS 500000unit</i> | Tier 1 | |
| | <i>posaconazole SUSP 40mg/ml</i> | Tier 1 | NDS, QL (630 mL/30 days), PA |
| | <i>posaconazole TBEC 100mg</i> | Tier 1 | NDS, QL (93 tabs/30 days), PA |
| | <i>terbinafine hcl TABS 250mg</i> | Tier 1 | QL (90 tabs/year) |
| | <i>voriconazole SOLR 200mg</i> | Tier 1 | PA |
| | <i>voriconazole SUSR 40mg/ml</i> | Tier 1 | NDS, PA |
| | <i>voriconazole TABS 50mg</i> | Tier 1 | QL (480 tabs/30 days), PA |
| | <i>voriconazole TABS 200mg</i> | Tier 1 | QL (120 tabs/30 days), PA |
| ANTIMALARIALS – DRUGS TO TREAT MALARIA | | | |
| | <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | Tier 1 | |
| | <i>atovaquone-proguanil hcl tab 250-100 mg</i> | Tier 1 | |
| | <i>chloroquine phosphate TABS 250mg, 500mg</i> | Tier 1 | |
| | COARTEM TAB 20-120MG | Tier 1 | |
| | <i>mefloquine hcl TABS 250mg</i> | Tier 1 | |
| | <i>primaquine phosphate TABS 26.3mg</i> | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|--------------------------------|
| | PRIMAQUINE PHOSPHATE TABS 26.3mg | Tier 1 | |
| | <i>quinine sulfate</i> CAPS 324mg | Tier 1 | PA |
| ANTIRETROVIRAL AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION | | | |
| | <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg | Tier 1 | NM |
| | APTIVUS CAPS 250mg | Tier 1 | NDS, NM |
| | <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | Tier 1 | NM |
| | <i>darunavir</i> TABS 600mg | Tier 1 | NDS, QL (60 tabs/30 days), NM |
| | <i>darunavir</i> TABS 800mg | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| | EDURANT TABS 25mg | Tier 1 | NDS, NM |
| | <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg | Tier 1 | NM |
| | <i>emtricitabine</i> CAPS 200mg | Tier 1 | NM |
| | EMTRIVA SOLN 10mg/ml | Tier 1 | NM |
| | <i>etravirine</i> TABS 100mg, 200mg | Tier 1 | NDS, NM |
| | <i>fosamprenavir calcium</i> TABS 700mg | Tier 1 | NDS, NM |
| | FUZEON SOLR 90mg | Tier 1 | NDS, NM, LA |
| | INTELENCE TABS 25mg | Tier 1 | NM |
| | ISENTRESS CHEW 25mg | Tier 1 | NM |
| | ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | Tier 1 | NDS, NM |
| | ISENTRESS HD TABS 600mg | Tier 1 | NDS, NM |
| | <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg | Tier 1 | NM |
| | LEXIVA SUSP 50mg/ml | Tier 1 | NM |
| | <i>maraviroc</i> TABS 150mg, 300mg | Tier 1 | NDS, NM |
| | nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg | Tier 1 | NM |
| | NORVIR PACK 100mg | Tier 1 | NM |
| | PIFELTRO TABS 100mg | Tier 1 | NDS, NM |
| | PREZISTA SUSP 100mg/ml | Tier 1 | NDS, QL (400 mL/30 days), NM |
| | PREZISTA TABS 75mg | Tier 1 | QL (480 tabs/30 days), NM |
| | PREZISTA TABS 150mg | Tier 1 | NDS, QL (240 tabs/30 days), NM |
| | REYATAZ PACK 50mg | Tier 1 | NDS, NM |
| | <i>ritonavir</i> TABS 100mg | Tier 1 | NM |
| | RUKOBIA TB12 600mg | Tier 1 | NDS, NM |
| | SELZENTRY SOLN 20mg/ml; TABS 75mg | Tier 1 | NDS, NM |
| | SELZENTRY TABS 25mg | Tier 1 | NM |
| | <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg | Tier 1 | NM |
| | SUNLENCA TBPK 300mg | Tier 1 | NDS, NM, LA |
| | <i>tenofovir disoproxil fumarate</i> TABS 300mg | Tier 1 | NM |
| | TIVICAY TABS 10mg | Tier 1 | NM |
| | TIVICAY TABS 25mg, 50mg | Tier 1 | NDS, NM |
| | TIVICAY PD TBSO 5mg | Tier 1 | NDS, NM |
| | TROGARZO SOLN 200mg/1.33ml | Tier 1 | NDS, NM, LA |
| | TYBOST TABS 150mg | Tier 1 | NM |
| | VIRACEPT TABS 250mg, 625mg | Tier 1 | NDS, NM |
| | VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | Tier 1 | NDS, NM |
| | <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | Tier 1 | NM |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|--|-----------|-------------------------------|
| ANTIRETROVIRAL COMBINATION AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION | | | |
| | <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | Tier 1 | NM |
| | BIKTARVY TAB 30-120-15 MG | Tier 1 | NDS, NM |
| | BIKTARVY TAB 50-200-25 MG | Tier 1 | NDS, NM |
| | CIMDUO TAB 300-300 | Tier 1 | NDS, NM |
| | COMPLERA TAB | Tier 1 | NDS, NM |
| | DELSTRIGO TAB | Tier 1 | NDS, NM |
| | DESCOVY TAB 120-15MG | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| | DESCOVY TAB 200/25MG | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| | DOVATO TAB 50-300MG | Tier 1 | NDS, NM |
| | <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | Tier 1 | NDS, NM |
| | <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | Tier 1 | NDS, NM |
| | <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | Tier 1 | NDS, NM |
| | emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| | emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| | emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg | Tier 1 | NDS, QL (30 tabs/30 days), NM |
| | emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg | Tier 1 | QL (30 tabs/30 days), NM |
| | EVOTAZ TAB 300-150 | Tier 1 | NDS, NM |
| | GENVOYA TAB | Tier 1 | NDS, NM |
| | JULUCA TAB 50-25MG | Tier 1 | NDS, NM |
| | <i>lamivudine-zidovudine tab 150-300 mg</i> | Tier 1 | NM |
| | <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | Tier 1 | NM |
| | <i>lopinavir-ritonavir tab 100-25 mg</i> | Tier 1 | NM |
| | <i>lopinavir-ritonavir tab 200-50 mg</i> | Tier 1 | NM |
| | ODEFSEY TAB | Tier 1 | NDS, NM |
| | PREZCOBIX TAB 800-150 | Tier 1 | NDS, NM |
| | STRIBILD TAB | Tier 1 | NDS, NM |
| | SYMTUZA TAB | Tier 1 | NDS, NM |
| | TRIUMEQ PD TAB | Tier 1 | NDS, NM |
| | TRIUMEQ TAB | Tier 1 | NDS, NM |
| | TRIZIVIR TAB | Tier 1 | NDS, NM |
| ANTITUBERCULAR AGENTS – DRUGS TO TREAT TUBERCULOSIS | | | |
| | <i>cycloserine CAPS 250mg</i> | Tier 1 | NDS |
| | <i>ethambutol hcl TABS 100mg, 400mg</i> | Tier 1 | |
| | <i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i> | Tier 1 | |
| | PRIFTIN TABS 150mg | Tier 1 | |
| | <i>pyrazinamide TABS 500mg</i> | Tier 1 | |
| | <i>rifabutin CAPS 150mg</i> | Tier 1 | |
| | <i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i> | Tier 1 | |
| | SIRTURO TABS 20mg, 100mg | Tier 1 | NDS, NM, LA, PA |
| | TRECTOR TABS 250mg | Tier 1 | |
| ANTIVIRALS – DRUGS TO TREAT VIRAL INFECTIONS | | | |
| | <i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i> | Tier 1 | |
| | <i>acyclovir sodium SOLN 50mg/ml</i> | Tier 1 | B/D |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|-------------------------------|
| | <i>adefovir dipivoxil</i> TABS 10mg | Tier 1 | NM |
| | BARACLUDE SOLN .05mg/ml | Tier 1 | NDS, NM |
| | <i>entecavir</i> TABS .5mg, 1mg | Tier 1 | NM |
| | EPCLUSA PAK 150-37.5 | Tier 1 | NDS, NM, PA |
| | EPCLUSA PAK 200-50MG | Tier 1 | NDS, NM, PA |
| | EPCLUSA TAB 200-50MG | Tier 1 | NDS, NM, PA |
| | EPCLUSA TAB 400-100 | Tier 1 | NDS, NM, PA |
| | <i>famciclovir</i> TABS 125mg, 250mg, 500mg | Tier 1 | |
| | <i>ganciclovir sodium</i> SOLR 500mg | Tier 1 | B/D |
| | HARVONI PAK 33.75-150MG | Tier 1 | NDS, NM, PA |
| | HARVONI PAK 45-200MG | Tier 1 | NDS, NM, PA |
| | HARVONI TAB 45-200MG | Tier 1 | NDS, NM, PA |
| | HARVONI TAB 90-400MG | Tier 1 | NDS, NM, PA |
| | <i>lamivudine (hbv)</i> TABS 100mg | Tier 1 | NM |
| | MAVYRET PAK 50-20MG | Tier 1 | NDS, NM, PA |
| | MAVYRET TAB 100-40MG | Tier 1 | NDS, NM, PA |
| | <i>oseltamivir phosphate</i> CAPS 30mg | Tier 1 | QL (168 caps/year) |
| | <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | Tier 1 | QL (84 caps/year) |
| | <i>oseltamivir phosphate</i> SUSR 6mg/ml | Tier 1 | QL (1080 mL/year) |
| | PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | Tier 1 | NDS, NM, PA |
| | PREVYMIS TABS 240mg, 480mg | Tier 1 | NDS, QL (28 tabs/28 days), PA |
| | RELENZA DISKHALER AEPB 5mg/blister | Tier 1 | QL (6 inhalers/year) |
| | <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | Tier 1 | NM |
| | <i>rimantadine hydrochloride</i> TABS 100mg | Tier 1 | |
| | <i>valacyclovir hcl</i> TABS 1gm, 500mg | Tier 1 | |
| | <i>valganciclovir hcl</i> SOLR 50mg/ml | Tier 1 | NDS |
| | <i>valganciclovir hcl</i> TABS 450mg | Tier 1 | |
| | VEMLIDY TABS 25mg | Tier 1 | NDS, NM |
| | VOSEVI TAB | Tier 1 | NDS, NM, PA |
| | XOFLUZA TBPK 40mg, 80mg | Tier 1 | QL (1 tab/180 days) |
| CEPHALOSPORINS – DRUGS TO TREAT INFECTIONS | | | |
| | <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml | Tier 1 | |
| | CEFACLOTOR ER TB12 500mg | Tier 1 | |
| | <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml | Tier 1 | |
| | CEFAZOLIN SOLR 2gm, 3gm | Tier 1 | |
| | CEFAZOLIN INJ 1GM/50ML | Tier 1 | |
| | <i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg | Tier 1 | |
| | CEFAZOLIN SOLN 2GM/100ML-4% | Tier 1 | |
| | <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | Tier 1 | |
| | <i>cefepime hcl</i> SOLR 1gm, 2gm | Tier 1 | |
| | <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | Tier 1 | |
| | <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|---------------------|
| | <i>cefepodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | Tier 1 | |
| | <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 1 | |
| | <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | Tier 1 | |
| | CEFTAZIDIME/ SOL D5W 1GM | Tier 1 | |
| | CEFTAZIDIME/ SOL D5W 2GM | Tier 1 | |
| | <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | Tier 1 | |
| | <i>cefuroxime axetil</i> TABS 250mg, 500mg | Tier 1 | |
| | <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | Tier 1 | |
| | cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml | Tier 1 | |
| | <i>tazicef</i> SOLR 1gm, 2gm, 6gm | Tier 1 | |
| | TEFLARO SOLR 400mg, 600mg | Tier 1 | NDS |
| ERYTHROMYCINS/MACROLIDES – DRUGS TO TREAT INFECTIONS | | | |
| | <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | Tier 1 | |
| | <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | Tier 1 | |
| | DIFICID SUSR 40mg/ml; TABS 200mg | Tier 1 | NDS |
| | <i>e.e.s. 400</i> TABS 400mg | Tier 1 | |
| | <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | Tier 1 | |
| | ERYTHROCIN LACTOBIONATE SOLR 500mg | Tier 1 | |
| | <i>erythrocine stearate</i> TABS 250mg | Tier 1 | |
| | <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | Tier 1 | |
| | <i>erythromycin ethylsuccinate</i> TABS 400mg | Tier 1 | |
| | <i>erythromycin lactobionate</i> SOLR 500mg | Tier 1 | |
| FLUOROQUINOLONES – DRUGS TO TREAT INFECTIONS | | | |
| | CIPRO SUSR 500mg/5ml | Tier 1 | |
| | <i>ciprofloxacin 200 mg/100ml in d5w</i> | Tier 1 | |
| | <i>ciprofloxacin 400 mg/200ml in d5w</i> | Tier 1 | |
| | <i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg | Tier 1 | |
| | <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | Tier 1 | |
| | <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | Tier 1 | |
| | <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | Tier 1 | |
| | <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | Tier 1 | |
| | <i>moxifloxacin hcl</i> TABS 400mg | Tier 1 | |
| | <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | Tier 1 | |
| PENICILLINS – DRUGS TO TREAT INFECTIONS | | | |
| | <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | Tier 1 | |
| | <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|---------------------|
| | <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate tab 250-125 mg</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate tab 500-125 mg</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate tab 875-125 mg</i> | Tier 1 | |
| | <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | Tier 1 | |
| | <i>ampicillin CAPS 500mg</i> | Tier 1 | |
| | <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | Tier 1 | |
| | <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | Tier 1 | |
| | <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | Tier 1 | |
| | <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | Tier 1 | |
| | <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | Tier 1 | |
| | ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg | Tier 1 | |
| | BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | Tier 1 | |
| | <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | Tier 1 | |
| | <i>nafcillin sodium SOLR 1gm, 2gm</i> | Tier 1 | |
| | <i>nafcillin sodium SOLR 10gm</i> | Tier 1 | NDS |
| | <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i> | Tier 1 | |
| | PEN GK/DEXTR INJ 40000/ML | Tier 1 | |
| | PEN GK/DEXTR INJ 60000/ML | Tier 1 | |
| | <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | Tier 1 | |
| | PENICILLIN G PROCAINE SUSP 600000unit/ml | Tier 1 | |
| | <i>penicillin g sodium SOLR 5000000unit</i> | Tier 1 | |
| | <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i> | Tier 1 | |
| | <i>pfizerpen SOLR 5000000unit, 20000000unit</i> | Tier 1 | |
| | <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | Tier 1 | |
| | <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | Tier 1 | |
| | <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | Tier 1 | |
| | <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | Tier 1 | |
| | <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | Tier 1 | |
| TETRACYCLINES – DRUGS TO TREAT INFECTIONS | | | |
| | <i>doxy 100 SOLR 100mg</i> | Tier 1 | |
| | <i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | Tier 1 | |
| | <i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i> | Tier 1 | |
| | <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i> | Tier 1 | |
| | NUZYRA SOLR 100mg; TABS 150mg | Tier 1 | NDS, NM, LA |
| | <i>tetracycline hcl CAPS 250mg, 500mg</i> | Tier 1 | PA |
| | <i>tigecycline SOLR 50mg</i> | Tier 1 | NDS |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|--|
| ANTINEOPLASTIC AGENTS – DRUGS TO TREAT CANCER | | | |
| ALKYLATING AGENTS | | | |
| | BENDEKA SOLN 100mg/4ml | Tier 1 | NDS, B/D, NM, LA |
| | <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | Tier 1 | B/D |
| | <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | Tier 1 | B/D |
| | <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg | Tier 1 | B/D |
| | CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml | Tier 1 | NDS, B/D |
| | <i>cyclophosphamide</i> SOLR 2gm | Tier 1 | NDS, B/D |
| | CYCLOPHOSPHAMIDE TABS 25mg, 50mg | Tier 1 | B/D |
| | CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | Tier 1 | NDS, B/D |
| | GLEOSTINE CAPS 10mg, 40mg | Tier 1 | NM |
| | GLEOSTINE CAPS 100mg | Tier 1 | NDS, NM |
| | LEUKERAN TABS 2mg | Tier 1 | NDS |
| | <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg | Tier 1 | B/D |
| | <i>oxaliplatin</i> SOLR 100mg | Tier 1 | NDS, B/D |
| | <i>paraplatin</i> SOLN 1000mg/100ml | Tier 1 | B/D |
| ANTIBIOTICS | | | |
| | <i>doxorubicin hcl</i> SOLN 2mg/ml | Tier 1 | B/D |
| | <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | Tier 1 | NDS, B/D |
| | ELLECE SOLN 50mg/25ml, 200mg/100ml | Tier 1 | B/D |
| ANTIMETABOLITES | | | |
| | <i>azacitidine</i> SUSR 100mg | Tier 1 | NDS, B/D, NM |
| | <i>cytarabine</i> SOLN 20mg/ml | Tier 1 | B/D |
| | <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | Tier 1 | B/D |
| | <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | Tier 1 | B/D |
| | INQOVI TAB 35-100MG | Tier 1 | NDS, QL (5 tabs/28 days), NM, LA, PA |
| | LONSURF TAB 15-6.14 | Tier 1 | NDS, QL (100 tabs/28 days), NM, LA, PA |
| | LONSURF TAB 20-8.19 | Tier 1 | NDS, QL (80 tabs/28 days), NM, LA, PA |
| | <i>mercaptopurine</i> TABS 50mg | Tier 1 | |
| | <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | Tier 1 | B/D |
| | ONUREG TABS 200mg, 300mg | Tier 1 | NDS, QL (14 tabs/28 days), NM, LA, PA |
| | <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg | Tier 1 | NDS, B/D |
| | PURIXAN SUSP 2000mg/100ml | Tier 1 | NDS, NM, LA |
| | TABLOID TABS 40mg | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|---|-----------|--|
| HORMONAL ANTINEOPLASTIC AGENTS | | | |
| | <i>abiraterone acetate</i> TABS 250mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| | <i>abiraterone acetate</i> TABS 500mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | <i>anastrozole</i> TABS 1mg | Tier 1 | |
| | <i>bicalutamide</i> TABS 50mg | Tier 1 | |
| | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | Tier 1 | NM, PA |
| | EMCYT CAPS 140mg | Tier 1 | NDS |
| | ERLEADA TABS 60mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | ERLEADA TABS 240mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | EULEXIN CAPS 125mg | Tier 1 | NDS |
| | <i>exemestane</i> TABS 25mg | Tier 1 | |
| | FIRMAGON SOLR 80mg | Tier 1 | NM, PA |
| | FIRMAGON SOLR 120mg/vial | Tier 1 | NDS, NM, PA |
| | <i>fulvestrant</i> SOSY 250mg/5ml | Tier 1 | NDS, B/D |
| | <i>letrozole</i> TABS 2.5mg | Tier 1 | |
| | <i>leuprolide acetate</i> KIT 1mg/0.2ml | Tier 1 | NM, PA |
| | LUPRON DEPOT (1-MONTH) KIT 3.75mg | Tier 1 | NDS, NM, PA |
| | LUPRON DEPOT (3-MONTH) KIT 11.25mg | Tier 1 | NDS, NM, PA |
| | LYSODREN TABS 500mg | Tier 1 | NDS, NM, LA |
| | <i>megestrol acetate</i> TABS 20mg, 40mg | Tier 1 | |
| | <i>nilutamide</i> TABS 150mg | Tier 1 | NDS |
| | NUBEQA TABS 300mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | ORGOVYX TABS 120mg | Tier 1 | NDS, NM, LA, PA |
| | ORSERDU TABS 86mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | ORSERDU TABS 345mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | SOLTAMOX SOLN 10mg/5ml | Tier 1 | NDS |
| | <i>tamoxifen citrate</i> TABS 10mg, 20mg | Tier 1 | |
| | <i>toremifene citrate</i> TABS 60mg | Tier 1 | |
| | XTANDI CAPS 40mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | XTANDI TABS 40mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | XTANDI TABS 80mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| IMMUNOMODULATORS | | | |
| | <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | Tier 1 | NDS, QL (28 caps/28 days), NM, LA, PA |
| | <i>lenalidomide</i> CAPS 20mg, 25mg | Tier 1 | NDS, QL (21 caps/28 days), NM, LA, PA |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|--|-----------|--|
| | POMALYST CAPS 1mg, 2mg, 3mg, 4mg | Tier 1 | NDS, QL (21 caps/28 days), NM, LA, PA |
| | REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg | Tier 1 | NDS, QL (28 caps/28 days), NM, LA, PA |
| | REVLIMID CAPS 20mg, 25mg | Tier 1 | NDS, QL (21 caps/28 days), NM, LA, PA |
| | THALOMID CAPS 50mg, 100mg | Tier 1 | NDS, QL (28 caps/28 days), NM, LA, PA |
| | THALOMID CAPS 150mg, 200mg | Tier 1 | NDS, QL (56 caps/28 days), NM, LA, PA |
| MISCELLANEOUS | | | |
| | BESREMI SOSY 500mcg/ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, LA, PA |
| | <i>bexarotene</i> CAPS 75mg | Tier 1 | NDS, QL (300 caps/30 days), NM, PA |
| | <i>hydroxyurea</i> CAPS 500mg | Tier 1 | |
| | <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | Tier 1 | B/D |
| | KISQALI 200 PAK FEMARA | Tier 1 | NDS, QL (49 tabs/28 days), NM, PA |
| | KISQALI 400 PAK FEMARA | Tier 1 | NDS, QL (70 tabs/28 days), NM, PA |
| | KISQALI 600 PAK FEMARA | Tier 1 | NDS, QL (91 tabs/28 days), NM, PA |
| | MATULANE CAPS 50mg | Tier 1 | NDS, NM, LA |
| | SYNRIBO SOLR 3.5mg | Tier 1 | NDS, NM, PA |
| | <i>tretinoin (chemotherapy)</i> CAPS 10mg | Tier 1 | NDS |
| | WELIREG TABS 40mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| MITOTIC INHIBITORS | | | |
| | <i>docetaxel</i> CONC 20mg/ml | Tier 1 | B/D |
| | <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | Tier 1 | NDS, B/D |
| | DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | Tier 1 | NDS, B/D |
| | <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | Tier 1 | B/D |
| | <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | Tier 1 | B/D |
| | <i>paclitaxel protein-bound particles for iv susp 100 mg</i> | Tier 1 | NDS, B/D, NM |
| | <i>vincristine sulfate</i> SOLN 1mg/ml | Tier 1 | B/D |
| | <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | Tier 1 | B/D |
| MOLECULAR TARGET AGENTS | | | |
| | ALECENSA CAPS 150mg | Tier 1 | NDS, QL (240 caps/30 days), NM, LA, PA |
| | ALUNBRIG TABS 30mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
 B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|--|
| | ALUNBRIG TABS 90mg, 180mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | ALUNBRIG PAK | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | BALVERSA TABS 3mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |
| | BALVERSA TABS 4mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, LA, PA |
| | BALVERSA TABS 5mg | Tier 1 | NDS, QL (28 tabs/28 days), NM, LA, PA |
| | BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg | Tier 1 | NDS, NM, PA |
| | <i>bortezomib</i> SOLR 3.5mg | Tier 1 | NDS, NM, PA |
| | BOSULIF TABS 100mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| | BOSULIF TABS 400mg, 500mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| | BRAFTOVI CAPS 75mg | Tier 1 | NDS, QL (180 caps/30 days), NM, LA, PA |
| | BRUKINSA CAPS 80mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | CABOMETYX TABS 20mg, 40mg, 60mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | CALQUENCE CAPS 100mg | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | CALQUENCE TABS 100mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | CAPRELSA TABS 100mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | CAPRELSA TABS 300mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | COMETRIQ (60MG DOSE) KIT 20mg | Tier 1 | NDS, QL (84 caps/28 days), NM, LA, PA |
| | COMETRIQ KIT 100MG | Tier 1 | NDS, QL (56 caps/28 days), NM, LA, PA |
| | COMETRIQ KIT 140MG | Tier 1 | NDS, QL (112 caps/28 days), NM, LA, PA |
| | COPIKTRA CAPS 15mg, 25mg | Tier 1 | NDS, QL (56 caps/28 days), NM, LA, PA |
| | COTELLIC TABS 20mg | Tier 1 | NDS, QL (63 tabs/28 days), NM, LA, PA |
| | DAURISMO TABS 25mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | DAURISMO TABS 100mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | ERIVEDGE CAPS 150mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|--|
| | <i>erlotinib hcl</i> TABS 25mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | <i>erlotinib hcl</i> TABS 100mg, 150mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| | <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| | <i>everolimus</i> TBSO 2mg | Tier 1 | NDS, QL (150 tabs/30 days), NM, PA |
| | <i>everolimus</i> TBSO 3mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | <i>everolimus</i> TBSO 5mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | EXKIVITY CAPS 40mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | FOTIVDA CAPS .89mg, 1.34mg | Tier 1 | NDS, QL (21 caps/28 days), NM, LA, PA |
| | GAVRETO CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | <i>gefitinib</i> TABS 250mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| | GILOTRIF TABS 20mg, 30mg, 40mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | HERCEP HYLEC SOL 60-10000 | Tier 1 | NDS, NM, LA, PA |
| | HERCEPTIN SOLR 150mg | Tier 1 | NDS, NM, LA, PA |
| | HERZUMA SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| | IBRANCE CAPS 75mg, 100mg, 125mg | Tier 1 | NDS, QL (21 caps/28 days), NM, LA, PA |
| | IBRANCE TABS 75mg, 100mg, 125mg | Tier 1 | NDS, QL (21 tabs/28 days), NM, LA, PA |
| | ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | IDHIFA TABS 50mg, 100mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | <i>imatinib mesylate</i> TABS 100mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | <i>imatinib mesylate</i> TABS 400mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | IMBRUVICA CAPS 70mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |
| | IMBRUVICA CAPS 140mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | IMBRUVICA SUSP 70mg/ml | Tier 1 | NDS, QL (216 mL/27 days), NM, LA, PA |
| | IMBRUVICA TABS 140mg, 280mg, 420mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | INLYTA TABS 1mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, LA, PA |
| | INLYTA TABS 5mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | INREBIC CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|--|
| | JAYPIRCA TABS 50mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | JAYPIRCA TABS 100mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | KADCYLA SOLR 100mg, 160mg | Tier 1 | NDS, B/D, NM, LA |
| | KANJINTI SOLR 150mg, 420mg | Tier 1 | NDS, NM, LA, PA |
| | KEYTRUDA SOLN 100mg/4ml | Tier 1 | NDS, NM, LA, PA |
| | KISQALI 200 DOSE TBPK 200mg | Tier 1 | NDS, QL (21 tabs/28 days), NM, PA |
| | KISQALI 400 DOSE TBPK 200mg | Tier 1 | NDS, QL (42 tabs/28 days), NM, PA |
| | KISQALI 600 DOSE TBPK 200mg | Tier 1 | NDS, QL (63 tabs/28 days), NM, PA |
| | KOSELUGO CAPS 10mg | Tier 1 | NDS, QL (240 caps/30 days), NM, LA, PA |
| | KOSELUGO CAPS 25mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | KRAZATI TABS 200mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, LA, PA |
| | <i>lapatinib ditosylate</i> TABS 250mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, PA |
| | LENVIMA 4 MG DAILY DOSE CPPK 4mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |
| | LENVIMA 8 MG DAILY DOSE CPPK 4mg | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | LENVIMA 10 MG DAILY DOSE CPPK 10mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |
| | LENVIMA 12MG DAILY DOSE CPPK 4mg | Tier 1 | NDS, QL (90 caps/30 days), NM, LA, PA |
| | LENVIMA 20 MG DAILY DOSE CPPK 10mg | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | LENVIMA CAP 14 MG | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | LENVIMA CAP 18 MG | Tier 1 | NDS, QL (90 caps/30 days), NM, LA, PA |
| | LENVIMA CAP 24 MG | Tier 1 | NDS, QL (90 caps/30 days), NM, LA, PA |
| | LORBRENA TABS 25mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | LORBRENA TABS 100mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | LUMAKRAS TABS 120mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, LA, PA |
| | LUMAKRAS TABS 320mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | LYNPARZA TABS 100mg, 150mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|-------------------------------------|-----------|--|
| | LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | Tier 1 | NDS, QL (112 tabs/28 days), NM, LA, PA |
| | LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | Tier 1 | NDS, QL (140 tabs/28 days), NM, LA, PA |
| | MEKINIST SOLR .05mg/ml | Tier 1 | NDS, QL (1260 mL/30 days), NM, LA, PA |
| | MEKINIST TABS 2mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | MEKINIST TABS .5mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | MEKTOVI TABS 15mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, LA, PA |
| | MONJUVI SOLR 200mg | Tier 1 | NDS, NM, LA, PA |
| | NERLYNX TABS 40mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, LA, PA |
| | NEXAVAR TABS 200mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | NINLARO CAPS 2.3mg, 3mg, 4mg | Tier 1 | NDS, QL (3 caps/28 days), NM, PA |
| | ODOMZO CAPS 200mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |
| | OGIVRI SOLR 150mg | Tier 1 | NDS, NM, LA, PA |
| | OGIVRI INJ 420MG | Tier 1 | NDS, NM, LA, PA |
| | ONTRUZANT SOLR 150mg, 420mg | Tier 1 | NDS, NM, LA, PA |
| | PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | Tier 1 | NDS, QL (14 tabs/21 days), NM, LA, PA |
| | PHESGO SOL | Tier 1 | NDS, NM, LA, PA |
| | PIQRAY 200MG DAILY DOSE TBPK 200mg | Tier 1 | NDS, QL (28 tabs/28 days), NM, PA |
| | PIQRAY 250MG TAB DOSE | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| | PIQRAY 300MG DAILY DOSE TBPK 150mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, PA |
| | QINLOCK TABS 50mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | RETEVMO CAPS 40mg | Tier 1 | NDS, QL (180 caps/30 days), NM, LA, PA |
| | RETEVMO CAPS 80mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | REZLIDHIA CAPS 150mg | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | ROZLYTREK CAPS 100mg | Tier 1 | NDS, QL (150 caps/30 days), NM, LA, PA |
| | ROZLYTREK CAPS 200mg | Tier 1 | NDS, QL (90 caps/30 days), NM, LA, PA |
| | RUBRACA TABS 200mg, 250mg, 300mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | RYDAPT CAPS 25mg | Tier 1 | NDS, QL (224 caps/28 days), NM, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|--|
| | SCEMBLIX TABS 20mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | SCEMBLIX TABS 40mg | Tier 1 | NDS, QL (300 tabs/30 days), NM, PA |
| | <i>sorafenib tosylate</i> TABS 200mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| | SPRYCEL TABS 20mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| | STIVARGA TABS 40mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |
| | <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| | TABRECTA TABS 150mg, 200mg | Tier 1 | NDS, QL (112 tabs/28 days), NM, PA |
| | TAFINLAR CAPS 50mg, 75mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | TAFINLAR TBSO 10mg | Tier 1 | NDS, QL (900 tabs/30 days), NM, LA, PA |
| | TAGRISSO TABS 40mg, 80mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |
| | TALZENNA CAPS .25mg | Tier 1 | NDS, QL (90 caps/30 days), NM, LA, PA |
| | TASIGNA CAPS 50mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| | TASIGNA CAPS 150mg, 200mg | Tier 1 | NDS, QL (112 caps/28 days), NM, PA |
| | TAZVERIK TABS 200mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, LA, PA |
| | TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | Tier 1 | NDS, NM, LA, PA |
| | TEPMETKO TABS 225mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | TIBSOVO TABS 250mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | TRAZIMERA SOLR 150mg, 420mg | Tier 1 | NDS, NM, PA |
| | TRUXIMA SOLN 100mg/10ml, 500mg/50ml | Tier 1 | NDS, NM, PA |
| | TUKYSA TABS 50mg, 150mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | TURALIO CAPS 125mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | VENCLEXTA TABS 10mg | Tier 1 | QL (112 tabs/28 days), NM, LA, PA |
| | VENCLEXTA TABS 50mg | Tier 1 | NDS, QL (112 tabs/28 days), NM, LA, PA |
| | VENCLEXTA TABS 100mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, LA, PA |
| | VENCLEXTA TAB START PK | Tier 1 | NDS, QL (42 tabs/28 days), NM, LA, PA |
| | VERZENIO TABS 50mg, 100mg, 150mg, 200mg | Tier 1 | NDS, QL (56 tabs/28 days), NM, LA, PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|-------------------------------------|-----------|--|
| | VITRAKVI CAPS 25mg | Tier 1 | NDS, QL (180 caps/30 days), NM, LA, PA |
| | VITRAKVI CAPS 100mg | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | VITRAKVI SOLN 20mg/ml | Tier 1 | NDS, QL (300 mL/30 days), NM, LA, PA |
| | VIZIMPRO TABS 15mg, 30mg, 45mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | VONJO CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | VOTRIENT TABS 200mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | XALKORI CAPS 200mg, 250mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | XOSPATA TABS 40mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | XPOVIO 40 MG ONCE WEEKLY TBPK 40mg | Tier 1 | NDS, QL (4 tabs/28 days), NM, LA, PA |
| | XPOVIO 40 MG TWICE WEEKLY TBPK 40mg | Tier 1 | NDS, QL (8 tabs/28 days), NM, LA, PA |
| | XPOVIO 60 MG ONCE WEEKLY TBPK 60mg | Tier 1 | NDS, QL (4 tabs/28 days), NM, LA, PA |
| | XPOVIO 60 MG TWICE WEEKLY TBPK 20mg | Tier 1 | NDS, QL (24 tabs/28 days), NM, LA, PA |
| | XPOVIO 80 MG ONCE WEEKLY TBPK 40mg | Tier 1 | NDS, QL (8 tabs/28 days), NM, LA, PA |
| | XPOVIO 80 MG TWICE WEEKLY TBPK 20mg | Tier 1 | NDS, QL (32 tabs/28 days), NM, LA, PA |
| | XPOVIO 100 MG ONCE WEEKLY TBPK 50mg | Tier 1 | NDS, QL (8 tabs/28 days), NM, LA, PA |
| | ZEJULA CAPS 100mg | Tier 1 | NDS, QL (90 caps/30 days), NM, LA, PA |
| | ZEJULA TABS 100mg, 200mg, 300mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | ZELBORAF TABS 240mg | Tier 1 | NDS, QL (240 tabs/30 days), NM, LA, PA |
| | ZIRABEV SOLN 100mg/4ml, 400mg/16ml | Tier 1 | NDS, NM, LA, PA |
| | ZOLINZA CAPS 100mg | Tier 1 | NDS, QL (120 caps/30 days), NM, PA |
| | ZYDELIG TABS 100mg, 150mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | ZYKADIA TABS 150mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|----------------------|
| PROTECTIVE AGENTS | | | |
| | <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | Tier 1 | B/D |
| | <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | Tier 1 | |
| | MESNEX TABS 400mg | Tier 1 | NDS |
| CARDIOVASCULAR – DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS | | | |
| ACE INHIBITOR COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | | |
| | <i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>benazepril & hydrochlorothiazide tab</i> 5-6.25mg | Tier 1 | |
| | <i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg | Tier 1 | |
| | <i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg | Tier 1 | |
| | <i>benazepril & hydrochlorothiazide tab</i> 20-25 mg | Tier 1 | |
| | <i>captopril & hydrochlorothiazide tab</i> 25-15 mg | Tier 1 | |
| | <i>captopril & hydrochlorothiazide tab</i> 25-25 mg | Tier 1 | |
| | <i>captopril & hydrochlorothiazide tab</i> 50-15 mg | Tier 1 | |
| | <i>captopril & hydrochlorothiazide tab</i> 50-25 mg | Tier 1 | |
| | <i>enalapril maleate & hydrochlorothiazide tab</i> 5-12.5 mg | Tier 1 | |
| | <i>enalapril maleate & hydrochlorothiazide tab</i> 10-25 mg | Tier 1 | |
| | <i>fosinopril sodium & hydrochlorothiazide tab</i> 10-12.5 mg | Tier 1 | |
| | <i>fosinopril sodium & hydrochlorothiazide tab</i> 20-12.5 mg | Tier 1 | |
| | <i>lisinopril & hydrochlorothiazide tab</i> 10-12.5 mg | Tier 1 | |
| | <i>lisinopril & hydrochlorothiazide tab</i> 20-12.5 mg | Tier 1 | |
| | <i>lisinopril & hydrochlorothiazide tab</i> 20-25 mg | Tier 1 | |
| ACE INHIBITORS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | | |
| | <i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg | Tier 1 | |
| | <i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg | Tier 1 | |
| | <i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg | Tier 1 | |
| | <i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg | Tier 1 | |
| | <i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | Tier 1 | |
| | <i>moexipril hcl</i> TABS 7.5mg, 15mg | Tier 1 | |
| | <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg | Tier 1 | |
| | <i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg | Tier 1 | |
| | <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg | Tier 1 | |
| | <i>trandolapril</i> TABS 1mg, 2mg, 4mg | Tier 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | | |
| | <i>eplerenone</i> TABS 25mg, 50mg | Tier 1 | |
| | KERENDIA TABS 10mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>spironolactone</i> TABS 25mg, 50mg, 100mg | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
 B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|----------------------|
| ALPHA BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | | |
| | <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg | Tier 1 | |
| | <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | Tier 1 | |
| | <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | | |
| | <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-valsartan tab</i> 5-160 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-valsartan tab</i> 5-320 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-valsartan tab</i> 10-160 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>amlodipine besylate-valsartan tab</i> 10-320 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg | Tier 1 | QL (30 tabs/30 days) |
| | ENTRESTO TAB 24-26MG | Tier 1 | QL (60 tabs/30 days) |
| | ENTRESTO TAB 49-51MG | Tier 1 | QL (60 tabs/30 days) |
| | ENTRESTO TAB 97-103MG | Tier 1 | QL (60 tabs/30 days) |
| | <i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg | Tier 1 | |
| | <i>losartan potassium & hydrochlorothiazide tab</i> 100-12.5 mg | Tier 1 | |
| | <i>losartan potassium & hydrochlorothiazide tab</i> 100-25 mg | Tier 1 | |
| | <i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-25 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-25 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan-amlodipine tab</i> 40-5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan-amlodipine tab</i> 40-10 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan-amlodipine tab</i> 80-5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan-amlodipine tab</i> 80-10 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan-hydrochlorothiazide tab</i> 40-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan-hydrochlorothiazide tab</i> 80-12.5 mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>telmisartan-hydrochlorothiazide tab</i> 80-25 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>valsartan-hydrochlorothiazide tab</i> 80-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>valsartan-hydrochlorothiazide tab</i> 160-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>valsartan-hydrochlorothiazide tab</i> 160-25 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>valsartan-hydrochlorothiazide tab</i> 320-12.5 mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>valsartan-hydrochlorothiazide tab</i> 320-25 mg | Tier 1 | QL (30 tabs/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|----------------------|
| ANGIOTENSIN II RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE | | | |
| | <i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>candesartan cilexetil</i> TABS 32mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>irbesartan</i> TABS 75mg, 150mg, 300mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>losartan potassium</i> TABS 25mg, 50mg, 100mg | Tier 1 | |
| | <i>olmesartan medoxomil</i> TABS 5mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>olmesartan medoxomil</i> TABS 20mg, 40mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>telmisartan</i> TABS 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>valsartan</i> TABS 40mg, 80mg, 160mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>valsartan</i> TABS 320mg | Tier 1 | QL (30 tabs/30 days) |
| ANTIARRHYTHMICS – DRUGS TO CONTROL HEART RHYTHM | | | |
| | <i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | Tier 1 | |
| | <i>disopyramide phosphate</i> CAPS 100mg, 150mg | Tier 1 | |
| | <i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg | Tier 1 | NM |
| | <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | Tier 1 | |
| | MULTAQ TABS 400mg | Tier 1 | |
| | NORPACE CR CP12 100mg, 150mg | Tier 1 | |
| | <i>pacerone</i> TABS 100mg, 200mg, 400mg | Tier 1 | |
| | <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | Tier 1 | |
| | <i>quinidine sulfate</i> TABS 200mg, 300mg | Tier 1 | |
| | <i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg | Tier 1 | |
| | <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg | Tier 1 | |
| | <i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg | Tier 1 | |
| ANTILIPEMICS, FIBRATES | | | |
| | <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg | Tier 1 | |
| | <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg | Tier 1 | |
| | <i>gemfibrozil</i> TABS 600mg | Tier 1 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS – DRUGS TO TREAT HIGH CHOLESTEROL | | | |
| | <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>lovastatin</i> TABS 10mg, 20mg, 40mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | Tier 1 | QL (30 tabs/30 days) |
| ANTILIPEMICS, MISCELLANEOUS – DRUGS TO TREAT HIGH CHOLESTEROL | | | |
| | <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose | Tier 1 | |
| | <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose | Tier 1 | |
| | <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg | Tier 1 | |
| | <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm | Tier 1 | |
| | <i>ezetimibe</i> TABS 10mg | Tier 1 | |
| | <i>ezetimibe-simvastatin tab 10-10 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| | <i>ezetimibe-simvastatin tab 10-20 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| | <i>ezetimibe-simvastatin tab 10-40 mg</i> | Tier 1 | QL (30 tabs/30 days) |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|----------------------|
| | <i>ezetimibe-simvastatin tab 10-80 mg</i> | Tier 1 | QL (30 tabs/30 days) |
| | <i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i> | Tier 1 | QL (60 tabs/30 days) |
| | <i>omega-3-acid ethyl esters cap 1 gm</i> | Tier 1 | PA |
| | <i>prevalite PACK 4gm; POWD 4gm/dose</i> | Tier 1 | |
| | REPATHA SOSY 140mg/ml | Tier 1 | NM, PA |
| | REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml | Tier 1 | NM, PA |
| | REPATHA SURECLICK SOAJ 140mg/ml | Tier 1 | NM, PA |
| | VASCEPA CAPS .5gm, 1gm | Tier 1 | |

BETA-BLOCKER/DIURETIC COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

| | | | |
|--|---|--------|--|
| | <i>atenolol & chlorthalidone tab 50-25 mg</i> | Tier 1 | |
| | <i>atenolol & chlorthalidone tab 100-25 mg</i> | Tier 1 | |
| | <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | Tier 1 | |
| | <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | Tier 1 | |
| | <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | Tier 1 | |
| | <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | Tier 1 | |
| | <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | Tier 1 | |
| | <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | Tier 1 | |

BETA-BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

| | | | |
|--|--|--------|----------------------|
| | <i>acebutolol hcl CAPS 200mg, 400mg</i> | Tier 1 | |
| | <i>atenolol TABS 25mg, 50mg, 100mg</i> | Tier 1 | |
| | <i>betaxolol hcl TABS 10mg, 20mg</i> | Tier 1 | |
| | <i>bisoprolol fumarate TABS 5mg, 10mg</i> | Tier 1 | |
| | <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i> | Tier 1 | |
| | <i>labetalol hcl TABS 100mg, 200mg, 300mg</i> | Tier 1 | |
| | <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i> | Tier 1 | |
| | <i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i> | Tier 1 | |
| | <i>nadolol TABS 20mg, 40mg, 80mg</i> | Tier 1 | |
| | <i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i> | Tier 1 | QL (30 tabs/30 days) |
| | <i>nebivolol hcl TABS 20mg</i> | Tier 1 | QL (60 tabs/30 days) |
| | <i>pindolol TABS 5mg, 10mg</i> | Tier 1 | |
| | <i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i> | Tier 1 | |
| | <i>timolol maleate TABS 5mg, 10mg, 20mg</i> | Tier 1 | |

CALCIUM CHANNEL BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

| | | | |
|--|---|--------|--|
| | <i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i> | Tier 1 | |
| | <i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i> | Tier 1 | |
| | <i>dilt-xr CP24 120mg, 180mg, 240mg</i> | Tier 1 | |
| | <i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i> | Tier 1 | |
| | <i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i> | Tier 1 | |
| | <i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i> | Tier 1 | |
| | <i>felodipine TB24 2.5mg, 5mg, 10mg</i> | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|------------------------------------|
| | <i>isradipine</i> CAPS 2.5mg, 5mg | Tier 1 | |
| | <i>nicardipine hcl</i> CAPS 20mg, 30mg | Tier 1 | |
| | <i>nifedipine</i> TB24 30mg, 60mg, 90mg | Tier 1 | |
| | <i>nimodipine</i> CAPS 30mg | Tier 1 | |
| | NYMALIZE SOLN 6mg/ml | Tier 1 | NDS |
| | <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | Tier 1 | |
| | <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 1 | |
| | <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | Tier 1 | |
| DIURETICS – DRUGS TO TREAT HEART CONDITIONS | | | |
| | <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | Tier 1 | |
| | <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | Tier 1 | |
| | <i>amiloride hcl</i> TABS 5mg | Tier 1 | |
| | <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | Tier 1 | |
| | <i>chlorthalidone</i> TABS 25mg, 50mg | Tier 1 | |
| | <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg | Tier 1 | |
| | <i>furosemide inj</i> SOLN 10mg/ml | Tier 1 | |
| | <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | Tier 1 | |
| | <i>indapamide</i> TABS 1.25mg, 2.5mg | Tier 1 | |
| | <i>methazolamide</i> TABS 25mg, 50mg | Tier 1 | |
| | <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| | <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | Tier 1 | |
| | <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg | Tier 1 | |
| | <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | Tier 1 | |
| | <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | Tier 1 | |
| | <i>triamterene & hydrochlorothiazide tab 75-50 mg ,</i> | Tier 1 | |
| MISCELLANEOUS | | | |
| | <i>aliskiren fumarate</i> TABS 150mg, 300mg | Tier 1 | |
| | <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | Tier 1 | |
| | <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | Tier 1 | |
| | CORLANOR SOLN 5mg/5ml | Tier 1 | QL (450 mL/30 days) |
| | CORLANOR TABS 5mg, 7.5mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>digoxin</i> SOLN .05mg/ml, .25mg/ml | Tier 1 | |
| | <i>digoxin</i> TABS 125mcg, 250mcg | Tier 1 | QL (30 tabs/30 days) |
| | <i>droxidopa</i> CAPS 100mg | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| | <i>droxidopa</i> CAPS 200mg, 300mg | Tier 1 | NDS, QL (180 caps/30 days), NM, PA |
| | <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | Tier 1 | |
| | <i>guanfacine hcl</i> TABS 1mg, 2mg | Tier 1 | PA; PA if 70 years and older |
| | <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | Tier 1 | |
| | <i>metyrosine</i> CAPS 250mg | Tier 1 | NDS, PA |
| | <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|--|
| | <i>minoxidil</i> TABS 2.5mg, 10mg | Tier 1 | |
| | <i>ranolazine</i> TB12 500mg, 1000mg | Tier 1 | |
| | VERQUVO TABS 2.5mg, 5mg, 10mg | Tier 1 | QL (30 tabs/30 days) |
| NITRATES – DRUGS TO TREAT HEART CONDITIONS | | | |
| | <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | Tier 1 | |
| | <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | Tier 1 | |
| | NITRO-BID OINT 2% | Tier 1 | |
| | <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | Tier 1 | |
| PULMONARY ARTERIAL HYPERTENSION – DRUGS TO TREAT PULMONARY HYPERTENSION | | | |
| | ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, LA, PA |
| | <i>ambrisentan</i> TABS 5mg, 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | <i>bosentan</i> TABS 62.5mg, 125mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | OPSUMIT TABS 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | Tier 1 | QL (360 tabs/30 days), NM, PA |
| | <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | Tier 1 | NDS, NM, LA, PA |
| | VENTAVIS SOLN 10mcg/ml, 20mcg/ml | Tier 1 | NDS, NM, LA, PA |
| CENTRAL NERVOUS SYSTEM – DRUGS TO TREAT NERVOUS SYSTEM DISORDERS | | | |
| ANTI-ANXIETY – DRUGS TO TREAT ANXIETY | | | |
| | <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg | Tier 1 | QL (150 tabs/30 days) |
| | <i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | Tier 1 | |
| | <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | Tier 1 | |
| | <i>lorazepam</i> CONC 2mg/ml | Tier 1 | QL (150 mL/30 days) |
| | <i>lorazepam</i> SOLN 2mg/ml, 4mg/ml | Tier 1 | |
| | <i>lorazepam</i> TABS .5mg, 1mg, 2mg | Tier 1 | QL (150 tabs/30 days) |
| | <i>lorazepam intensol</i> CONC 2mg/ml | Tier 1 | QL (150 mL/30 days) |
| ANTIDEMENTIA – DRUGS TO TREAT DEMENTIA AND MEMORY LOSS | | | |
| | <i>donepezil hydrochloride</i> TABS 5mg; TBP 5mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>donepezil hydrochloride</i> TABS 10mg; TBP 10mg | Tier 1 | |
| | <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg | Tier 1 | QL (30 caps/30 days) |
| | <i>galantamine hydrobromide</i> SOLN 4mg/ml | Tier 1 | QL (200 mL/30 days) |
| | <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | Tier 1 | PA; PA applies if 29 years and younger |
| | <i>memantine hcl tab 28x5 mg & 21x10 mg titration pack</i> | Tier 1 | PA; PA applies if 29 years and younger |
| | NAMZARIC CAP 7-10MG | Tier 1 | |
| | NAMZARIC CAP 14-10MG | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|----------------------------------|
| | NAMZARIC CAP 21-10MG | Tier 1 | |
| | NAMZARIC CAP 28-10MG | Tier 1 | |
| | NAMZARIC CAP PACK | Tier 1 | |
| | <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | Tier 1 | QL (30 patches/30 days) |
| | <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg | Tier 1 | QL (60 caps/30 days) |
| ANTIDEPRESSANTS – DRUGS TO TREAT DEPRESSION | | | |
| | <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | Tier 1 | |
| | <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | Tier 1 | |
| | <i>bupropion hcl</i> TABS 75mg, 100mg | Tier 1 | |
| | <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>bupropion hcl</i> TB24 300mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg | Tier 1 | |
| | <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg | Tier 1 | PA |
| | <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | Tier 1 | |
| | <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg | Tier 1 | QL (30 tabs/30 days), PA |
| | <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | Tier 1 | |
| | <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | Tier 1 | QL (60 caps/30 days) |
| | EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | Tier 1 | NDS, QL (30 patches/30 days), PA |
| | <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | Tier 1 | |
| | FETZIMA CP24 20mg, 40mg | Tier 1 | QL (60 caps/30 days), PA |
| | FETZIMA CP24 80mg, 120mg | Tier 1 | QL (30 caps/30 days), PA |
| | FETZIMA CAP TITRATIO | Tier 1 | QL (2 packs/year), PA |
| | <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | Tier 1 | |
| | <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | Tier 1 | |
| | MARPLAN TABS 10mg | Tier 1 | QL (180 tabs/30 days) |
| | <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | Tier 1 | |
| | <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | Tier 1 | |
| | <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml | Tier 1 | |
| | <i>paroxetine hcl</i> SUSP 10mg/5ml | Tier 1 | QL (900 mL/30 days), PA |
| | <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg | Tier 1 | |
| | <i>phenelzine sulfate</i> TABS 15mg | Tier 1 | |
| | <i>protriptyline hcl</i> TABS 5mg, 10mg | Tier 1 | |
| | <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg | Tier 1 | |
| | <i>tranylcypromine sulfate</i> TABS 10mg | Tier 1 | |
| | <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | Tier 1 | |
| | <i>trimipramine maleate</i> CAPS 25mg, 50mg | Tier 1 | QL (120 caps/30 days) |
| | <i>trimipramine maleate</i> CAPS 100mg | Tier 1 | QL (60 caps/30 days) |
| | TRINTELLIX TABS 5mg, 10mg, 20mg | Tier 1 | QL (30 tabs/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
 B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|--|
| | <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | Tier 1 | |
| | <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg | Tier 1 | QL (30 tabs/30 days) |
| ANTIPARKINSONIAN AGENTS – DRUGS TO TREAT PARKINSONS DISEASE | | | |
| | <i>amantadine hcl</i> CAPS 100mg | Tier 1 | QL (120 caps/30 days) |
| | <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg | Tier 1 | |
| | <i>benztropine mesylate</i> SOLN 1mg/ml | Tier 1 | |
| | <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | Tier 1 | PA; PA if 70 years and older |
| | <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | Tier 1 | |
| | <i>carb/levo orally disintegrating tab 10-100mg</i> | Tier 1 | |
| | <i>carb/levo orally disintegrating tab 25-100mg</i> | Tier 1 | |
| | <i>carb/levo orally disintegrating tab 25-250mg</i> | Tier 1 | |
| | <i>carbidopa & levodopa tab 10-100 mg</i> | Tier 1 | |
| | <i>carbidopa & levodopa tab 25-100 mg</i> | Tier 1 | |
| | <i>carbidopa & levodopa tab 25-250 mg</i> | Tier 1 | |
| | <i>carbidopa & levodopa tab er 25-100 mg</i> | Tier 1 | |
| | <i>carbidopa & levodopa tab er 50-200 mg</i> | Tier 1 | |
| | <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | Tier 1 | |
| | <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | Tier 1 | |
| | <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | Tier 1 | |
| | <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | Tier 1 | |
| | <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | Tier 1 | |
| | <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | Tier 1 | |
| | <i>entacapone</i> TABS 200mg | Tier 1 | |
| | INBRIJA CAPS 42mg | Tier 1 | NDS, QL (300 caps/30 days), NM, LA, PA |
| | NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | Tier 1 | |
| | <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | Tier 1 | |
| | <i>rasagiline mesylate</i> TABS .5mg, 1mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | Tier 1 | |
| | <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | Tier 1 | |
| | <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg | Tier 1 | PA; PA if 70 years and older |
| ANTIPSYCHOTICS – DRUGS TO TREAT PSYCHOSES | | | |
| | ABILIFY MAINTENA PRSY 300mg, 400mg | Tier 1 | NDS, QL (1 syringe/28 days) |
| | ABILIFY MAINTENA SRER 300mg, 400mg | Tier 1 | NDS, QL (1 injection/28 days) |
| | <i>aripiprazole</i> SOLN 1mg/ml | Tier 1 | QL (900 mL/30 days) |
| | <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>aripiprazole</i> TBDP 10mg, 15mg | Tier 1 | QL (60 tabs/30 days) |
| | ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | Tier 1 | NDS, QL (1 syringe/28 days) |
| | ARISTADA PRSY 1064mg/3.9ml | Tier 1 | NDS, QL (1 syringe/56 days) |
| | ARISTADA INITIO PRSY 675mg/2.4ml | Tier 1 | NDS |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------------------------|
| | <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg | Tier 1 | QL (60 tabs/30 days) |
| | CAPLYTA CAPS 10.5mg, 21mg, 42mg | Tier 1 | NDS, QL (30 caps/30 days), PA |
| | <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| | <i>clozapine</i> TABS 25mg, 50mg | Tier 1 | |
| | <i>clozapine</i> TABS 100mg | Tier 1 | QL (270 tabs/30 days) |
| | <i>clozapine</i> TABS 200mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>clozapine</i> TBDP 12.5mg, 25mg | Tier 1 | PA |
| | <i>clozapine</i> TBDP 100mg | Tier 1 | QL (270 tabs/30 days), PA |
| | <i>clozapine</i> TBDP 150mg | Tier 1 | QL (180 tabs/30 days), PA |
| | <i>clozapine</i> TBDP 200mg | Tier 1 | NDS, QL (120 tabs/30 days), PA |
| | FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | Tier 1 | NDS, QL (60 tabs/30 days), PA |
| | FANAPT PAK | Tier 1 | QL (2 packs/year), PA |
| | <i>fluphenazine decanoate</i> SOLN 25mg/ml | Tier 1 | |
| | <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | Tier 1 | |
| | <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | Tier 1 | |
| | <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | Tier 1 | |
| | <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | Tier 1 | |
| | INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | Tier 1 | NDS, QL (1 injection/180 days) |
| | INVEGA SUSTENNA SUSY 39mg/0.25ml | Tier 1 | QL (1 syringe/28 days) |
| | INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | Tier 1 | NDS, QL (1 syringe/28 days) |
| | INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | Tier 1 | NDS, QL (1 syringe/90 days) |
| | <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | Tier 1 | |
| | <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>lurasidone hcl</i> TABS 80mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | Tier 1 | |
| | NUPLAZID CAPS 34mg | Tier 1 | NDS, QL (30 caps/30 days), NM, LA, PA |
| | NUPLAZID TABS 10mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | <i>olanzapine</i> SOLR 10mg | Tier 1 | QL (3 vials/1 day) |
| | <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>paliperidone</i> TB24 6mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | Tier 1 | |
| | PERSERIS PRSY 90mg, 120mg | Tier 1 | NDS, QL (1 syringe/30 days) |
| | <i>pimozide</i> TABS 1mg, 2mg | Tier 1 | |
| | <i>quetiapine fumarate</i> TABS 25mg | Tier 1 | QL (180 tabs/30 days) |
| | <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>quetiapine fumarate</i> TABS 300mg, 400mg | Tier 1 | QL (60 tabs/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|---|-----------|--|
| | <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg | Tier 1 | QL (60 tabs/30 days), PA |
| | <i>quetiapine fumarate</i> TB24 150mg, 200mg | Tier 1 | QL (30 tabs/30 days), PA |
| | REXULTI TABS 3mg, 4mg | Tier 1 | NDS, QL (30 tabs/30 days) |
| | REXULTI TABS .25mg, .5mg, 1mg, 2mg | Tier 1 | NDS, QL (60 tabs/30 days) |
| | RISPERDAL CONSTA SRER 12.5mg, 25mg | Tier 1 | QL (2 injections/28 days) |
| | RISPERDAL CONSTA SRER 37.5mg, 50mg | Tier 1 | NDS, QL (2 injections/28 days) |
| | <i>risperidone</i> SOLN 1mg/ml | Tier 1 | QL (240 mL/30 days) |
| | <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | Tier 1 | |
| | <i>risperidone</i> TBDP 1mg, 2mg, 3mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>risperidone</i> TBDP 4mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>risperidone</i> TBDP .25mg, .5mg | Tier 1 | QL (90 tabs/30 days) |
| | SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | Tier 1 | NDS, QL (30 patches/30 days) |
| | <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | Tier 1 | |
| | <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| | <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| | VERSACLOZ SUSP 50mg/ml | Tier 1 | NDS, QL (600 mL/30 days), PA |
| | VRAYLAR CAPS 1.5mg | Tier 1 | NDS, QL (60 caps/30 days) |
| | VRAYLAR CAPS 3mg, 4.5mg, 6mg | Tier 1 | NDS, QL (30 caps/30 days) |
| | VRAYLAR CAP 1.5-3MG | Tier 1 | QL (2 packs/year) |
| | <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | Tier 1 | QL (60 caps/30 days) |
| | <i>ziprasidone mesylate</i> SOLR 20mg | Tier 1 | QL (6 injections/3 days) |
| | ZYPREXA RELPREVV SUSR 210mg, 300mg | Tier 1 | NDS, QL (2 vials/28 days), NM, PA |
| | ZYPREXA RELPREVV SUSR 405mg | Tier 1 | NDS, QL (1 vial/28 days), NM, PA |
| ANTIEPILEPTIC AGENTS | | | |
| | APTIOM TABS 200mg, 400mg | Tier 1 | NDS, QL (30 tabs/30 days) |
| | APTIOM TABS 600mg, 800mg | Tier 1 | NDS, QL (60 tabs/30 days) |
| | BRIVIACT SOLN 10mg/ml | Tier 1 | NDS, QL (600 mL/30 days), PA |
| | BRIVIACT SOLN 50mg/5ml | Tier 1 | PA |
| | BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | Tier 1 | NDS, QL (60 tabs/30 days), PA |
| | <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | Tier 1 | |
| | <i>clobazam</i> SUSP 2.5mg/ml | Tier 1 | QL (480 mL/30 days), PA |
| | <i>clobazam</i> TABS 10mg, 20mg | Tier 1 | QL (60 tabs/30 days), PA |
| | <i>clonazepam</i> TABS 2mg; TBDP 2mg | Tier 1 | QL (300 tabs/30 days) |
| | <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | Tier 1 | QL (180 tabs/30 days), PA; PA if 65 years and older |
| | DIACOMIT CAPS 250mg | Tier 1 | NDS, QL (360 caps/30 days), NM, LA, PA |
| | DIACOMIT CAPS 500mg | Tier 1 | NDS, QL (180 caps/30 days), NM, LA, PA |
| | DIACOMIT PACK 250mg | Tier 1 | NDS, QL (360 packets/30 days), NM, LA, PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|---|
| | DIACOMIT PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, LA, PA |
| | <i>diazepam</i> SOLN 5mg/5ml | Tier 1 | QL (1200 mL/30 days), PA; PA applies if 65 years and older after a 5-day supply in a calendar year |
| | <i>diazepam</i> TABS 2mg, 5mg, 10mg | Tier 1 | QL (120 tabs/30 days), PA; PA applies if 65 years and older after a 5-day supply in a calendar year |
| | <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | Tier 1 | |
| | <i>diazepam inj</i> SOLN 5mg/ml | Tier 1 | |
| | <i>diazepam intensol</i> CONC 5mg/ml | Tier 1 | QL (240 mL/30 days), PA; PA applies if 65 years and older after a 5-day supply in a calendar year |
| | DILANTIN CAPS 30mg, 100mg | Tier 1 | |
| | DILANTIN INFATABS CHEW 50mg | Tier 1 | |
| | DILANTIN-125 SUSP 125mg/5ml | Tier 1 | |
| | <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | Tier 1 | |
| | EPIDIOLEX SOLN 100mg/ml | Tier 1 | NDS, QL (600 mL/30 days), NM, LA, PA |
| | <i>epitol</i> TABS 200mg | Tier 1 | |
| | EPRONTIA SOLN 25mg/ml | Tier 1 | QL (480 mL/30 days), PA |
| | <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml | Tier 1 | |
| | <i>felbamate</i> SUSP 600mg/5ml | Tier 1 | NDS |
| | <i>felbamate</i> TABS 400mg, 600mg | Tier 1 | |
| | FINTEPLA SOLN 2.2mg/ml | Tier 1 | NDS, QL (360 mL/30 days), NM, LA, PA |
| | FYCOMPA SUSP .5mg/ml | Tier 1 | NDS, QL (720 mL/30 days), PA |
| | FYCOMPA TABS 2mg | Tier 1 | QL (60 tabs/30 days), PA |
| | FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | Tier 1 | NDS, QL (30 tabs/30 days), PA |
| | <i>gabapentin</i> CAPS 100mg, 300mg, 400mg | Tier 1 | QL (180 caps/30 days) |
| | <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml | Tier 1 | QL (2160 mL/30 days) |
| | <i>gabapentin</i> TABS 600mg | Tier 1 | QL (180 tabs/30 days) |
| | <i>gabapentin</i> TABS 800mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>lacosamide</i> SOLN 200mg/20ml | Tier 1 | |
| | <i>lacosamide</i> TABS 50mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>lacosamide</i> TABS 100mg, 150mg, 200mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>lacosamide oral</i> SOLN 10mg/ml | Tier 1 | QL (1200 mL/30 days) |
| | <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | Tier 1 | |
| | <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | Tier 1 | |
| | <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | Tier 1 | |
| | <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml | Tier 1 | |
| | <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|--|
| | <i>methsuximide</i> CAPS 300mg | Tier 1 | |
| | NAYZILAM SOLN 5mg/0.1ml | Tier 1 | |
| | <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | Tier 1 | |
| | <i>phenobarbital</i> ELIX 20mg/5ml | Tier 1 | QL (1500 mL/30 days), PA; PA if 70 years and older |
| | <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | Tier 1 | QL (120 tabs/30 days), PA; PA if 70 years and older |
| | <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml | Tier 1 | PA; PA if 70 years and older |
| | PHENYTEK CAPS 200mg, 300mg | Tier 1 | |
| | <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | Tier 1 | |
| | <i>phenytoin sodium</i> SOLN 50mg/ml | Tier 1 | |
| | <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | Tier 1 | |
| | <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg | Tier 1 | QL (120 caps/30 days), PA |
| | <i>pregabalin</i> CAPS 200mg | Tier 1 | QL (90 caps/30 days), PA |
| | <i>pregabalin</i> CAPS 225mg, 300mg | Tier 1 | QL (60 caps/30 days), PA |
| | <i>pregabalin</i> SOLN 20mg/ml | Tier 1 | QL (900 mL/30 days), PA |
| | <i>primidone</i> TABS 50mg, 125mg, 250mg | Tier 1 | |
| | <i>roweepra</i> TABS 500mg | Tier 1 | |
| | <i>rufinamide</i> SUSP 40mg/ml | Tier 1 | NDS, QL (2400 mL/30 days), PA |
| | <i>rufinamide</i> TABS 200mg | Tier 1 | QL (480 tabs/30 days), PA |
| | <i>rufinamide</i> TABS 400mg | Tier 1 | NDS, QL (240 tabs/30 days), PA |
| | SPRITAM TB3D 250mg | Tier 1 | QL (360 tabs/30 days) |
| | SPRITAM TB3D 500mg | Tier 1 | QL (180 tabs/30 days) |
| | SPRITAM TB3D 750mg | Tier 1 | QL (120 tabs/30 days) |
| | SPRITAM TB3D 1000mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | |
| | SYMPAZAN FILM 5mg, 10mg, 20mg | Tier 1 | NDS, QL (60 films/30 days), PA |
| | <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | Tier 1 | |
| | <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| | <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | Tier 1 | |
| | <i>valproic acid</i> CAPS 250mg | Tier 1 | |
| | VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | Tier 1 | |
| | VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | Tier 1 | |
| | VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | Tier 1 | |
| | VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | Tier 1 | |
| | <i>vigabatrin</i> PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, LA, PA |
| | <i>vigabatrin</i> TABS 500mg | Tier 1 | NDS, QL (180 tabs/30 days), NM, LA, PA |
| | <i>vigadrone</i> PACK 500mg | Tier 1 | NDS, QL (180 packets/30 days), NM, LA, PA |
| | XCOPRI TABS 50mg, 100mg | Tier 1 | NDS, QL (30 tabs/30 days) |
| | XCOPRI TABS 150mg, 200mg | Tier 1 | NDS, QL (60 tabs/30 days) |
| | XCOPRI PAK 12.5-25 | Tier 1 | QL (28 tabs/28 days) |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|------------------------------------|-----------|---------------------------------------|
| | XCOPRI PAK 50-100MG | Tier 1 | NDS, QL (28 tabs/28 days) |
| | XCOPRI PAK 100-150 | Tier 1 | NDS, QL (56 tabs/28 days) |
| | XCOPRI PAK 150-200MG (MAINTENANCE) | Tier 1 | NDS, QL (56 tabs/28 days) |
| | XCOPRI PAK 150-200MG (TITRATION) | Tier 1 | NDS, QL (28 tabs/28 days) |
| | ZONISADE SUSP 100mg/5ml | Tier 1 | NDS, QL (900 mL/30 days), PA |
| | zonisamide CAPS 25mg, 50mg, 100mg | Tier 1 | |
| | ZTALMY SUSP 50mg/ml | Tier 1 | NDS, QL (1100 mL/30 days), NM, LA, PA |

ATTENTION DEFICIT HYPERACTIVITY DISORDER – DRUGS TO TREAT ADHD

| | | | |
|--|---|--------|---|
| | amphetamine-dextroamphetamine cap er 24hr 5 mg | Tier 1 | QL (30 caps/30 days), PA |
| | amphetamine-dextroamphetamine cap er 24hr 10 mg | Tier 1 | QL (30 caps/30 days), PA |
| | amphetamine-dextroamphetamine cap er 24hr 15 mg | Tier 1 | QL (30 caps/30 days), PA |
| | amphetamine-dextroamphetamine cap er 24hr 20 mg | Tier 1 | QL (30 caps/30 days), PA |
| | amphetamine-dextroamphetamine cap er 24hr 25 mg | Tier 1 | QL (30 caps/30 days), PA |
| | amphetamine-dextroamphetamine cap er 24hr 30 mg | Tier 1 | QL (30 caps/30 days), PA |
| | amphetamine-dextroamphetamine tab 5 mg | Tier 1 | QL (60 tabs/30 days), PA |
| | amphetamine-dextroamphetamine tab 7.5 mg | Tier 1 | QL (60 tabs/30 days), PA |
| | amphetamine-dextroamphetamine tab 10 mg | Tier 1 | QL (60 tabs/30 days), PA |
| | amphetamine-dextroamphetamine tab 12.5 mg | Tier 1 | QL (60 tabs/30 days), PA |
| | amphetamine-dextroamphetamine tab 15 mg | Tier 1 | QL (60 tabs/30 days), PA |
| | amphetamine-dextroamphetamine tab 20 mg | Tier 1 | QL (90 tabs/30 days), PA |
| | amphetamine-dextroamphetamine tab 30 mg | Tier 1 | QL (60 tabs/30 days), PA |
| | atomoxetine hcl CAPS 10mg, 18mg, 25mg | Tier 1 | QL (120 caps/30 days) |
| | atomoxetine hcl CAPS 40mg | Tier 1 | QL (60 caps/30 days) |
| | atomoxetine hcl CAPS 60mg, 80mg, 100mg | Tier 1 | QL (30 caps/30 days) |
| | dexmethylphenidate hcl TABS 2.5mg, 5mg | Tier 1 | QL (120 tabs/30 days), PA |
| | dexmethylphenidate hcl TABS 10mg | Tier 1 | QL (60 tabs/30 days), PA |
| | guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg | Tier 1 | QL (30 tabs/30 days), PA; PA if 70 years and older |
| | guanfacine hcl (adhd) TB24 3mg | Tier 1 | QL (60 tabs/30 days), PA; PA if 70 years and older |
| | methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg | Tier 1 | QL (180 tabs/30 days), PA |
| | methylphenidate hcl SOLN 5mg/5ml | Tier 1 | QL (1800 mL/30 days), PA |
| | methylphenidate hcl SOLN 10mg/5ml | Tier 1 | QL (900 mL/30 days), PA |
| | methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg | Tier 1 | QL (90 tabs/30 days), PA |

HYPNOTICS – DRUGS TO TREAT INSOMNIA

| | | | |
|--|-----------------------------------|--------|---|
| | DAYVIGO TABS 5mg, 10mg | Tier 1 | QL (30 tabs/30 days) |
| | doxepin hcl (sleep) TABS 3mg, 6mg | Tier 1 | QL (30 tabs/30 days) |
| | eszopiclone TABS 1mg, 2mg, 3mg | Tier 1 | QL (30 tabs/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year |
| | tasimelteon CAPS 20mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| | temazepam CAPS 7.5mg, 30mg | Tier 1 | QL (30 caps/30 days), PA; PA if 65 years and older |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|---|
| | temazepam CAPS 15mg | Tier 1 | QL (60 caps/30 days), PA; PA if 65 years and older |
| | zaleplon CAPS 5mg | Tier 1 | QL (30 caps/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year |
| | zaleplon CAPS 10mg | Tier 1 | QL (60 caps/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year |
| | zolpidem tartrate TABS 5mg, 10mg | Tier 1 | QL (30 tabs/30 days), PA; PA applies if 70 years and older after a 90-day supply in a calendar year |
| MIGRAINE – DRUGS TO TREAT SEVERE HEADACHES | | | |
| | AIMOVIG SOAJ 70mg/ml, 140mg/ml | Tier 1 | QL (1 pen/30 days), NM, PA |
| | dihydroergotamine mesylate SOLN 1mg/ml | Tier 1 | NDS |
| | dihydroergotamine mesylate SOLN 4mg/ml | Tier 1 | NDS, QL (8 mL/30 days), PA |
| | ergotamine w/ caffeine tab 1-100 mg | Tier 1 | QL (40 tabs/28 days), PA |
| | naratriptan hcl TABS 1mg, 2.5mg | Tier 1 | QL (12 tabs/30 days) |
| | NURTEC TBDP 75mg | Tier 1 | QL (16 tabs/30 days), PA |
| | rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg | Tier 1 | QL (18 tabs/30 days) |
| | sumatriptan SOLN 5mg/act | Tier 1 | QL (24 units/30 days) |
| | sumatriptan SOLN 20mg/act | Tier 1 | QL (12 units/30 days) |
| | sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml | Tier 1 | QL (18 injections/30 days) |
| | sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | Tier 1 | QL (12 injections/30 days) |
| | sumatriptan succinate TABS 25mg, 50mg, 100mg | Tier 1 | QL (12 tabs/30 days) |
| MISCELLANEOUS | | | |
| | AUSTEDO TABS 6mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | AUSTEDO TABS 9mg, 12mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, LA, PA |
| | AUSTEDO XR TB24 6mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | AUSTEDO XR TB24 12mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| | AUSTEDO XR TB24 24mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | Tier 1 | |
| | NUEDEXTA CAP 20-10MG | Tier 1 | QL (60 caps/30 days), PA |
| | pyridostigmine bromide TABS 60mg | Tier 1 | |
| | riluzole TABS 50mg | Tier 1 | |
| | tetrabenazine TABS 12.5mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | tetrabenazine TABS 25mg | Tier 1 | NDS, QL (120 tabs/30 days), NM, PA |
| MULTIPLE SCLEROSIS AGENTS – DRUGS TO TREAT MULTIPLE SCLEROSIS | | | |
| | BAFIERTAM CPDR 95mg | Tier 1 | NDS, QL (120 caps/30 days), NM, LA, PA |
| | BETASERON KIT .3mg | Tier 1 | NDS, QL (14 syringes/28 days), NM, PA |

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|--|---|-----------|--|
| | <i>dalfampridine</i> TB12 10mg | Tier 1 | QL (60 tabs/30 days), NM, PA |
| | <i>fingolimod hcl</i> CAPS .5mg | Tier 1 | NDS, QL (30 caps/30 days), NM, PA |
| | <i>glatiramer acetate</i> SOSY 20mg/ml | Tier 1 | NDS, QL (30 syringes/30 days), NM, PA |
| | <i>glatiramer acetate</i> SOSY 40mg/ml | Tier 1 | NDS, QL (12 syringes/28 days), NM, PA |
| | <i>glatopa</i> SOSY 20mg/ml | Tier 1 | NDS, QL (30 syringes/30 days), NM, PA |
| | <i>glatopa</i> SOSY 40mg/ml | Tier 1 | NDS, QL (12 syringes/28 days), NM, PA |
| | KESIMPTA SOAJ 20mg/0.4ml | Tier 1 | NDS, QL (16 pens/year), NM, LA, PA |
| MUSCULOSKELETAL THERAPY AGENTS – DRUGS TO TREAT MUSCLE SPASMS | | | |
| | <i>baclofen</i> TABS 5mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>baclofen</i> TABS 10mg, 20mg | Tier 1 | |
| | <i>carisoprodol</i> TABS 350mg | Tier 1 | QL (120 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| | <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | Tier 1 | QL (90 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| | <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | Tier 1 | |
| | <i>methocarbamol</i> TABS 500mg | Tier 1 | QL (360 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| | <i>methocarbamol</i> TABS 750mg | Tier 1 | QL (240 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| | <i>tizanidine hcl</i> TABS 2mg, 4mg | Tier 1 | |
| | <i>vanadom</i> TABS 350mg | Tier 1 | QL (120 tabs/30 days), PA; PA applies if 70 years and older after a 30-day supply in a calendar year |
| NARCOLEPSY/CATAPLEXY – DRUGS FOR SLEEP DISORDERS | | | |
| | <i>armodafinil</i> TABS 50mg | Tier 1 | QL (60 tabs/30 days), PA |
| | <i>armodafinil</i> TABS 150mg, 200mg, 250mg | Tier 1 | QL (30 tabs/30 days), PA |
| | <i>modafinil</i> TABS 100mg | Tier 1 | QL (30 tabs/30 days), PA |
| | <i>modafinil</i> TABS 200mg | Tier 1 | QL (60 tabs/30 days), PA |
| | SODIUM OXYBATE SOLN 500mg/ml | Tier 1 | NDS, QL (540 mL/30 days), NM, LA, PA |
| PSYCHOTHERAPEUTIC-MISC | | | |
| | <i>acamprosate calcium</i> TBEC 333mg | Tier 1 | |
| | <i>buprenorphine hcl</i> SUBL 2mg, 8mg | Tier 1 | QL (90 tabs/30 days), PA |
| | <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | Tier 1 | QL (90 films/30 days) |
| | <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | Tier 1 | QL (90 films/30 days) |
| | <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | Tier 1 | QL (90 films/30 days) |
| | <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | Tier 1 | QL (60 films/30 days) |

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|------|--|-----------|--------------------------|
| | <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>bupropion hcl (smoking deterrent) TB12 150mg</i> | Tier 1 | QL (60 tabs/30 days) |
| | <i>disulfiram TABS 250mg, 500mg</i> | Tier 1 | |
| | <i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i> | Tier 1 | |
| | <i>naltrexone hcl TABS 50mg</i> | Tier 1 | |
| | NICOTROL INHALER INHA 10mg | Tier 1 | |
| | NICOTROL NS SOLN 10mg/ml | Tier 1 | |
| | <i>varenicline tartrate TABS .5mg, 1mg</i> | Tier 1 | QL (56 tabs/28 days), PA |
| | <i>varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack</i> | Tier 1 | QL (2 packs/year), PA |
| | VIVITROL SUSR 380mg | Tier 1 | NDS, NM |

ENDOCRINE AND METABOLIC – DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS – DRUGS TO REGULATE MALE HORMONES

| | | | |
|--|---|--------|--------------------------------|
| | <i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i> | Tier 1 | PA |
| | <i>methyltestosterone CAPS 10mg</i> | Tier 1 | NDS, QL (600 caps/30 days), PA |
| | <i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> | Tier 1 | QL (300 gm/30 days), PA |
| | <i>testosterone GEL 1.62%</i> | Tier 1 | QL (150 gm/30 days), PA |
| | <i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i> | Tier 1 | PA |
| | <i>testosterone enanthate SOLN 200mg/ml</i> | Tier 1 | PA |

ANTIDIABETICS

| | | | |
|--|---|--------|-------------------------|
| | <i>acarbose TABS 25mg, 50mg, 100mg</i> | Tier 1 | |
| | BYDUREON BCISE AUIJ 2mg/0.85ml | Tier 1 | QL (4 pens/28 days), PA |
| | BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml | Tier 1 | QL (1 pen/30 days), PA |
| | FARXIGA TABS 5mg, 10mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>glimepiride TABS 1mg, 2mg</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>glimepiride TABS 4mg</i> | Tier 1 | QL (60 tabs/30 days) |
| | <i>glipizide TABS 5mg</i> | Tier 1 | QL (240 tabs/30 days) |
| | <i>glipizide TABS 10mg</i> | Tier 1 | QL (120 tabs/30 days) |
| | <i>glipizide TB24 2.5mg, 5mg</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>glipizide TB24 10mg</i> | Tier 1 | QL (60 tabs/30 days) |
| | <i>glipizide xl TB24 2.5mg, 5mg</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>glipizide xl TB24 10mg</i> | Tier 1 | QL (60 tabs/30 days) |
| | <i>glipizide-metformin hcl tab 2.5-250 mg</i> | Tier 1 | QL (240 tabs/30 days) |
| | <i>glipizide-metformin hcl tab 2.5-500 mg</i> | Tier 1 | QL (120 tabs/30 days) |
| | <i>glipizide-metformin hcl tab 5-500 mg</i> | Tier 1 | QL (120 tabs/30 days) |
| | GLYXAMBI TAB 10-5 MG | Tier 1 | QL (30 tabs/30 days) |
| | GLYXAMBI TAB 25-5 MG | Tier 1 | QL (30 tabs/30 days) |
| | JANUMET TAB 50-500MG | Tier 1 | QL (60 tabs/30 days) |
| | JANUMET TAB 50-1000 | Tier 1 | QL (60 tabs/30 days) |
| | JANUMET XR TAB 50-500MG | Tier 1 | QL (60 tabs/30 days) |
| | JANUMET XR TAB 50-1000 | Tier 1 | QL (60 tabs/30 days) |
| | JANUMET XR TAB 100-1000 | Tier 1 | QL (30 tabs/30 days) |
| | JANUVIA TABS 25mg, 50mg, 100mg | Tier 1 | QL (30 tabs/30 days) |

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|------|---|-----------|--|
| | JARDIANCE TABS 10mg, 25mg | Tier 1 | QL (30 tabs/30 days) |
| | JENTADUETO TAB 2.5-500 | Tier 1 | QL (60 tabs/30 days) |
| | JENTADUETO TAB 2.5-1000 | Tier 1 | QL (60 tabs/30 days) |
| | JENTADUETO TAB XR 2.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | JENTADUETO TAB XR 5-1000MG | Tier 1 | QL (30 tabs/30 days) |
| | <i>metformin hcl</i> TABS 500mg | Tier 1 | QL (150 tabs/30 days) |
| | <i>metformin hcl</i> TABS 850mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>metformin hcl</i> TABS 1000mg | Tier 1 | QL (75 tabs/30 days) |
| | <i>metformin hcl</i> TB24 500mg | Tier 1 | QL (120 tabs/30 days); (generic of GLUCOPHAGE XR) |
| | <i>metformin hcl</i> TB24 750mg | Tier 1 | QL (60 tabs/30 days); (generic of GLUCOPHAGE XR) |
| | <i>nateglinide</i> TABS 60mg, 120mg | Tier 1 | QL (90 tabs/30 days) |
| | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml | Tier 1 | QL (1 pen/28 days), PA |
| | OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | Tier 1 | QL (1 pen/28 days), PA |
| | OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | Tier 1 | QL (1 pen/28 days), PA |
| | OZEMPIC (2MG/DOSE) SOPN 8MG/3ML | Tier 1 | QL (1 pen/28 days), PA |
| | <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | Tier 1 | QL (90 tabs/30 days) |
| | <i>repaglinide</i> TABS 2mg | Tier 1 | QL (240 tabs/30 days) |
| | <i>repaglinide</i> TABS .5mg, 1mg | Tier 1 | QL (120 tabs/30 days) |
| | RYBELSUS TABS 3mg, 7mg, 14mg | Tier 1 | QL (30 tabs/30 days), PA |
| | SYNJARDY TAB 5-500MG | Tier 1 | QL (120 tabs/30 days) |
| | SYNJARDY TAB 5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | SYNJARDY TAB 12.5-500 | Tier 1 | QL (60 tabs/30 days) |
| | SYNJARDY TAB 12.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | SYNJARDY XR TAB 5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | SYNJARDY XR TAB 10-1000 | Tier 1 | QL (60 tabs/30 days) |
| | SYNJARDY XR TAB 12.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | SYNJARDY XR TAB 25-1000 | Tier 1 | QL (30 tabs/30 days) |
| | TRADJENTA TABS 5mg | Tier 1 | QL (30 tabs/30 days) |
| | TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | TRIJARDY XR TAB ER 24HR 10-5-1000MG | Tier 1 | QL (30 tabs/30 days) |
| | TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | TRIJARDY XR TAB ER 24HR 25-5-1000MG | Tier 1 | QL (30 tabs/30 days) |
| | TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | Tier 1 | QL (4 pens/28 days), PA |
| | XIGDUO XR TAB 2.5-1000 | Tier 1 | QL (60 tabs/30 days) |
| | XIGDUO XR TAB 5-500MG | Tier 1 | QL (60 tabs/30 days) |
| | XIGDUO XR TAB 5-1000MG | Tier 1 | QL (60 tabs/30 days) |
| | XIGDUO XR TAB 10-500MG | Tier 1 | QL (30 tabs/30 days) |
| | XIGDUO XR TAB 10-1000 | Tier 1 | QL (30 tabs/30 days) |

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|--------------------------------|---|-----------|-----------------------------|
| ANTIDIABETICS, INSULINS | | | |
| | ADMELOG SOLN 100unit/ml | Tier 1 | |
| | ADMELOG SOLOSTAR SOPN 100unit/ml | Tier 1 | |
| | BASAGLAR KWIKPEN SOPN 100unit/ml | Tier 1 | |
| | BD ALCOHOL SWABS | Tier 1 | |
| | FIASP FLEX INJ TOUCH | Tier 1 | |
| | FIASP INJ 100/ML | Tier 1 | |
| | FIASP PENFIL INJ U-100 | Tier 1 | |
| | GAUZE PADS 2"x2" | Tier 1 | |
| | HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | Tier 1 | NDS, B/D |
| | HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | Tier 1 | NDS |
| | INSULIN PEN NEEDLES: BD/NOVO | Tier 1 | |
| | INSULIN SAFETY NEEDLES | Tier 1 | |
| | INSULIN SYRINGES: BD | Tier 1 | |
| | LANTUS SOLN 100unit/ml | Tier 1 | |
| | LANTUS SOLOSTAR SOPN 100unit/ml | Tier 1 | |
| | NOVOLIN INJ 70/30 | Tier 1 | (brand RELION not covered) |
| | NOVOLIN INJ 70/30 FP | Tier 1 | (brand RELION not covered) |
| | NOVOLIN N SUSP 100unit/ml | Tier 1 | (brand RELION not covered) |
| | NOVOLIN N FLEXPEN SUPN 100unit/ml | Tier 1 | (brand RELION not covered) |
| | NOVOLIN R SOLN 100unit/ml | Tier 1 | (brand RELION not covered) |
| | NOVOLIN R FLEXPEN SOPN 100unit/ml | Tier 1 | (brand RELION not covered) |
| | NOVOLOG MIX INJ 70/30 | Tier 1 | (brand RELION not covered) |
| | NOVOLOG MIX INJ FLEXPEN | Tier 1 | (brand RELION not covered) |
| | OMNIPOD 5 G6 KIT INTRO | Tier 1 | QL (1 kit/year), PA |
| | OMNIPOD 5 G6 MIS PODS | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD DASH KIT INTRO | Tier 1 | QL (1 kit/year), PA |
| | OMNIPOD DASH MIS PODS | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 10UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 15UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 20UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 25UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 30UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 35UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD GO KIT 40UNT/DY | Tier 1 | QL (15 pods/30 days), PA |
| | OMNIPOD MIS CLASSIC | Tier 1 | QL (15 pods/30 days), PA |
| | SOLIQUA INJ 100/33 | Tier 1 | QL (5 pens/25 days) |
| | TOUJEO MAX SOLOSTAR SOPN 300unit/ml | Tier 1 | |
| | TOUJEO SOLOSTAR SOPN 300unit/ml | Tier 1 | |
| | TRESIBA SOLN 100unit/ml | Tier 1 | |
| | TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | Tier 1 | |
| | V-GO 20 KIT | Tier 1 | QL (30 devices/30 days), PA |
| | V-GO 30 KIT | Tier 1 | QL (30 devices/30 days), PA |
| | V-GO 40 KIT | Tier 1 | QL (30 devices/30 days), PA |

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|---|--|-----------|-----------------------------|
| | XULTOPHY INJ 100/3.6 | Tier 1 | QL (5 pens/30 days) |
| CALCIUM REGULATORS | | | |
| | alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg | Tier 1 | |
| | calcitonin (salmon) spray SOLN 200unit/act | Tier 1 | B/D |
| | ibandronate sodium TABS 150mg | Tier 1 | B/D |
| | NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg | Tier 1 | NDS, LA, PA |
| | PAMIDRONATE DISODIUM SOLN 6mg/ml | Tier 1 | B/D |
| | pamidronate disodium SOLN 30mg/10ml, 90mg/10ml | Tier 1 | B/D |
| | PROLIA SOSY 60mg/ml | Tier 1 | QL (1 syringe/180 days), NM |
| | risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg | Tier 1 | |
| | TERIPARATIDE SOPN 620mcg/2.48ml | Tier 1 | NDS, NM, PA |
| | XGEVA SOLN 120mg/1.7ml | Tier 1 | NDS, NM, PA |
| | zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml | Tier 1 | B/D, NM |
| CHELATING AGENTS | | | |
| | CHEMET CAPS 100mg | Tier 1 | NDS |
| | deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg | Tier 1 | NDS, NM, PA |
| | deferasirox TABS 90mg | Tier 1 | NM, PA |
| | penicillamine TABS 250mg | Tier 1 | NDS, NM |
| | sodium polystyrene sulfonate powder | Tier 1 | |
| | sps SUSP 15gm/60ml | Tier 1 | |
| | trientine hcl CAPS 250mg | Tier 1 | NDS, NM, PA |
| | VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | Tier 1 | |
| CONTRACEPTIVES – DRUGS FOR BIRTH CONTROL | | | |
| | afirmelle | Tier 1 | |
| | altavera | Tier 1 | |
| | alyacen 1/35 | Tier 1 | |
| | alyacen 7/7/7 | Tier 1 | |
| | amethia | Tier 1 | |
| | apri | Tier 1 | |
| | aranelle | Tier 1 | |
| | ashlyna | Tier 1 | |
| | aubra eq | Tier 1 | |
| | aurovela 1/20 | Tier 1 | |
| | aurovela 24 fe | Tier 1 | |
| | aurovela fe 1.5/30 | Tier 1 | |
| | aurovela fe 1/20 | Tier 1 | |
| | aviane | Tier 1 | |
| | ayuna | Tier 1 | |
| | azurette | Tier 1 | |
| | balziva | Tier 1 | |
| | blisovi 24 fe | Tier 1 | |
| | blisovi fe 1.5/30 | Tier 1 | |
| | briellyn | Tier 1 | |
| | camila TABS .35mg | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------|
| | <i>camrese</i> | Tier 1 | |
| | <i>camrese lo</i> | Tier 1 | |
| | <i>chateal</i> | Tier 1 | |
| | <i>cryselle-28</i> | Tier 1 | |
| | <i>cyred eq</i> | Tier 1 | |
| | <i>dasetta 1/35</i> | Tier 1 | |
| | <i>dasetta 7/7/7</i> | Tier 1 | |
| | <i>daysee</i> | Tier 1 | |
| | <i>deblitane</i> TABS .35mg | Tier 1 | |
| | DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | Tier 1 | |
| | <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | Tier 1 | |
| | <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | Tier 1 | |
| | <i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | Tier 1 | |
| | <i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i> | Tier 1 | |
| | <i>drosiprenone-ethinyl estradiol tab 3-0.03 mg</i> | Tier 1 | |
| | <i>elinest</i> | Tier 1 | |
| | <i>eluryng</i> | Tier 1 | |
| | <i>enpresse-28</i> | Tier 1 | |
| | <i>enskyce</i> | Tier 1 | |
| | <i>errin</i> TABS .35mg | Tier 1 | |
| | <i>estarylla</i> | Tier 1 | |
| | <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | Tier 1 | |
| | <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | Tier 1 | |
| | <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | Tier 1 | |
| | <i>falmina</i> | Tier 1 | |
| | <i>finzala</i> | Tier 1 | |
| | <i>hailey 1.5/30</i> | Tier 1 | |
| | <i>hailey 24 fe</i> | Tier 1 | |
| | <i>heather</i> TABS .35mg | Tier 1 | |
| | <i>iclevia</i> | Tier 1 | |
| | <i>incassia</i> TABS .35mg | Tier 1 | |
| | <i>introvale</i> | Tier 1 | |
| | <i>isibloom</i> | Tier 1 | |
| | <i>jasmiel</i> | Tier 1 | |
| | <i>jolessa</i> | Tier 1 | |
| | <i>juleber</i> | Tier 1 | |
| | <i>junel 1.5/30</i> | Tier 1 | |
| | <i>junel 1/20</i> | Tier 1 | |
| | <i>junel fe 1.5/30</i> | Tier 1 | |
| | <i>junel fe 1/20</i> | Tier 1 | |
| | <i>junel fe 24</i> | Tier 1 | |
| | <i>kaitlib fe</i> | Tier 1 | |
| | <i>kariva</i> | Tier 1 | |
| | <i>kelnor 1/35</i> | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------|
| | <i>kelnor 1/50</i> | Tier 1 | |
| | <i>kurvelo</i> | Tier 1 | |
| | <i>larin 1.5/30</i> | Tier 1 | |
| | <i>larin 1/20</i> | Tier 1 | |
| | <i>larin 24 fe</i> | Tier 1 | |
| | <i>larin fe 1.5/30</i> | Tier 1 | |
| | <i>larin fe 1/20</i> | Tier 1 | |
| | <i>layolis fe</i> | Tier 1 | |
| | <i>leena</i> | Tier 1 | |
| | <i>lessina</i> | Tier 1 | |
| | <i>levonest</i> | Tier 1 | |
| | <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | Tier 1 | |
| | <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | Tier 1 | |
| | <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | Tier 1 | |
| | <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | Tier 1 | |
| | <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | Tier 1 | |
| | <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | Tier 1 | |
| | <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | Tier 1 | |
| | <i>levora 0.15/30-28</i> | Tier 1 | |
| | <i>loestrin 1.5/30-21</i> | Tier 1 | |
| | <i>loestrin 1/20-21</i> | Tier 1 | |
| | <i>loestrin fe 1.5/30</i> | Tier 1 | |
| | <i>loestrin fe 1/20</i> | Tier 1 | |
| | <i>loryna</i> | Tier 1 | |
| | <i>low-ogestrel</i> | Tier 1 | |
| | <i>lutra</i> | Tier 1 | |
| | <i>lyleq TABS .35mg</i> | Tier 1 | |
| | <i>lyza TABS .35mg</i> | Tier 1 | |
| | <i>marlissa</i> | Tier 1 | |
| | <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | Tier 1 | |
| | <i>mibelas 24 fe</i> | Tier 1 | |
| | <i>microgestin 1.5/30</i> | Tier 1 | |
| | <i>microgestin 1/20</i> | Tier 1 | |
| | <i>microgestin 24 fe</i> | Tier 1 | |
| | <i>microgestin fe 1.5/30</i> | Tier 1 | |
| | <i>microgestin fe 1/20</i> | Tier 1 | |
| | <i>mili</i> | Tier 1 | |
| | <i>mono-linyah</i> | Tier 1 | |
| | <i>necon 0.5/35-28</i> | Tier 1 | |
| | <i>nikki</i> | Tier 1 | |
| | <i>nora-be TABS .35mg</i> | Tier 1 | |
| | <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | Tier 1 | |
| | <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | Tier 1 | |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------|
| | <i>norethindrone (contraceptive) TABS .35mg</i> | Tier 1 | |
| | <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | Tier 1 | |
| | <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | Tier 1 | |
| | <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | Tier 1 | |
| | <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | Tier 1 | |
| | <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> | Tier 1 | |
| | <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | Tier 1 | |
| | <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | Tier 1 | |
| | <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | Tier 1 | |
| | <i>norlyroc TABS .35mg</i> | Tier 1 | |
| | <i>nortrel 0.5/35 (28)</i> | Tier 1 | |
| | <i>nortrel 1/35 (21)</i> | Tier 1 | |
| | <i>nortrel 1/35 (28)</i> | Tier 1 | |
| | <i>nortrel 7/7/7</i> | Tier 1 | |
| | <i>nylia 1/35</i> | Tier 1 | |
| | <i>nylia 7/7/7</i> | Tier 1 | |
| | <i>nymyo</i> | Tier 1 | |
| | <i>ocella</i> | Tier 1 | |
| | <i>philith</i> | Tier 1 | |
| | <i>pimtrea</i> | Tier 1 | |
| | <i>portia-28</i> | Tier 1 | |
| | <i>reclipsen</i> | Tier 1 | |
| | <i>rivelsa</i> | Tier 1 | |
| | <i>setlakin</i> | Tier 1 | |
| | <i>sharobel TABS .35mg</i> | Tier 1 | |
| | <i>simliya</i> | Tier 1 | |
| | <i>simpesse</i> | Tier 1 | |
| | <i>sprintec 28</i> | Tier 1 | |
| | <i>sronyx</i> | Tier 1 | |
| | <i>syeda</i> | Tier 1 | |
| | <i>tarina 24 fe</i> | Tier 1 | |
| | <i>tarina fe 1/20 eq</i> | Tier 1 | |
| | <i>tilia fe</i> | Tier 1 | |
| | <i>tri-estarylla</i> | Tier 1 | |
| | <i>tri-legest fe</i> | Tier 1 | |
| | <i>tri-linyah</i> | Tier 1 | |
| | <i>tri-lo-estarylla</i> | Tier 1 | |
| | <i>tri-lo-marzia</i> | Tier 1 | |
| | <i>tri-lo-mili</i> | Tier 1 | |
| | <i>tri-lo-sprintec</i> | Tier 1 | |
| | <i>tri-mili</i> | Tier 1 | |
| | <i>tri-nymyo</i> | Tier 1 | |
| | <i>tri-sprintec</i> | Tier 1 | |
| | <i>tri-vylibra</i> | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|---------------------|
| | <i>tri-vylibra lo</i> | Tier 1 | |
| | <i>trivora-28</i> | Tier 1 | |
| | <i>tydemy</i> | Tier 1 | |
| | <i>velivet</i> | Tier 1 | |
| | <i>vestura</i> | Tier 1 | |
| | <i>vienva</i> | Tier 1 | |
| | <i>viorele</i> | Tier 1 | |
| | <i>vyfemla</i> | Tier 1 | |
| | <i>vylibra</i> | Tier 1 | |
| | <i>wera</i> | Tier 1 | |
| | <i>wymzya fe</i> | Tier 1 | |
| | <i>xulane</i> | Tier 1 | |
| | <i>zafemy</i> | Tier 1 | |
| | <i>zovia 1/35</i> | Tier 1 | |
| | <i>zumandimine</i> | Tier 1 | |
| ENDOMETRIOSIS | | | |
| | <i>danazol</i> CAPS 50mg, 100mg, 200mg | Tier 1 | |
| | SYNAREL SOLN 2mg/ml | Tier 1 | NDS, PA |
| ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES | | | |
| | <i>amabelz</i> | Tier 1 | |
| | <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| | <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | Tier 1 | |
| | <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | Tier 1 | |
| | <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | Tier 1 | |
| | <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg | Tier 1 | |
| | <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml | Tier 1 | |
| | <i>fyavolv tab 0.5mg-2.5mcg</i> | Tier 1 | |
| | <i>fyavolv tab 1mg-5mcg</i> | Tier 1 | |
| | <i>jinteli</i> | Tier 1 | |
| | <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| | <i>mimvey</i> | Tier 1 | |
| | <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | Tier 1 | |
| | <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | Tier 1 | |
| | <i>yuvafem</i> TABS 10mcg | Tier 1 | |
| GLUCOCORTICOIDS – DRUGS TO TREAT INFLAMMATORY RESPONSE | | | |
| | <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | Tier 1 | B/D |
| | DEXAMETHASONE INTENSOL CONC 1mg/ml | Tier 1 | B/D |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|-------------------------------------|
| | <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml | Tier 1 | |
| | <i>fludrocortisone acetate</i> TABS .1mg | Tier 1 | |
| | <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg | Tier 1 | |
| | <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg | Tier 1 | B/D |
| | <i>methylprednisolone</i> TBPK 4mg | Tier 1 | |
| | <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | Tier 1 | B/D |
| | <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg | Tier 1 | B/D |
| | <i>prednisolone</i> SOLN 15mg/5ml | Tier 1 | B/D |
| | <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml | Tier 1 | B/D |
| | <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | Tier 1 | B/D |
| | <i>prednisone</i> TBPK 5mg, 10mg | Tier 1 | |
| | PREDNISON INTENSOL CONC 5mg/ml | Tier 1 | B/D |
| | SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | Tier 1 | |
| GLUCOSE ELEVATING AGENTS – DRUGS TO TREAT LOW BLOOD SUGAR | | | |
| | <i>diazoxide</i> SUSP 50mg/ml | Tier 1 | NDS |
| | GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | Tier 1 | |
| | GVOKE KIT SOLN 1mg/0.2ml | Tier 1 | |
| | GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml | Tier 1 | |
| MISCELLANEOUS | | | |
| | ALDURAZYME SOLN 2.9mg/5ml | Tier 1 | NDS, NM, LA, PA |
| | <i>betaine powder for oral solution</i> | Tier 1 | NDS, NM, LA |
| | <i>cabergoline</i> TABS .5mg | Tier 1 | |
| | <i>carglumic acid</i> TBSO 200mg | Tier 1 | NDS, NM, LA, PA |
| | CERDELGA CAPS 84mg | Tier 1 | NDS, NM, LA, PA |
| | CEREZYME SOLR 400unit | Tier 1 | NDS, NM, LA, PA |
| | <i>cinacalcet hcl</i> TABS 30mg, 60mg | Tier 1 | B/D, QL (60 tabs/30 days), NM |
| | <i>cinacalcet hcl</i> TABS 90mg | Tier 1 | NDS, B/D, QL (120 tabs/30 days), NM |
| | CYSTAGON CAPS 50mg, 150mg | Tier 1 | NM, LA, PA |
| | <i>desmopressin acetate</i> SOLN 4mcg/ml | Tier 1 | NDS |
| | <i>desmopressin acetate</i> TABS .1mg, .2mg | Tier 1 | |
| | <i>desmopressin acetate spray</i> SOLN .01% | Tier 1 | |
| | <i>desmopressin acetate spray refrigerated</i> SOLN .01% | Tier 1 | |
| | FABRAZYME SOLR 5mg, 35mg | Tier 1 | NDS, NM, LA, PA |
| | GENOTROPIN CART 5mg, 12mg | Tier 1 | NDS, NM, PA |
| | GENOTROPIN MINIQICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | Tier 1 | NDS, NM, PA |
| | INCRELEX SOLN 40mg/4ml | Tier 1 | NDS, NM, LA, PA |
| | <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg | Tier 1 | NDS, NM, LA, PA |
| | KORLYM TABS 300mg | Tier 1 | NDS, NM, LA, PA |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|-----------------------------------|
| | <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | Tier 1 | B/D |
| | LUMIZYME SOLR 50mg | Tier 1 | NDS, NM, LA, PA |
| | LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | Tier 1 | NDS, NM, PA |
| | LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | Tier 1 | NDS, NM, PA |
| | LUPRON DEPOT-PED (6-MONTH KIT 45mg | Tier 1 | NDS, NM, PA |
| | <i>miglustat</i> CAPS 100mg | Tier 1 | NDS, QL (90 caps/30 days), NM, PA |
| | NAGLAZYME SOLN 1mg/ml | Tier 1 | NDS, NM, LA, PA |
| | <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg | Tier 1 | NDS, NM, PA |
| | <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | Tier 1 | NM, PA |
| | <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml | Tier 1 | NDS, NM, PA |
| | <i>raloxifene hcl</i> TABS 60mg | Tier 1 | |
| | <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg | Tier 1 | NDS, NM, PA |
| | SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | Tier 1 | NDS, NM, LA, PA |
| | <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg | Tier 1 | NDS, NM, PA |
| | SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | Tier 1 | NDS, NM, LA, PA |
| | SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | Tier 1 | NDS, NM, LA, PA |
| PHOSPHATE BINDER AGENTS – DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS | | | |
| | <i>calcium acetate (phosphate binder)</i> CAPS 667mg | Tier 1 | QL (360 caps/30 days) |
| | <i>calcium acetate (phosphate binder)</i> TABS 667mg | Tier 1 | QL (360 tabs/30 days) |
| | <i>sevelamer carbonate</i> PACK 2.4gm | Tier 1 | QL (180 packets/30 days) |
| | <i>sevelamer carbonate</i> PACK .8gm | Tier 1 | QL (540 packets/30 days) |
| | <i>sevelamer carbonate</i> TABS 800mg | Tier 1 | QL (540 tabs/30 days) |
| | VELPHORO CHEW 500mg | Tier 1 | NDS, QL (180 tabs/30 days) |
| PROGESTINS – DRUGS TO REGULATE FEMALE HORMONES | | | |
| | <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| | <i>megestrol acetate</i> SUSP 40mg/ml | Tier 1 | |
| | <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | Tier 1 | PA |
| | <i>norethindrone acetate</i> TABS 5mg | Tier 1 | |
| | <i>progesterone</i> CAPS 100mg, 200mg | Tier 1 | |
| THYROID AGENTS – DRUGS TO REGULATE THYROID LEVELS | | | |
| | <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | Tier 1 | |
| | <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| | <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | Tier 1 | |
| | <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg | Tier 1 | |
| | <i>methimazole</i> TABS 5mg, 10mg | Tier 1 | |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|--|-----------|---|
| | <i>propylthiouracil</i> TABS 50mg | Tier 1 | |
| | SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| | <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| VITAMIN D ANALOGS | | | |
| | <i>calcitriol</i> CAPS .25mcg, .5mcg | Tier 1 | B/D |
| | <i>calcitriol (oral)</i> SOLN 1mcg/ml | Tier 1 | B/D |
| | <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | Tier 1 | B/D |
| | RAYALDEE CPCR 30mcg | Tier 1 | NDS |
| GASTROINTESTINAL – DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS | | | |
| ANTIEMETICS – DRUGS FOR NAUSEA AND VOMITING | | | |
| | <i>aprepitant</i> CAPS 40mg, 80mg, 125mg | Tier 1 | B/D |
| | <i>aprepitant capsule therapy pack 80 & 125 mg</i> | Tier 1 | B/D |
| | <i>compro</i> SUPP 25mg | Tier 1 | |
| | <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | Tier 1 | B/D, QL (60 caps/30 days) |
| | <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | Tier 1 | |
| | <i>granisetron hcl</i> TABS 1mg | Tier 1 | B/D |
| | <i>meclizine hcl</i> TABS 12.5mg, 25mg | Tier 1 | |
| | <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | Tier 1 | |
| | <i>ondansetron</i> TBP 4mg, 8mg | Tier 1 | B/D |
| | <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | Tier 1 | |
| | <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg | Tier 1 | B/D |
| | <i>prochlorperazine</i> SUPP 25mg | Tier 1 | |
| | <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | Tier 1 | |
| | <i>prochlorperazine maleate</i> TABS 5mg, 10mg | Tier 1 | |
| | <i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | Tier 1 | PA; PA if 70 years and older |
| | <i>scopolamine</i> PT72 1mg/3days | Tier 1 | QL (10 patches/30 days), PA; PA if 70 years and older |
| ANTISPASMODICS – DRUGS FOR STOMACH SPASMS | | | |
| | <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | Tier 1 | |
| | <i>glycopyrrolate</i> TABS 1mg | Tier 1 | QL (90 tabs/30 days) |
| | <i>glycopyrrolate</i> TABS 2mg | Tier 1 | QL (120 tabs/30 days) |
| H2-RECEPTOR ANTAGONISTS – DRUGS FOR ULCERS AND STOMACH ACID | | | |
| | <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | Tier 1 | |
| | <i>famotidine</i> SUSR 40mg/5ml | Tier 1 | QL (300 mL/30 days) |
| | <i>famotidine</i> TABS 20mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>famotidine</i> TABS 40mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | Tier 1 | |
| | <i>nizatidine</i> CAPS 150mg, 300mg | Tier 1 | |
| INFLAMMATORY BOWEL DISEASE | | | |
| | <i>balsalazide disodium</i> CAPS 750mg | Tier 1 | |
| | <i>budesonide</i> CPEP 3mg | Tier 1 | QL (90 caps/30 days), PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
 B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|---|-----------|---------------------------------------|
| | <i>budesonide</i> TB24 9mg | Tier 1 | NDS, QL (30 tabs/30 days), PA |
| | <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | Tier 1 | |
| | <i>mesalamine</i> CP24 .375gm | Tier 1 | QL (120 caps/30 days) |
| | <i>mesalamine</i> CPDR 400mg | Tier 1 | QL (180 caps/30 days) |
| | <i>mesalamine</i> ENEM 4gm; SUPP 1000mg | Tier 1 | |
| | <i>mesalamine</i> TBEC 1.2gm | Tier 1 | QL (120 tabs/30 days) |
| | <i>mesalamine w/ cleanser</i> KIT 4gm | Tier 1 | |
| | <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | Tier 1 | |
| LAXATIVES | | | |
| | <i>constulose</i> SOLN 10gm/15ml | Tier 1 | |
| | <i>enulose</i> SOLN 10gm/15ml | Tier 1 | |
| | <i>gavilyte-c</i> | Tier 1 | |
| | <i>gavilyte-g</i> | Tier 1 | |
| | <i>generlac</i> SOLN 10gm/15ml | Tier 1 | |
| | <i>lactulose</i> SOLN 10gm/15ml | Tier 1 | |
| | <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | Tier 1 | |
| | <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm | Tier 1 | |
| | <i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm | Tier 1 | |
| | PLENVU SOL | Tier 1 | |
| | <i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml | Tier 1 | |
| MISCELLANEOUS | | | |
| | <i>alosetron hcl</i> TABS .5mg, 1mg | Tier 1 | NDS, QL (60 tabs/30 days), PA |
| | <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | Tier 1 | |
| | <i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml | Tier 1 | |
| | <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg | Tier 1 | |
| | GATTEX KIT 5mg | Tier 1 | NDS, NM, LA, PA |
| | LINZESS CAPS 72mcg, 145mcg, 290mcg | Tier 1 | QL (30 caps/30 days) |
| | <i>loperamide hcl</i> CAPS 2mg | Tier 1 | |
| | <i>misoprostol</i> TABS 100mcg, 200mcg | Tier 1 | |
| | MOVANTIK TABS 12.5mg, 25mg | Tier 1 | QL (30 tabs/30 days) |
| | RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml | Tier 1 | NDS, QL (28 syringes/28 days), PA |
| | <i>sucralfate</i> TABS 1gm | Tier 1 | |
| | <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg | Tier 1 | |
| | XERMELO TABS 250mg | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |
| | XIFAXAN TABS 550mg | Tier 1 | NDS, PA |
| PANCREATIC ENZYMES | | | |
| | CREON CAP 3000UNIT | Tier 1 | |
| | CREON CAP 6000UNIT | Tier 1 | |
| | CREON CAP 12000UNT | Tier 1 | |
| | CREON CAP 24000UNT | Tier 1 | |
| | CREON CAP 36000UNT | Tier 1 | |
| | ZENPEP CAP 3000UNIT | Tier 1 | |
| | ZENPEP CAP 5000UNIT | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|--------------------------|
| | ZENPEP CAP 10000UNT | Tier 1 | |
| | ZENPEP CAP 15000UNT | Tier 1 | |
| | ZENPEP CAP 20000UNT | Tier 1 | |
| | ZENPEP CAP 25000UNT | Tier 1 | |
| | ZENPEP CAP 40000UNT | Tier 1 | |
| PROTON PUMP INHIBITORS – DRUGS FOR ULCERS AND STOMACH ACID | | | |
| | <i>esomeprazole magnesium</i> CPDR 20mg, 40mg | Tier 1 | QL (30 caps/30 days), ST |
| | <i>lansoprazole</i> CPDR 15mg, 30mg | Tier 1 | QL (60 caps/30 days) |
| | <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | Tier 1 | |
| | <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg | Tier 1 | |
| | <i>rabeprazole sodium</i> TBEC 20mg | Tier 1 | QL (30 tabs/30 days) |
| GENITOURINARY – DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS | | | |
| BENIGN PROSTATIC HYPERPLASIA – DRUGS TO TREAT ENLARGED PROSTATE | | | |
| | <i>alfuzosin hcl</i> TB24 10mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>dutasteride</i> CAPS .5mg | Tier 1 | QL (30 caps/30 days) |
| | <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | Tier 1 | QL (30 caps/30 days) |
| | <i>finasteride</i> TABS 5mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>tamsulosin hcl</i> CAPS .4mg | Tier 1 | QL (60 caps/30 days) |
| MISCELLANEOUS | | | |
| | <i>acetic acid</i> SOLN .25% | Tier 1 | |
| | <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | Tier 1 | |
| | <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | Tier 1 | |
| URINARY ANTISPASMODICS – DRUGS TO TREAT URINARY INCONTINENCE | | | |
| | <i>fesoterodine fumarate</i> TB24 4mg, 8mg | Tier 1 | QL (30 tabs/30 days) |
| | GEMTESA TABS 75mg | Tier 1 | QL (30 tabs/30 days) |
| | MYRBETRIQ SRER 8mg/ml | Tier 1 | QL (300 mL/28 days) |
| | MYRBETRIQ TB24 25mg, 50mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>oxybutynin chloride</i> SYRP 5mg/5ml | Tier 1 | QL (600 mL/30 days) |
| | <i>oxybutynin chloride</i> TABS 5mg | Tier 1 | QL (120 tabs/30 days) |
| | <i>oxybutynin chloride</i> TB24 5mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>oxybutynin chloride</i> TB24 10mg, 15mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>solifenacin succinate</i> TABS 5mg, 10mg | Tier 1 | QL (30 tabs/30 days) |
| | <i>tolterodine tartrate</i> CP24 2mg, 4mg | Tier 1 | QL (30 caps/30 days), ST |
| | <i>tolterodine tartrate</i> TABS 1mg, 2mg | Tier 1 | QL (60 tabs/30 days) |
| | <i>trospium chloride</i> TABS 20mg | Tier 1 | QL (60 tabs/30 days) |
| VAGINAL ANTI-INFECTIVES | | | |
| | <i>clindamycin phosphate vaginal</i> CREA 2% | Tier 1 | |
| | <i>metronidazole vaginal</i> GEL .75% | Tier 1 | |
| | <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | Tier 1 | |
| HEMATOLOGIC – DRUGS TO TREAT BLOOD DISORDERS | | | |
| ANTICOAGULANTS – BLOOD THINNERS | | | |
| | <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg | Tier 1 | QL (60 caps/30 days) |
| | ELIQUIS TABS 2.5mg | Tier 1 | QL (60 tabs/30 days) |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|---|-----------|--|
| | ELIQUIS TABS 5mg | Tier 1 | QL (74 tabs/30 days) |
| | ELIQUIS STARTER PACK TBPk 5mg | Tier 1 | QL (74 tabs/30 days) |
| | <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | Tier 1 | |
| | <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | Tier 1 | |
| | <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | Tier 1 | NDS |
| | HEP SOD/D5W INJ 20000UNT | Tier 1 | |
| | HEP SOD/D5W INJ 25000UNT | Tier 1 | |
| | HEP SOD/NACL INJ 12500UNT | Tier 1 | |
| | HEP SOD/NACL INJ 25000UNT | Tier 1 | |
| | <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | Tier 1 | B/D |
| | HEPARIN/NACL INJ 25000UNT | Tier 1 | |
| | <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| | PRADAXA CAPS 110mg | Tier 1 | QL (120 caps/30 days) |
| | <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| | XARELTO SUSR 1mg/ml | Tier 1 | QL (620 mL/30 days) |
| | XARELTO TABS 2.5mg | Tier 1 | QL (60 tabs/30 days) |
| | XARELTO TABS 10mg, 15mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| | XARELTO STAR TAB 15/20MG | Tier 1 | QL (51 tabs/30 days) |
| HEMATOPOIETIC GROWTH FACTORS | | | |
| | PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | Tier 1 | NM, PA |
| | PROCRIT SOLN 20000unit/ml, 40000unit/ml | Tier 1 | NDS, NM, PA |
| | ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | Tier 1 | NDS, NM, PA |
| | ZIEXTENZO SOSY 6mg/0.6ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| MISCELLANEOUS | | | |
| | <i>anagrelide hcl</i> CAPS .5mg, 1mg | Tier 1 | |
| | BERINERT KIT 500unit | Tier 1 | NDS, QL (24 boxes/30 days), NM, LA, PA |
| | <i>cilostazol</i> TABS 50mg, 100mg | Tier 1 | |
| | DOPTELET TABS 20mg | Tier 1 | NDS, NM, LA, PA |
| | DROXIA CAPS 200mg, 300mg, 400mg | Tier 1 | |
| | ENDARI PACK 5gm | Tier 1 | NDS, NM, LA, PA |
| | HAEGARDA SOLR 2000unit | Tier 1 | NDS, QL (30 vials/30 days), NM, LA, PA |
| | HAEGARDA SOLR 3000unit | Tier 1 | NDS, QL (20 vials/30 days), NM, LA, PA |
| | <i>icatibant acetate</i> SOSY 30mg/3ml | Tier 1 | NDS, QL (9 syringes/30 days), NM, PA |

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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|---|-----------|---|
| | <i>pentoxifylline</i> TBCR 400mg | Tier 1 | |
| | PROMACTA PACK 12.5mg | Tier 1 | NDS, QL (360 packets/30 days), NM, LA, PA |
| | PROMACTA PACK 25mg | Tier 1 | NDS, QL (180 packets/30 days), NM, LA, PA |
| | PROMACTA TABS 12.5mg, 25mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, LA, PA |
| | PROMACTA TABS 50mg, 75mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | <i>sajazir</i> SOSY 30mg/3ml | Tier 1 | NDS, QL (9 syringes/30 days), NM, LA, PA |
| | <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg | Tier 1 | |
| PLATELET AGGREGATION INHIBITORS | | | |
| | <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | Tier 1 | |
| | BRILINTA TABS 60mg, 90mg | Tier 1 | |
| | <i>clopidogrel bisulfate</i> TABS 75mg | Tier 1 | |
| | <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | Tier 1 | PA; PA if 70 years and older |
| | <i>prasugrel hcl</i> TABS 5mg, 10mg | Tier 1 | |
| IMMUNOLOGIC AGENTS – DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM | | | |
| AUTOIMMUNE AGENTS | | | |
| | DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | Tier 1 | NDS, NM, PA |
| | ENBREL SOLN 25mg/0.5ml | Tier 1 | NDS, QL (16 vials/28 days), NM, PA |
| | ENBREL SOSY 25mg/0.5ml | Tier 1 | NDS, QL (16 syringes/28 days), NM, PA |
| | ENBREL SOSY 50mg/ml | Tier 1 | NDS, QL (8 syringes/28 days), NM, PA |
| | ENBREL MINI SOCT 50mg/ml | Tier 1 | NDS, QL (8 cartridges/28 days), NM, PA |
| | ENBREL SURECLICK SOAJ 50mg/ml | Tier 1 | NDS, QL (8 pens/28 days), NM, PA |
| | HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| | HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | Tier 1 | NDS, QL (6 syringes/28 days), NM, PA |
| | HUMIRA PEDIA INJ CROHNS | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| | HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | Tier 1 | NDS, QL (3 syringes/28 days), NM, PA |
| | HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml | Tier 1 | NDS, QL (6 pens/28 days), NM, PA |
| | HUMIRA PEN PNKT 80mg/0.8ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| | HUMIRA PEN KIT PS/UV | Tier 1 | NDS, QL (3 pens/28 days), NM, PA |
| | HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml | Tier 1 | NDS, QL (6 pens/28 days), NM, PA |
| | HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml | Tier 1 | NDS, QL (3 pens/28 days), NM, PA |
| | HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |
| | HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml | Tier 1 | NDS, QL (4 pens/28 days), NM, PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|--|
| | INFLIXIMAB SOLR 100mg | Tier 1 | NDS, NM, LA, PA |
| | KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml | Tier 1 | NDS, QL (2 pens/28 days), NM, PA |
| | KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml | Tier 1 | NDS, QL (2 syringes/28 days), NM, PA |
| | OTEZLA TABS 30mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | OTEZLA TAB 10/20/30 | Tier 1 | NDS, QL (110 tabs/year), NM, PA |
| | REMICADE SOLR 100mg | Tier 1 | NDS, NM, LA, PA |
| | RENFLEXIS SOLR 100mg | Tier 1 | NDS, NM, LA, PA |
| | RINVOQ TB24 15mg, 30mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| | RINVOQ TB24 45mg | Tier 1 | NDS, QL (168 tabs/year), NM, PA |
| | SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | Tier 1 | NDS, QL (1 cartridge/56 days), NM, PA |
| | SKYRIZI SOLN 600mg/10ml | Tier 1 | NDS, QL (6 vials/year), NM, PA |
| | SKYRIZI SOSY 150mg/ml | Tier 1 | NDS, QL (6 syringes/365 days), NM, PA |
| | SKYRIZI PEN SOAJ 150mg/ml | Tier 1 | NDS, QL (6 pens/365 days), NM, PA |
| | STELARA SOLN 45mg/0.5ml | Tier 1 | NDS, QL (1 vial/28 days), NM, LA, PA |
| | STELARA SOLN 130mg/26ml | Tier 1 | NDS, NM, LA, PA |
| | STELARA SOSY 45mg/0.5ml, 90mg/ml | Tier 1 | NDS, QL (1 syringe/28 days), NM, PA |
| | TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | Tier 1 | NDS, QL (3 syringes/28 days), NM, LA, PA |
| | XELJANZ SOLN 1mg/ml | Tier 1 | NDS, QL (480 mL/24 days), NM, PA |
| | XELJANZ TABS 5mg, 10mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, PA |
| | XELJANZ XR TB24 11mg, 22mg | Tier 1 | NDS, QL (30 tabs/30 days), NM, PA |
| ASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) – DRUGS TO TREAT RHEUMATOID ARTHRITIS | | | |
| | hydroxychloroquine sulfate TABS 200mg | Tier 1 | |
| | leflunomide TABS 10mg, 20mg | Tier 1 | QL (30 tabs/30 days) |
| | methotrexate sodium TABS 2.5mg | Tier 1 | |
| | XATMEP SOLN 2.5mg/ml | Tier 1 | B/D |
| IMMUNOGLOBULINS | | | |
| | BIVIGAM SOLN 5gm/50ml, 10% | Tier 1 | NDS, NM, LA, PA |
| | FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | Tier 1 | NDS, NM, PA |
| | GAMASTAN INJ | Tier 1 | B/D, NM, LA |
| | GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 1 | NDS, NM, PA |
| | GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | Tier 1 | NDS, NM, PA |
| | GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 1 | NDS, NM, PA |
| | GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | Tier 1 | NDS, NM, LA, PA |
| | GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | Tier 1 | NDS, NM, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|--|-----------|--|
| | OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | Tier 1 | NDS, NM, PA |
| | PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 1 | NDS, NM, PA |
| | PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | Tier 1 | NDS, NM, PA |
| IMMUNOMODULATORS | | | |
| | ACTIMMUNE SOLN 2000000unit/0.5ml | Tier 1 | NDS, NM, LA, PA |
| | ARCALYST SOLR 220mg | Tier 1 | NDS, NM, LA, PA |
| IMMUNOSUPPRESSANTS | | | |
| | ASTAGRAF XL CP24 5mg | Tier 1 | NDS, B/D, NM |
| | ASTAGRAF XL CP24 .5mg, 1mg | Tier 1 | B/D, NM |
| | <i>azathioprine</i> TABS 50mg | Tier 1 | B/D |
| | BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml | Tier 1 | NDS, QL (8 syringes/28 days), NM, LA, PA |
| | BENLYSTA SOLR 120mg, 400mg | Tier 1 | NDS, NM, LA, PA |
| | <i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml | Tier 1 | B/D, NM |
| | <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | Tier 1 | B/D, NM |
| | <i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg | Tier 1 | NDS, B/D, NM |
| | <i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml | Tier 1 | B/D, NM |
| | <i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg | Tier 1 | B/D, NM |
| | <i>mycophenolate mofetil</i> SUSR 200mg/ml | Tier 1 | NDS, B/D, NM |
| | <i>mycophenolate sodium</i> TBEC 180mg, 360mg | Tier 1 | B/D, NM |
| | NULOJIX SOLR 250mg | Tier 1 | NDS, B/D, NM |
| | PROGRAF PACK .2mg, 1mg | Tier 1 | B/D, NM |
| | REZUROCK TABS 200mg | Tier 1 | NDS, NM, LA, PA |
| | SANDIMMUNE SOLN 100mg/ml | Tier 1 | B/D, NM |
| | <i>sirolimus</i> SOLN 1mg/ml | Tier 1 | NDS, B/D, NM |
| | <i>sirolimus</i> TABS .5mg, 1mg, 2mg | Tier 1 | B/D, NM |
| | <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | Tier 1 | B/D, NM |
| VACCINES | | | |
| | ACTHIB INJ | Tier 1 | |
| | ADACEL INJ | Tier 1 | |
| | BCG VACCINE SOLR 50mg | Tier 1 | |
| | BEXSERO INJ | Tier 1 | |
| | BOOSTRIX INJ | Tier 1 | |
| | DAPTACEL INJ | Tier 1 | |
| | DENGVAXIA SUS | Tier 1 | |
| | DIP/TET PED INJ 25-5LFU | Tier 1 | B/D |
| | ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | Tier 1 | B/D |
| | GARDASIL 9 INJ | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------------|
| | HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | Tier 1 | |
| | HEPLISAV-B SOSY 20mcg/0.5ml | Tier 1 | B/D |
| | HIBERIX SOLR 10mcg | Tier 1 | |
| | IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | Tier 1 | B/D |
| | INFANRIX INJ | Tier 1 | |
| | IPOL INJ INACTIVE | Tier 1 | |
| | IXIARO INJ | Tier 1 | |
| | JYNNEOS SUSP .5ml | Tier 1 | B/D |
| | KINRIX INJ | Tier 1 | |
| | M-M-R II INJ | Tier 1 | |
| | MENACTRA INJ | Tier 1 | |
| | MENQUADFI INJ | Tier 1 | |
| | MENVEO INJ | Tier 1 | |
| | MENVEO SOL | Tier 1 | |
| | PEDIARIX INJ 0.5ML | Tier 1 | |
| | PEDVAX HIB SUSP 7.5mcg/0.5ml | Tier 1 | |
| | PENTACEL INJ | Tier 1 | |
| | PREHEVBRIO SUSP 10mcg/ml | Tier 1 | B/D |
| | PRIORIX INJ | Tier 1 | |
| | PROQUAD INJ | Tier 1 | |
| | QUADRACEL INJ | Tier 1 | |
| | QUADRACEL INJ 0.5ML | Tier 1 | |
| | RABAVERT INJ | Tier 1 | B/D |
| | RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | Tier 1 | B/D |
| | ROTARIX SUS | Tier 1 | |
| | ROTATEQ SOL | Tier 1 | |
| | SHINGRIX SUSR 50mcg/0.5ml | Tier 1 | QL (2 vials per lifetime) |
| | TDVAX INJ 2-2 LF | Tier 1 | B/D |
| | TENIVAC INJ 5-2LF | Tier 1 | B/D |
| | TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | Tier 1 | |
| | TRUMENBA INJ | Tier 1 | |
| | TWINRIX INJ | Tier 1 | |
| | TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | Tier 1 | |
| | VAQTA SUSP 25unit/0.5ml, 50unit/ml | Tier 1 | |
| | VARIVAX INJ 1350pfu/0.5ml | Tier 1 | |
| | YF-VAX INJ | Tier 1 | |

NUTRITIONAL/SUPPLEMENTS – VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

| | |
|---|--------|
| D2.5W/NAACL INJ 0.45% | Tier 1 |
| D5W/LYTES INJ #48 | Tier 1 |
| D10W/NAACL INJ 0.2% | Tier 1 |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | Tier 1 |
| <i>dextrose 5% in lactated ringers</i> | Tier 1 |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------|
| | <i>dextrose 5% w/ sodium chloride 0.2%</i> | Tier 1 | |
| | <i>dextrose 5% w/ sodium chloride 0.3%</i> | Tier 1 | |
| | <i>dextrose 5% w/ sodium chloride 0.9%</i> | Tier 1 | |
| | <i>dextrose 5% w/ sodium chloride 0.45%</i> | Tier 1 | |
| | <i>dextrose 5% w/ sodium chloride 0.225%</i> | Tier 1 | |
| | <i>dextrose 10% w/ sodium chloride 0.45%</i> | Tier 1 | |
| | ISOLYTE-P INJ /D5W | Tier 1 | |
| | ISOLYTE-S INJ | Tier 1 | |
| | ISOLYTE-S INJ PH 7.4 | Tier 1 | |
| | <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| | <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | Tier 1 | |
| | <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | Tier 1 | |
| | <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| | <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | Tier 1 | |
| | <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | Tier 1 | |
| | <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| | <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | Tier 1 | |
| | <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | Tier 1 | |
| | <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | Tier 1 | |
| | KCL/D5W/NACL INJ 0.3/0.9% | Tier 1 | |
| | <i>lactated ringer's solution</i> | Tier 1 | |
| | MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | Tier 1 | |
| | <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | Tier 1 | |
| | <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | Tier 1 | |
| | MG SO4/D5W INJ 10MG/ML | Tier 1 | |
| | <i>multiple electrolytes ph 5.5</i> | Tier 1 | |
| | <i>multiple electrolytes ph 7.4</i> | Tier 1 | |
| | PLASMA-LYTE INJ -148 | Tier 1 | |
| | PLASMA-LYTE INJ -A | Tier 1 | |
| | POT CHL 20MEQ/L IN NACL 0.9% INJ | Tier 1 | |
| | POT CHL 20MEQ/L IN NACL 0.45% INJ | Tier 1 | |
| | POT CHL 40MEQ/L IN NACL 0.9% INJ | Tier 1 | |
| | <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | Tier 1 | |
| | POTASSIUM CHLORIDE SOLN 10meq/50ml | Tier 1 | |
| | <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | Tier 1 | |
| | <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i> | Tier 1 | |
| | TPN ELECTROL INJ | Tier 1 | B/D |
| | ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| | <i>klor-con PACK 20meq</i> | Tier 1 | |
| | <i>klor-con 8 TBCR 8meq</i> | Tier 1 | |
| | <i>klor-con 10 TBCR 10meq</i> | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|---------------------|
| | <i>klor-con m10</i> TBCR 10meq | Tier 1 | |
| | <i>klor-con m15</i> TBCR 15meq | Tier 1 | |
| | <i>klor-con m20</i> TBCR 20meq | Tier 1 | |
| | M-NATAL PLUS TAB | Tier 1 | |
| | <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq | Tier 1 | |
| | <i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq | Tier 1 | |
| | PRENATAL TAB 27-1MG | Tier 1 | |
| | PRENATAL TAB PLUS | Tier 1 | |
| | <i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln | Tier 1 | |
| | TRICARE TAB PRENATAL | Tier 1 | |
| IV NUTRITION | | | |
| | CLINIMIX INJ 4.25/D5W | Tier 1 | B/D |
| | CLINIMIX INJ 4.25/D10 | Tier 1 | B/D |
| | CLINIMIX INJ 5%/D15W | Tier 1 | B/D |
| | CLINIMIX INJ 5%/D20W | Tier 1 | B/D |
| | CLINIMIX INJ 6/5 | Tier 1 | B/D |
| | CLINIMIX INJ 8/10 | Tier 1 | B/D |
| | CLINIMIX INJ 8/14 | Tier 1 | B/D |
| | <i>clinisol sf</i> 15% | Tier 1 | B/D |
| | CLINOLIPID EMU 20% | Tier 1 | B/D |
| | <i>dextrose</i> SOLN 5%, 10% | Tier 1 | |
| | <i>dextrose</i> SOLN 50%, 70% | Tier 1 | B/D |
| | INTRALIPID EMUL 20gm/100ml, 30gm/100ml | Tier 1 | B/D |
| | NUTRILIPID EMUL 20gm/100ml | Tier 1 | B/D |
| | <i>plenamine</i> | Tier 1 | B/D |
| | PREMASOL SOL 10% | Tier 1 | NDS, B/D |
| | PROSOL INJ 20% | Tier 1 | B/D |
| | TRAVASOL INJ 10% | Tier 1 | B/D |
| | TROPHAMINE INJ 10% | Tier 1 | B/D |
| OPHTHALMIC – DRUGS TO TREAT EYE CONDITIONS | | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY – DRUGS TO TREAT INFECTIONS AND INFLAMMATION | | | |
| | <i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1% | Tier 1 | |
| | <i>neo-polycin hc ophth oint</i> 1% | Tier 1 | |
| | <i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1% | Tier 1 | |
| | <i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1% | Tier 1 | |
| | <i>neomycin-polymyxin-hc ophth susp</i> | Tier 1 | |
| | <i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)% | Tier 1 | |
| | TOBRADEX OIN 0.3-0.1% | Tier 1 | |
| | TOBRADEX ST SUS 0.3-0.05 | Tier 1 | |
| | <i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1% | Tier 1 | |
| | ZYLET SUS 0.5-0.3% | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|---------------------|
| ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS | | | |
| | <i>bacitracin (ophthalmic)</i> OINT 500unit/gm | Tier 1 | |
| | <i>bacitracin-polymyxin b ophth oint</i> | Tier 1 | |
| | BESIVANCE SUSP .6% | Tier 1 | |
| | CILOXAN OINT .3% | Tier 1 | |
| | <i>ciprofloxacin hcl (ophth)</i> SOLN .3% | Tier 1 | |
| | <i>erythromycin (ophth)</i> OINT 5mg/gm | Tier 1 | |
| | <i>gatifloxacin (ophth)</i> SOLN .5% | Tier 1 | |
| | <i>gentamicin sulfate (ophth)</i> SOLN .3% | Tier 1 | |
| | <i>moxifloxacin hcl (ophth)</i> SOLN .5% | Tier 1 | |
| | NATACYN SUSP 5% | Tier 1 | |
| | <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | Tier 1 | |
| | <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | Tier 1 | |
| | <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | Tier 1 | |
| | <i>ofloxacin (ophth)</i> SOLN .3% | Tier 1 | |
| | <i>polycin ophth oint</i> | Tier 1 | |
| | <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | Tier 1 | |
| | <i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10% | Tier 1 | |
| | <i>tobramycin (ophth)</i> SOLN .3% | Tier 1 | |
| | <i>trifluridine</i> SOLN 1% | Tier 1 | |
| | ZIRGAN GEL .15% | Tier 1 | |
| ANTI-INFLAMMATORIES – DRUGS TO TREAT INFLAMMATION | | | |
| | ALREX SUSP .2% | Tier 1 | |
| | BROMSITE SOLN .075% | Tier 1 | |
| | <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | Tier 1 | |
| | <i>diclofenac sodium (ophth)</i> SOLN .1% | Tier 1 | |
| | <i>difluprednate</i> EMUL .05% | Tier 1 | |
| | EYSUVIS SUSP .25% | Tier 1 | |
| | FLAREX SUSP .1% | Tier 1 | |
| | <i>fluorometholone (ophth)</i> SUSP .1% | Tier 1 | |
| | <i>flurbiprofen sodium</i> SOLN .03% | Tier 1 | |
| | <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5% | Tier 1 | |
| | LOTEMAX OINT .5% | Tier 1 | |
| | <i>prednisolone acetate (ophth)</i> SUSP 1% | Tier 1 | |
| | PREDNISOLONE SODIUM PHOSP SOLN 1% | Tier 1 | |
| | PROLENSA SOLN .07% | Tier 1 | |
| ANTIALLERGICS – DRUGS TO TREAT ALLERGIES | | | |
| | <i>azelastine hcl (ophth)</i> SOLN .05% | Tier 1 | |
| | <i>cromolyn sodium (ophth)</i> SOLN 4% | Tier 1 | |
| | <i>olopatadine hcl</i> SOLN .1% | Tier 1 | |
| | ZERVIATE SOLN .24% | Tier 1 | |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|---|-----------|--------------------------|
| ANTIGLAUCOMA – DRUGS TO TREAT GLAUCOMA | | | |
| | <i>betaxolol hcl (ophth)</i> SOLN .5% | Tier 1 | |
| | BETOPTIC-S SUSP .25% | Tier 1 | |
| | <i>brimonidine tartrate</i> SOLN .15%, .2% | Tier 1 | |
| | <i>brinzolamide</i> SUSP 1% | Tier 1 | |
| | <i>carteolol hcl (ophth)</i> SOLN 1% | Tier 1 | |
| | COMBIGAN SOL 0.2/0.5% | Tier 1 | |
| | <i>dorzolamide hcl</i> SOLN 2% | Tier 1 | |
| | <i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml | Tier 1 | |
| | <i>latanoprost</i> SOLN .005% | Tier 1 | |
| | <i>levobunolol hcl</i> SOLN .5% | Tier 1 | |
| | LUMIGAN SOLN .01% | Tier 1 | |
| | <i>pilocarpine hcl</i> SOLN 1%, 2%, 4% | Tier 1 | |
| | RHOPRESSA SOLN .02% | Tier 1 | |
| | ROCKLATAN DRO | Tier 1 | |
| | SIMBRINZA SUS 1-0.2% | Tier 1 | |
| | <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | Tier 1 | |
| | VYZULTA SOLN .024% | Tier 1 | |
| MISCELLANEOUS | | | |
| | ATROPINE SULFATE SOLN 1% | Tier 1 | |
| | <i>atropine sulfate (ophthalmic)</i> SOLN 1% | Tier 1 | |
| | CYSTADROPS SOLN .37% | Tier 1 | NDS, NM, LA, PA |
| | CYSTARAN SOLN .44% | Tier 1 | NDS, NM, LA, PA |
| | <i>proparacaine hcl</i> SOLN .5% | Tier 1 | |
| | RESTASIS EMUL .05% | Tier 1 | |
| | RESTASIS MULTIDOSE EMUL .05% | Tier 1 | |
| | TYRVAYA SOLN .03mg/act | Tier 1 | |
| | XIIDRA SOLN 5% | Tier 1 | |
| OTIC – DRUGS TO TREAT CONDITIONS OF THE EAR | | | |
| OTIC AGENTS | | | |
| | <i>acetic acid (otic)</i> SOLN 2% | Tier 1 | |
| | <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% | Tier 1 | |
| | <i>flac</i> OIL .01% | Tier 1 | |
| | <i>fluocinolone acetonide (otic)</i> OIL .01% | Tier 1 | |
| | <i>neomycin-polymyxin-hc otic soln</i> 1% | Tier 1 | |
| | <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | Tier 1 | |
| | <i>ofloxacin (otic)</i> SOLN .3% | Tier 1 | |
| RESPIRATORY – DRUGS TO TREAT BREATHING DISORDERS | | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS – DRUGS TO TREAT COPD | | | |
| | ANORO ELLIPT AER 62.5-25 | Tier 1 | QL (60 blisters/30 days) |
| | BEVESPI AER 9-4.8MCG | Tier 1 | QL (1 inhaler/30 days) |
| | BREZTRI AERO AER SPHERE | Tier 1 | QL (1 inhaler/30 days) |
| | BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | Tier 1 | QL (4 inhalers/28 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|--|-----------|--|
| | COMBIVENT AER 20-100 | Tier 1 | QL (2 inhalers/30 days) |
| | <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | Tier 1 | B/D |
| | TRELEGY AER ELLIPTA 100-62.5-25 MCG | Tier 1 | QL (60 blisters/30 days) |
| | TRELEGY AER ELLIPTA 200-62.5-25 MCG | Tier 1 | QL (60 blisters/30 days) |
| ANTICHOLINERGICS – DRUGS TO TREAT COPD | | | |
| | ATROVENT HFA AERS 17mcg/act | Tier 1 | QL (2 inhalers/30 days) |
| | INCRUSE ELLIPTA AEPB 62.5mcg/inh | Tier 1 | QL (30 blisters/30 days) |
| | <i>ipratropium bromide SOLN .02%</i> | Tier 1 | B/D |
| | <i>ipratropium bromide (nasal) SOLN .03%, .06%</i> | Tier 1 | |
| ANTIHISTAMINES – DRUGS TO TREAT ALLERGIES | | | |
| | <i>azelastine hcl SOLN .1%</i> | Tier 1 | |
| | <i>cetirizine hcl SOLN 1mg/ml</i> | Tier 1 | QL (300 mL/30 days) |
| | <i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> | Tier 1 | PA; PA if 70 years and older |
| | <i>diphenhydramine hcl SOLN 50mg/ml</i> | Tier 1 | |
| | <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | Tier 1 | PA; PA if 70 years and older |
| | <i>hydroxyzine pamoate CAPS 25mg, 50mg</i> | Tier 1 | PA; PA if 70 years and older |
| | <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i> | Tier 1 | QL (300 mL/30 days) |
| | <i>levocetirizine dihydrochloride TABS 5mg</i> | Tier 1 | QL (30 tabs/30 days) |
| BETA AGONISTS – DRUGS TO TREAT ASTHMA AND COPD | | | |
| | <i>albuterol sulfate AERS 108mcg/act</i> | Tier 1 | QL (2 inhalers/30 days); (generic of Proair HFA) |
| | <i>albuterol sulfate AERS 108mcg/act</i> | Tier 1 | QL (2 inhalers/30 days); (generic of Proventil HFA) |
| | <i>albuterol sulfate AERS 108mcg/act</i> | Tier 1 | QL (2 inhalers/30 days); (generic of Ventolin HFA) |
| | <i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i> | Tier 1 | B/D |
| | <i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i> | Tier 1 | |
| | <i>levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i> | Tier 1 | B/D |
| | <i>levalbuterol tartrate AERO 45mcg/act</i> | Tier 1 | QL (2 inhalers/30 days), ST |
| | SEREVENT DISKUS AEPB 50mcg/dose | Tier 1 | QL (60 inhalations/30 days) |
| | <i>terbutaline sulfate TABS 2.5mg, 5mg</i> | Tier 1 | |
| | VENTOLIN HFA AERS 108mcg/act | Tier 1 | QL (2 inhalers/30 days) |
| | VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | Tier 1 | QL (6 inhalers/30 days) |
| LEUKOTRIENE MODULATORS | | | |
| | <i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i> | Tier 1 | |
| | <i>zafirlukast TABS 10mg, 20mg</i> | Tier 1 | |
| MISCELLANEOUS | | | |
| | <i>acetylcysteine SOLN 10%, 20%</i> | Tier 1 | B/D |
| | ARALAST NP SOLR 500mg, 1000mg | Tier 1 | NDS, NM, LA, PA |
| | BRONCHITOL CAPS 40mg | Tier 1 | NDS, QL (560 caps/28 days), NM, LA, PA |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
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| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|--|-----------|--|
| | <i>cromolyn sodium</i> NEBU 20mg/2ml | Tier 1 | B/D |
| | <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml | Tier 1 | (generic of EpiPen) |
| | <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | Tier 1 | (generic of Adrenaclick) |
| | FASENRA SOSY 30mg/ml | Tier 1 | NDS, NM, LA, PA |
| | FASENRA PEN SOAJ 30mg/ml | Tier 1 | NDS, NM, LA, PA |
| | KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg | Tier 1 | NDS, QL (56 packs/28 days), NM, LA, PA |
| | KALYDECO TABS 150mg | Tier 1 | NDS, QL (60 tabs/30 days), NM, LA, PA |
| | OFEV CAPS 100mg, 150mg | Tier 1 | NDS, QL (60 caps/30 days), NM, LA, PA |
| | ORKAMBI GRA 75-94MG | Tier 1 | NDS, QL (56 packs/28 days), NM, LA, PA |
| | ORKAMBI GRA 100-125 | Tier 1 | NDS, QL (56 packs/28 days), NM, LA, PA |
| | ORKAMBI GRA 150-188 | Tier 1 | NDS, QL (56 packs/28 days), NM, LA, PA |
| | ORKAMBI TAB 100-125 | Tier 1 | NDS, QL (112 tabs/28 days), NM, LA, PA |
| | ORKAMBI TAB 200-125 | Tier 1 | NDS, QL (112 tabs/28 days), NM, LA, PA |
| | <i>pirfenidone</i> CAPS 267mg | Tier 1 | NDS, QL (270 caps/30 days), NM, PA |
| | <i>pirfenidone</i> TABS 267mg | Tier 1 | NDS, QL (270 tabs/30 days), NM, PA |
| | <i>pirfenidone</i> TABS 534mg, 801mg | Tier 1 | NDS, QL (90 tabs/30 days), NM, PA |
| | PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg | Tier 1 | NDS, NM, LA, PA |
| | PULMOZYME SOLN 2.5mg/2.5ml | Tier 1 | NDS, NM, PA |
| | <i>roflumilast</i> TABS 250mcg | Tier 1 | QL (56 tabs/year) |
| | <i>roflumilast</i> TABS 500mcg | Tier 1 | QL (30 tabs/30 days) |
| | SYMDEKO TAB 50-75MG | Tier 1 | NDS, QL (56 tabs/28 days), NM, LA, PA |
| | SYMDEKO TAB 100-150 | Tier 1 | NDS, QL (56 tabs/28 days), NM, LA, PA |
| | SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml | Tier 1 | |
| | THEO-24 CP24 100mg, 200mg, 300mg, 400mg | Tier 1 | |
| | <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg | Tier 1 | |
| | TRIKAFTA PAK 59.5MG | Tier 1 | NDS, QL (56 packs/28 days), NM, LA, PA |
| | TRIKAFTA PAK 75MG | Tier 1 | NDS, QL (56 packs/28 days), NM, LA, PA |
| | TRIKAFTA TAB 50-25-37.5MG & 75MG | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |
| | TRIKAFTA TAB 100-50-75MG & 150MG | Tier 1 | NDS, QL (84 tabs/28 days), NM, LA, PA |
| | XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml | Tier 1 | NDS, NM, LA, PA |
| | ZEMAIRA SOLR 1000mg | Tier 1 | NDS, NM, LA, PA |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|---|--|-----------|--|
| NASAL STEROIDS – DRUGS TO TREAT ALLERGIES | | | |
| | <i>flunisolide (nasal) SOLN .025%</i> | Tier 1 | QL (3 bottles/30 days) |
| | <i>fluticasone propionate (nasal) SUSP 50mcg/act</i> | Tier 1 | QL (1 bottle/30 days) |
| | XHANCE EXHU 93mcg/act | Tier 1 | QL (32 mL/30 days), PA |
| STERIOD INHALANTS – DRUGS TO TREAT ASTHMA | | | |
| | ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | Tier 1 | QL (30 inhalations/30 days) |
| | <i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i> | Tier 1 | B/D |
| STERIOD/BETA-AGONIST COMBINATIONS – DRUGS TO TREAT ASTHMA AND COPD | | | |
| | ADVAIR HFA AER 45/21 | Tier 1 | QL (1 inhaler/30 days) |
| | ADVAIR HFA AER 115/21 | Tier 1 | QL (1 inhaler/30 days) |
| | ADVAIR HFA AER 230/21 | Tier 1 | QL (1 inhaler/30 days) |
| | BREO ELLIPTA INH 100-25 | Tier 1 | QL (60 blisters/30 days) |
| | BREO ELLIPTA INH 200-25 | Tier 1 | QL (60 blisters/30 days) |
| | DULERA AER 50-5MCG | Tier 1 | QL (1 inhaler/30 days) |
| | DULERA AER 100-5MCG | Tier 1 | QL (1 inhaler/30 days) |
| | DULERA AER 200-5MCG | Tier 1 | QL (1 inhaler/30 days) |
| | <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | Tier 1 | QL (60 inhalations/30 days); (generic PRASCO not covered) |
| | <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | Tier 1 | QL (60 inhalations/30 days); (generic PRASCO not covered) |
| | <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | Tier 1 | QL (60 inhalations/30 days); (generic PRASCO not covered) |
| | <i>wixela inhub</i> | Tier 1 | QL (60 inhalations/30 days) |
| TOPICAL – DRUGS TO TREAT EAR AND SKIN CONDITIONS | | | |
| DERMATOLOGY, ACNE | | | |
| | <i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | PA |
| | <i>amnesteem CAPS 10mg, 20mg, 40mg</i> | Tier 1 | PA |
| | <i>benzoyl peroxide-erythromycin gel 5-3%</i> | Tier 1 | QL (46.6 gm/30 days) |
| | <i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | PA |
| | <i>clindamycin phosphate (topical) GEL 1%</i> | Tier 1 | QL (75 gm/30 days) |
| | <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> | Tier 1 | QL (60 mL/30 days) |
| | <i>ery PADS 2%</i> | Tier 1 | QL (60 pledgets/30 days) |
| | <i>erythromycin (acne aid) GEL 2%</i> | Tier 1 | QL (60 gm/30 days) |
| | <i>erythromycin (acne aid) SOLN 2%</i> | Tier 1 | QL (60 mL/30 days) |
| | <i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | PA |
| | <i>sulfacetamide sodium (acne) LOTN 10%</i> | Tier 1 | QL (118 mL/30 days) |
| | <i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i> | Tier 1 | QL (45 gm/30 days), PA |
| | <i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i> | Tier 1 | PA |
| DERMATOLOGY, ANTIBIOTICS | | | |
| | <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> | Tier 1 | QL (30 gm/30 days) |
| | <i>mupirocin OINT 2%</i> | Tier 1 | QL (220 gm/30 days) |
| | <i>silver sulfadiazine CREA 1%</i> | Tier 1 | |
| | <i>ssd CREA 1%</i> | Tier 1 | |
| | SULFAMYLON CREA 85mg/gm | Tier 1 | QL (453.6 gm/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
 B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|--|-----------|-------------------------|
| DERMATOLOGY, ANTIFUNGALS | | | |
| | <i>ciclopirox olamine</i> CREA .77% | Tier 1 | QL (90 gm/30 days) |
| | <i>ciclopirox olamine</i> SUSP .77% | Tier 1 | QL (60 mL/30 days) |
| | <i>clotrimazole (topical)</i> CREA 1% | Tier 1 | QL (45 gm/30 days) |
| | <i>clotrimazole (topical)</i> SOLN 1% | Tier 1 | QL (30 mL/30 days) |
| | <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | Tier 1 | QL (45 gm/30 days) |
| | <i>keconazole (topical)</i> CREA 2% | Tier 1 | QL (60 gm/30 days) |
| | <i>nyamyc</i> POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| | <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | Tier 1 | QL (30 gm/30 days) |
| | <i>nystatin (topical)</i> POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| | <i>nystop</i> POWD 100000unit/gm | Tier 1 | QL (60 gm/30 days) |
| DERMATOLOGY, ANTIPSORIATICS | | | |
| | <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | Tier 1 | PA |
| | <i>calcipotriene</i> CREA .005%; OINT .005% | Tier 1 | QL (120 gm/30 days), PA |
| | <i>calcipotriene</i> SOLN .005% | Tier 1 | QL (120 mL/30 days), PA |
| | <i>calcitrene</i> OINT .005% | Tier 1 | QL (120 gm/30 days), PA |
| | <i>tazarotene</i> CREA .1% | Tier 1 | QL (60 gm/30 days), PA |
| | TAZORAC CREA .05% | Tier 1 | QL (60 gm/30 days), PA |
| DERMATOLOGY, ANTISEBORRHEICS | | | |
| | <i>keconazole (topical)</i> SHAM 2% | Tier 1 | QL (120 mL/30 days) |
| | <i>selenium sulfide</i> LOTN 2.5% | Tier 1 | |
| DERMATOLOGY, CORTICOSTEROIDS | | | |
| | <i>ala-cort</i> CREA 1%, 2.5% | Tier 1 | |
| | <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | Tier 1 | QL (60 gm/30 days) |
| | <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% | Tier 1 | QL (120 gm/30 days) |
| | <i>betamethasone dipropionate (topical)</i> LOTN .05% | Tier 1 | QL (120 mL/30 days) |
| | <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% | Tier 1 | QL (120 gm/30 days) |
| | <i>betamethasone dipropionate augmented</i> LOTN .05% | Tier 1 | QL (120 mL/30 days) |
| | <i>betamethasone valerate</i> CREA .1%; OINT .1% | Tier 1 | QL (120 gm/30 days) |
| | <i>betamethasone valerate</i> LOTN .1% | Tier 1 | QL (120 mL/30 days) |
| | <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | Tier 1 | QL (60 gm/30 days) |
| | <i>clobetasol propionate</i> SOLN .05% | Tier 1 | QL (50 mL/30 days) |
| | <i>clobetasol propionate e</i> CREA .05% | Tier 1 | QL (60 gm/30 days) |
| | ENSTILAR AER | Tier 1 | QL (120 gm/30 days), PA |
| | <i>fluocinolone acetonide</i> CREA .01% | Tier 1 | QL (60 gm/30 days) |
| | <i>fluocinolone acetonide</i> CREA .025%; OINT .025% | Tier 1 | QL (120 gm/30 days) |
| | <i>fluocinolone acetonide</i> OIL .01% | Tier 1 | QL (118.28 mL/30 days) |
| | <i>fluocinolone acetonide</i> SOLN .01% | Tier 1 | QL (90 mL/30 days) |
| | <i>fluocinonide</i> CREA .05% | Tier 1 | QL (120 gm/30 days) |
| | <i>fluocinonide</i> GEL .05%; OINT .05% | Tier 1 | QL (60 gm/30 days) |
| | <i>fluocinonide</i> SOLN .05% | Tier 1 | QL (60 mL/30 days) |
| | <i>fluocinonide emulsified base</i> CREA .05% | Tier 1 | QL (120 gm/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|--|--|-----------|-------------------------------------|
| | <i>fluticasone propionate</i> CREA .05%; OINT .005% | Tier 1 | |
| | <i>halobetasol propionate</i> CREA .05%; OINT .05% | Tier 1 | QL (50 gm/30 days) |
| | <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | Tier 1 | |
| | <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | Tier 1 | |
| | <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% | Tier 1 | QL (454 gm/30 days) |
| | <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | Tier 1 | |
| DERMATOLOGY, LOCAL ANESTHETICS | | | |
| | <i>glydo</i> PRSY 2% | Tier 1 | QL (60 mL/30 days), PA |
| | <i>lidocaine</i> OINT 5% | Tier 1 | QL (50 gm/30 days), PA |
| | <i>lidocaine</i> PTCH 5% | Tier 1 | QL (3 patches/1 day), PA |
| | <i>lidocaine hcl</i> SOLN 4% | Tier 1 | QL (50 mL/30 days), PA |
| | <i>lidocaine-prilocaine cream</i> 2.5-2.5% | Tier 1 | B/D, QL (30 gm/30 days) |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | | |
| | <i>bexarotene (topical)</i> GEL 1% | Tier 1 | NDS, QL (60 gm/30 days), NM, PA |
| | <i>diclofenac sodium (topical)</i> GEL 1% | Tier 1 | QL (1000 gm/30 days) |
| | <i>fluorouracil (topical)</i> CREA 5% | Tier 1 | QL (40 gm/30 days) |
| | <i>fluorouracil (topical)</i> SOLN 2%, 5% | Tier 1 | QL (10 mL/30 days) |
| | <i>hydrocortisone (rectal)</i> CREA 1%, 2.5% | Tier 1 | |
| | <i>imiquimod</i> CREA 5% | Tier 1 | QL (24 packets/30 days) |
| | <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | Tier 1 | |
| | <i>metronidazole (topical)</i> CREA .75%; GEL .75% | Tier 1 | QL (45 gm/30 days) |
| | <i>metronidazole (topical)</i> LOTN .75% | Tier 1 | QL (59 mL/30 days) |
| | PANRETIN GEL .1% | Tier 1 | NDS, QL (60 gm/30 days), PA |
| | <i>podofilox</i> SOLN .5% | Tier 1 | QL (7 mL/28 days) |
| | <i>procto-med hc</i> CREA 2.5% | Tier 1 | |
| | <i>proctosol hc</i> CREA 2.5% | Tier 1 | |
| | <i>proctozone-hc</i> CREA 2.5% | Tier 1 | |
| | RECTIV OINT .4% | Tier 1 | QL (30 gm/30 days) |
| | <i>tacrolimus (topical)</i> OINT .03%, .1% | Tier 1 | QL (100 gm/30 days) |
| | VALCHLOR GEL .016% | Tier 1 | NDS, QL (60 gm/30 days), NM, LA, PA |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | | |
| | <i>malathion</i> LOTN .5% | Tier 1 | QL (59 mL/30 days) |
| | <i>permethrin</i> CREA 5% | Tier 1 | QL (60 gm/30 days) |
| DERMATOLOGY, WOUND CARE AGENTS | | | |
| | REG GRANEX GEL .01% | Tier 1 | NDS, QL (30 gm/30 days), PA |
| | SANTYL OINT 250unit/gm | Tier 1 | QL (180 gm/30 days) |
| | <i>sodium chloride (gu irrigant)</i> SOLN .9% | Tier 1 | |
| | <i>water for irrigation, sterile irrigation soln</i> | Tier 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | | |
| | <i>cevimeline hcl</i> CAPS 30mg | Tier 1 | |
| | <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | Tier 1 | |
| | <i>clotrimazole</i> TROC 10mg | Tier 1 | QL (150 lozenges/30 days) |

PA – Prior Authorization QL – Quantity Limits ST – Step Therapy NM – Not available at mail-order
B/D – Covered under Medicare B or D LA – Limited Access NDS – Non-Extended Days Supply

| Drug | Drug Name | Drug Tier | Requirements/Limits |
|------|---|-----------|---------------------|
| | <i>lidocaine hcl (mouth-throat) SOLN 2%</i> | Tier 1 | |
| | <i>nystatin (mouth-throat) SUSP 100000unit/ml</i> | Tier 1 | |
| | <i>periogard SOLN .12%</i> | Tier 1 | |
| | <i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i> | Tier 1 | |
| | <i>triamcinolone acetonide (mouth) PSTE .1%</i> | Tier 1 | |

PA – Prior Authorization **QL** – Quantity Limits **ST** – Step Therapy **NM** – Not available at mail-order
B/D – Covered under Medicare B or D **LA** – Limited Access **NDS** – Non-Extended Days Supply

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Multi-language Interpreter Services

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-436-5288**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter **1-877-436-5288**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Arabic: اني دل تي ودال لودج وأحص لابل قلعتت ؤلى سأي أ نع ؤباج لال ؤين اجمل ا يروف ل ا م جرتم ل ا ت امدخ مدقن انن ا ش دحتي ام صخش موقسي **1-877-436-5288** لى ع انب لاصتال ا وس كيلي ع سيل، يروف م جرتم لى ع لوصحلل ؤين اجم ؤمدخ هه. كتدع اس م ب ؤي ب ر ع ل ا

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मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-436-5288** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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Mercy Care Advantage (HMO SNP) Member Services

Call **602-586-1730** or **1-877-436-5288**

Calls to these numbers are free. 8:00 a.m. – 8:00 p.m., 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free. 8:00 a.m. – 8:00 p.m., 7 days a week.

Write Mercy Care Advantage (HMO SNP)

4500 E. Cotton Center Blvd.

Phoenix, AZ 85040

Website **www.MercyCareAZ.org**

This formulary was updated on 08/03/2023. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **www.MercyCareAZ.org**.

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Llame **602-586-1730** o **1-877-436-5288**

Las llamadas a estos números son gratis. 8:00 a.m. a 8:00 p.m., 7 días de la semana.

Servicios al Miembro también tiene servicios gratuitos de interpretación de idiomas disponibles para personas que no hablan inglés.

TTY **711**

Las llamadas a este número son gratis. 8:00 a.m. a 8:00 p.m., 7 días de la semana.

Escriba Mercy Care Advantage (HMO SNP)

4500 E. Cotton Center Blvd.

Phoenix, AZ 85040

Sitio Web **www.MercyCareAZ.org**

Este formulario fue actualizado en 08/03/2023. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.