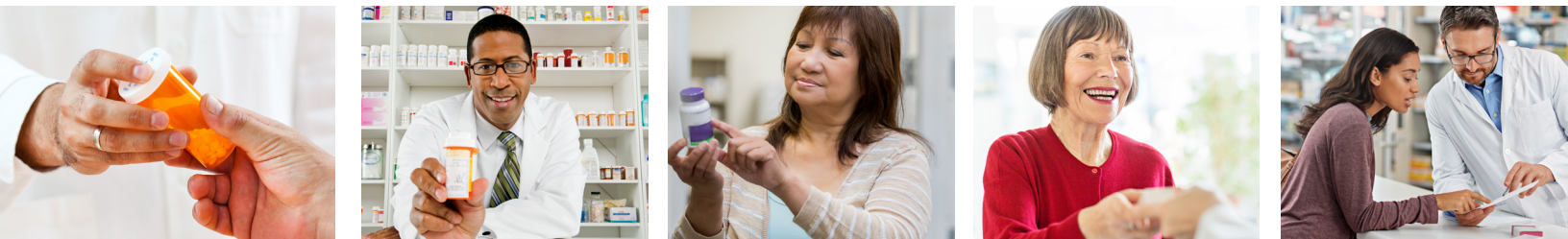


Community Health Plan of Washington



2026 Dual Complete and Dual Select Plans (HMO D-SNP) Prescription Drug Formulary



COMMUNITY HEALTH PLAN
of Washington™

MEDICARE ADVANTAGE

This formulary was updated on 04/21/2026. For more recent information or other questions, please contact Community Health Plan of Washington Dual Complete and Dual Select Plans (HMO D-SNP) Customer Service at 1-800-942-0247 or for TTY users, dial 711, 7 days a week, 8 a.m. to 8 p.m. or visit our website at [medicare.chpw.org](https://www.medicare.chpw.org).

04/21/2026

Community Health Plan of Washington

Medicare Advantage

Dual Complete and Dual Select Plans

(HMO D-SNP) 2026 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00026067, Version Number 10

This formulary was updated on 04/21/2026. For more recent information or other questions, please contact Community Health Plan of Washington (CHPW) Dual Complete and Dual Select Plans Customer Service at 1-800-942-0247 (TTY users should call 711), 7 days a week, 8 a.m. to 8 p.m., or visit medicare.chpw.org.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Community Health Plan of Washington Medicare Advantage. When it refers to “plan” or “our plan,” it means Community Health Plan of Washington Dual Complete and Dual Select Plans (HMO D-SNP).

This document includes Drug List (formulary) for our plan which is current as of 04/21/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

What is the Community Health Plan of Washington Dual Complete and Dual Select Plans Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Community Health Plan of Washington Medicare 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Community Health Plan of Washington Dual Complete and Dual Select Plan 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: medicare.chpw.org.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Community Health Plan of Washington Dual Complete and Dual Select Plans’ Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Community Health Plan of Washington Dual Complete and Dual Select Plans’ Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 04/21/2026. To get updated information about the drugs covered by Community Health Plan of Washington Dual Complete and Dual Select, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 19. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 19. 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 91. 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, “The ‘Drug List’ tells which Part D drugs are covered.

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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, the plan provides 30 tablets per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 19. 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 us 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 Community Health Plan of Washington Dual Complete and Dual Select Plans’ formulary?” on page 6 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 Customer Service and ask if your drug is covered.

If you learn that Community Health Plan of Washington Dual Complete and Dual Select Plans does not cover your drug, you have two options:

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

How do I request an exception to the Community Health Plan of Washington Dual Complete and Dual Select Plans' Formulary?

You can ask the Community Health Plan of Washington Dual Complete and Dual Select Plans 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 restriction including prior authorization, step therapy or a quantity limit on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask us for a tiering or, formulary exception, including and exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Our Policy Regarding Changes in Level of Care

You may have a change in your treatment setting due to the level of care you require. Such transitions include:

1. Being discharged from a hospital to a home;
2. Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and now needing to use your Part D plan;
3. Giving up Hospice Status and reverting back to standard Medicare Part A and B coverage;
4. Being discharged from chronic psychiatric hospitals with highly individualized drug regimens;

For these unplanned transitions, you may need to request an exception or an appeal for continued coverage of your drug. In addition, we will review requests for continuation of therapy on a case-by-case basis if you have had a change in your level of care and are stabilized on drug regimens that if altered, are known to have risks. Please see the Community Health Plan of Washington Transition Policy (medicare.chpw.org/member-center/member-resources/prescription-drug-coverage/) for more information.

Admission or discharge from a long-term care facility should not affect access to your Part D benefits.

For more information

For more detailed information about your Community Health Plan of Washington Dual Complete and Dual Select Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

Community Health Plan of Washington Dual Complete and Dual Select Plans Formulary

The formulary that begins on page 19 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

List of Abbreviations

- **BvD PA:** This prescription may be covered under Medicare Part B or Medicare Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-942-0247, 7 days a week, 8 a.m. to 8 p.m. TTY users should dial 711.
- **PA:** Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **PAns:** Prior Authorization for new starts. The plan requires you or your physician to get prior authorization for certain drugs if you are taking them for the first time. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **ST:** Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **QL:** Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
- **V:** This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Drug Payment Stages and Drug Tiers

The amount you pay for a covered drug will depend on:

- **Drug payment stage.** There are different stages of drug coverage in your plan. The amount you pay will depend on the coverage stage you're in.
- **Drug tier.** There are six drug tiers. Each tier has a copay and/or coinsurance amount. The table below shows the differences between the tiers.

Please reference your Evidence of Coverage for more information about drug coverage and copay or coinsurance amounts for each tier.

Drug Tier	Includes
Tier 1	Tier 1 is the lowest tier and includes preferred generic drugs.
Tier 2	Tier 2 includes generic drugs.
Tier 3	Tier 3 includes preferred brand drugs and non-preferred generic drugs.
Tier 4	Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
Tier 5	Tier 5 is the highest tier. It contains very high-cost brand and generic drugs, which may require special handling and/or close monitoring.
Tier 6	Tier 6 select care drugs.

Extra Help

Members who qualify will receive Extra Help for prescription drug, copays, and coinsurance. Please read the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider), to learn about your costs. You may also call Customer Service. Our contact information appears on the front and back cover pages.

Community Health Plan of Washington is an HMO plan with a Medicare contract and a contract with the Washington State Medicaid program. Enrollment in Community Health Plan of Washington depends on contract renewal. Community Health Plan of Washington (CHPW) complies with applicable federal, state, and local civil rights laws. Community Health Plan of Washington does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, sex, sexual orientation, gender (including gender identity or expression), veteran or military status, or the presence of any sensory, mental or physical disability or the use of a service animal. If you need an accommodation, or require documents in another format or language, please call 1-800-942-0247 (TTY: 711) 8 a.m. to 8 p.m., 7 days a week. ATENCIÓN: Si habla español y necesita una adaptación, o necesita documentos en otro formato o idioma, llame al 1-800-942-0247 (TTY:711).ВНИМАНИЕ: Если вы владеете русским языком и нуждаетесь в жилье, или вам нужны документы в другом формате или на другом языке, пожалуйста, позвоните по телефону 1-800-942-0247 (TTY:711)

Community Health Plan of Washington

Medicare Advantage

Planes Dual Complete y Dual Select

(HMO D-SNP) Formulario de 2026

Lista de medicamentos cubiertos

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID 00026067, Version Number 10

Este formulario se actualizó el 21/04/2026. Para obtener información actualizada o hacer alguna pregunta, comuníquese con el Servicio de atención al cliente de los planes Dual Complete y Dual Select de Community Health Plan of Washington (CHPW) al 1-800-942-0247 (los usuarios de TTY deben llamar al 711) los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., o visite medicare.chpw.org.

Nota para miembros actuales: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía incluye los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) dice “nosotros” “nos” o “nuestro”, hace referencia a Community Health Plan of Washington. Cuando menciona “plan” o “nuestro plan”, se refiere a los planes Dual Complete y Dual Select de Community Health Plan of Washington (HMO D-SNP).

Este documento incluye una lista de medicamentos (formulario) para nuestro plan que está vigente desde 21/04/2026. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y contraportada.

Por lo general, debe acudir a las farmacias de la red para usar el beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

¿Qué es el formulario de los planes Dual Complete y Dual Select de Community Health Plan of Washington?

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan, en colaboración con un equipo de proveedores de atención médica, que representa las terapias con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Generalmente cubriremos los medicamentos que se mencionan en nuestro formulario, siempre y cuando el medicamento sea medicamento necesario, la receta se presente en una farmacia de la red del plan y se cumpla con otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede el Formulario (lista de medicamentos) cambiar?

La mayoría de los cambios en la cobertura de medicamentos se realizan el 1 de enero, pero podemos añadir o retirar medicamentos de la lista de medicamentos durante el año, pasarlos a diferentes niveles de gastos compartidos o añadir nuevas restricciones. Debemos seguir las normas de Medicare a la hora de hacer estos cambios.

Los cambios que pueden afectarle este año: en los siguientes casos, se verá afectado por cambios los de cobertura durante el año:

- **Medicamentos genéricos nuevos.** Podemos retirar de inmediato un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en el mismo nivel de gasto compartido o en uno menor y con las mismas restricciones o menos. Además, al añadir el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero cambiarlo de inmediato a un nivel de gastos compartidos diferente o añadir nuevas restricciones. Si actualmente toma ese medicamento de marca, es posible que no informemos por adelantado que haremos ese cambio, pero luego le brindaremos información sobre los cambios específicos que hemos hecho.

- Si implementamos dicho cambio, usted u otra persona autorizada a dar recetas pueden solicitarle al plan que realice una excepción y siga cubriendo el medicamento de marca para usted. La notificación que le brindamos también incluirá información sobre cómo solicitar una excepción, además puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario de los planes Dual Complete y Dual Select de Community Health Plan of Washington?”
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos (FDA) considera que un medicamento de nuestro formulario no es seguro, o si el fabricante del medicamento lo quita del mercado, eliminaremos inmediatamente dicho medicamento de nuestro formulario y enviaremos un aviso a los miembros que toman ese medicamento.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que toman actualmente un medicamento. Por ejemplo, podríamos añadir un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que figure actualmente en el formulario, o añadir nuevas restricciones al medicamento de marca o moverlo a un nivel de gastos compartidos diferente, o ambas opciones. O bien, podemos realizar cambios según nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, o agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, debemos notificar a los miembros afectados sobre el cambio, al menos 30 días antes de que el cambio esté vigente, o cuando el miembro solicite un resurtido del medicamento, en cuyo momento el miembro recibirá un suministro del medicamento para hasta 30 días.
 - Si realizamos estos cambios, usted y su proveedor pueden solicitar al plan que haga una excepción y siga cubriendo el medicamento de marca para usted. La notificación que le brindamos también incluirá información sobre cómo solicitar una excepción, y además puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario de los planes Dual Complete y Dual Select de Community Health Plan of Washington?”

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario de 2026 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto en los casos que se describieron anteriormente. Esto significa que estos medicamentos permanecerán disponibles con los mismos gastos compartidos y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No recibirá un aviso directo sobre los cambios que no le afecten este año. Sin embargo, dichos cambios podrían afectarle a partir del 1 de enero del año siguiente, y es importante que revise la Lista de medicamentos del nuevo año de beneficios para ver los cambios.

El formulario adjunto está vigente desde 21/04/2026. Para obtener información actualizada sobre los medicamentos cubiertos por el plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

¿Cómo uso el Formulario?

Existen dos maneras de buscar un medicamento dentro del formulario:

Afección médica

El formulario comienza en la página 19. En este formulario, los medicamentos se dividen en categorías según el tipo de afección médica que tratan. Por ejemplo, los medicamentos que se utilizan para tratar una afección cardíaca se enumeran bajo la categoría: “Cardiovascular, Hipertensión/Lípidos”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 19. Luego, busque el nombre del medicamento debajo del nombre de la categoría.

Orden alfabético

Si no está seguro en qué categoría debe buscar, busque el medicamento en el índice que comienza en la página 91. El índice le proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Allí se enumeran los medicamentos de marca y los medicamentos genéricos. Busque en el índice y encuentre su medicamento. Al lado de medicamento, verá el número de página en donde puede encontrar la información de cobertura. Vaya a la página que figura en el índice y busque el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre medicamentos de marca y genéricos. La Administración de Alimentos y Medicamentos (FDA) aprueba un medicamento genérico cuando considera que contiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Nuestro plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de nuestro plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que el plan no cubra el medicamento.
- **Límites en la cantidad:** Para ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubriremos. Por ejemplo, el plan ofrece 30 comprimidos por receta de simvastatina. Esto puede ser adicional a un suministro estándar de uno o tres meses.
- **Tratamiento escalonado:** En algunos casos, nuestro plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para su afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que nuestro plan no cubra el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces el plan cubrirá el medicamento B.

Puede averiguar si un medicamento tiene límites o requisitos adicionales al consultar el formulario que

comienza en la página 19. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos si visita nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitar que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y contraportada.

Puede solicitar que hagamos una excepción a estos límites o restricciones, o que le demos una lista de medicamentos similares que puedan utilizarse para tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de los planes Dual Complete y Dual Select de Community Health Plan of Washington?” en la página 15 para obtener más 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 debe comunicarse con Servicio de atención al cliente y preguntar si su medicamento está cubierto.

Si se le comunica que el plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicio de atención al cliente una lista de medicamentos similares cubiertos por el plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que hagamos una excepción y cubramos su medicamento. Consulte a continuación para obtener más información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de los planes Dual Complete y Dual Select de Community Health Plan of Washington?

Puede solicitar que hagamos una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento incluso si no figura en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel de costo compartido predeterminado, y no podrá solicitarnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que no apliquemos los límites o restricciones de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y que cubramos un monto mayor.

En general, nuestro plan solo aprobará su solicitud de excepción si el medicamento alternativo incluido en el formulario del plan, o las restricciones de uso adicionales, no son tan efectivos para el tratamiento de su afección o si estos pueden causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial sobre una excepción a nuestro formulario o a las restricciones de uso. **Cuando solicita una excepción a nuestro formulario o a las restricciones de uso, debe presentar una declaración de su médico o una persona autorizada a emitir recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión en un plazo de 72 horas

después de recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría ser perjudicada gravemente al esperar 72 horas por una decisión. Si se concede su solicitud de apelación acelerada, debemos comunicarle una decisión en un plazo máximo de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué hago antes de poder hablar con mi médico sobre cambiar de medicamentos o solicitar una excepción?

Como miembro nuevo o actual de nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario. O bien, puede estar tomando un medicamento que sí está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de que pueda surtir sus medicamentos recetados. Debe hablar con su médico para decidir si debe cambiar a un medicamento adecuado que cubramos o solicitar una excepción para el formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir el medicamento en ciertos casos durante los primeros 90 días tras convertirse en un miembro del nuestro plan.

Para cada uno de los medicamentos que no estén en nuestro formulario, o si su acceso a estos medicamentos es limitado, cubriremos un suministro temporal de 30 días. Si su receta está indicada para menos días, permitiremos obtener varias veces los medicamentos hasta llegar a un máximo de un suministro para 30 días del medicamento. Luego de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan durante menos de 90 días.

Si es un residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario, o si su acceso a estos medicamentos es limitado, pero ya ha superado los primeros 90 días como miembro de nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras intenta obtener una excepción al formulario.

Nuestra política con respecto a los cambios en el nivel de atención

Puede haber cambios en el entorno de su tratamiento debido al nivel de atención que requiere. Dichas transiciones incluyen las siguientes:

1. ser dado de alta de un hospital a su casa;
2. finalizar su estadía en un establecimiento de enfermería especializada de la Parte A (en la que los pagos incluyen todos los cargos farmacéuticos) a raíz de una necesidad de usar su plan de la Parte D;
3. renunciar al Estado de necesidad de cuidados paliativos y volver a la cobertura de la Parte A y B estándar de Medicare;
4. ser dado de alta de hospitales psiquiátricos con regímenes altos de medicamentos individualizados.

Para estas transiciones no planificadas, es posible que necesite solicitar una excepción o apelación para una cobertura continua de su medicamento. Además, revisaremos las solicitudes de continuación del tratamiento sobre una base de caso por caso si ha tenido un cambio en el nivel de atención y si está estable en un régimen de medicamento que, si es alterado, tiene riesgos conocidos.

Lea la política de transición de Community Health Plan of Washington (medicare.chpw.org/member-center/member-resources/prescription-drug-coverage/) para obtener más información.

La admisión o el alta de un establecimiento de cuidados a largo plazo no debería afectar sus beneficios de la Parte D.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de los planes Dual Complete y Dual Select de Community Health Plan of Washington, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame al 1-800-MEDICARE (1-800-633-4227), disponible las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de los planes Dual Complete y Dual Select de Community Health Plan of Washington

El formulario que comienza en la página 19 ofrece información de cobertura sobre los medicamentos cubiertos en nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, diríjase al índice que comienza en la página 91.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están escritos en mayúscula (por ejemplo, RISPERDAL) y los medicamentos genéricos están escritos en minúscula cursiva (por ejemplo, *risperidona*).

La información en la columna de Requisitos/límites indica si su plan tiene algún requisito especial para la cobertura de su medicamento.

Lista de abreviaturas

- **BvD PA:** esta receta puede estar cubierta por la Parte B o la Parte D de Medicare, según las circunstancias. Es posible que tenga que enviar información describiendo el uso y entorno del medicamento para realizar la determinación.
- **LA (Limited Availability):** disponibilidad limitada. Es posible que este medicamento recetado esté disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame al Servicio de atención al cliente al 1-800-942-0247, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 711.
- **PA:** autorización previa. El plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener aprobación antes de surtir sus recetas. Si no obtiene la aprobación, puede que no cubramos el medicamento.

- **PAns:** Autorización Previa para nuevos inicios. El plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos si los está tomando por primera vez. Esto significa que deberá obtener la aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **ST (Step Therapy):** tratamiento escalonado. En algunos casos, el plan requiere que pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para su afección. Por ejemplo, si el medicamento A y el medicamento B tratan la misma afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces cubriremos el medicamento B.
- **QL (Quantity Limit):** límites en la cantidad. Para ciertos medicamentos, el plan limita la cantidad del medicamento que cubriremos.
- **V (Vaccine):** Esta vacuna se proporciona a adultos sin coste cuando se utiliza según las recomendaciones de la Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Etapas del pago de los medicamentos y niveles de los medicamentos

El monto que paga por un medicamento cubierto dependerá de lo siguiente:

- **Etapas del pago del medicamento.** Hay diferentes etapas de cobertura para los medicamentos de su plan. El monto que pague dependerá de la etapa de cobertura en la que se encuentre.
- **Nivel del medicamento.** Hay seis niveles de medicamentos. Cada nivel tiene un monto de copago o coseguro. La siguiente tabla muestra las diferencias entre los niveles.

Consulte su Evidencia de cobertura para obtener más información sobre la cobertura de los medicamentos y los montos del copago o coseguro para cada nivel.

Nivel del medicamento	Incluye
Nivel 1	El Nivel 1 es el nivel más bajo e incluye los medicamentos genéricos preferidos.
Nivel 2	El Nivel 2 incluye los medicamentos genéricos.
Nivel 3	El Nivel 3 incluye los medicamentos de marca preferidos y los medicamentos genéricos no preferidos.
Nivel 4	El Nivel 4 incluye los medicamentos de marca no preferidos y los medicamentos genéricos no preferidos.
Nivel 5	El Nivel 5 es el nivel más alto. Contiene medicamentos genéricos y de marca de muy alto costo, que pueden requerir una administración especial o mucha supervisión.
Nivel 6	Nivel 6 Medicamentos de atención selecta.

Ayuda adicional

Los miembros que reúnan los requisitos recibirán Ayuda adicional para los medicamentos recetados, los copagos y el coseguro. Lea la “Cláusula de la Evidencia de cobertura para las personas que reciben Ayuda adicional para pagar los medicamentos recetados” (Cláusula LIS) para conocer sus costos. También puede llamar al servicio de atención al cliente. Nuestra información de contacto aparece en las páginas de portada y contraportada.

Community Health Plan of Washington es un plan HMO con un contrato de Medicare y un contrato con el programa Medicaid del estado de Washington. La inscripción en Community Health Plan of Washington depende de la renovación del contrato. Community Health Plan of Washington (CHPW) cumple con las leyes de derechos civiles federales, estatales y locales aplicables. Community Health Plan of Washington no discrimina, excluye ni trata a las personas de manera diferente por motivos de raza, color, origen nacional, edad, sexo, orientación sexual, género (incluida la identidad o expresión de género), estado de veterano o militar, o la presencia de cualquier discapacidad sensorial, mental o física o el uso de un animal de servicio. Si necesita una adaptación o necesita documentos en otro formato o idioma, llame al 1-800-942-0247 (TTY: 711) de 8 a. m. a 8 p. m., los 7 días de la semana. ATTENTION: If you speak English, free language assistance services are available 1-800-942-0247 (TTY:711). ВНИМАНИЕ: Если вы владеете русским языком и нуждаетесь в жилье, или вам нужны документы в другом формате или на другом языке, пожалуйста, позвоните по телефону 1-800-942-0247 (TTY:711).

COMMUNITY HEALTH PLAN OF
WASHINGTON

2026 PRESCRIPTION DRUG FORMULARY

(6 Tier)

CURRENT AS OF 4/21/2026

Drug Name		Requirements/ Limits
<i>celecoxib</i>		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium oral</i>		
<i>diclofenac sodium topical drops</i>		QL (300 ML per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>		QL (224 GM per 28 days)
<i>diflunisal</i>		
<i>etodolac oral capsule</i>		
<i>etodolac oral tablet</i>		
<i>flurbiprofen oral tablet 100 mg</i>		
IBU ORAL TABLET 600 MG, 800 MG		
<i>ibuprofen oral suspension</i>		
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		
LURBIRO		
<i>meloxicam oral tablet</i>		QL (30 EA per 30 days)
<i>nabumetone</i>		
<i>naproxen oral tablet</i>		

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>oxaprozin oral tablet</i>	4	
<i>piroxicam</i>	3	
<i>sulindac</i>	2	
<i>tolvaptan (polycystic kidney dis) oral tablets, sequential</i>	5	PA
Opioid Analgesics, Long-Acting		
<i>buprenorphine hcl sublingual</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; QL (60 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; QL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; QL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; QL (240 EA per 30 days)
<i>morphine concentrate oral solution</i>	3	QL (900 ML per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine oral solution 10 mg/5 ml</i>	3	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	3	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; QL (120 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180 EA per 30 days)
<i>butorphanol nasal</i>	4	QL (10 ML per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (50 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	QL (2400 ML per 30 days)

Drug Name		Requirements/ Limits
<i>hydromorphone oral tablet</i>		QL (180 EA per 30 days)
<i>morphine concentrate oral solution</i>		QL (900 ML per 30 days)
<i>morphine oral solution</i>		QL (900 ML per 30 days)
<i>morphine oral tablet</i>		QL (180 EA per 30 days)
<i>oxycodone oral capsule</i>		QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>		QL (180 ML per 30 days)
<i>oxycodone oral solution</i>		QL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>		QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>		QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>		QL (360 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>		QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>		QL (240 EA per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		
<i>lidocaine topical adhesive patch, medicated 5 %</i>		PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>		QL (50 GM per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
LIDOCAINE VISCOSUS	2	
<i>lidocaine-prilocaine topical cream</i>	3	QL (30 GM per 30 days)
LIDOCAN III	4	PA; QL (90 EA per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti- Craving		
<i>acamprosate</i>	4	
<i>disulfiram</i>	3	
<i>naltrexone</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl sublingual</i>	2	
<i>buprenorphine- naloxone sublingual film</i>	3	
<i>buprenorphine- naloxone sublingual tablet</i>	2	
<i>naltrexone</i>	2	
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	4	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter)</i>	2	
NICOTROL NS	4	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	
<i>varenicline tartrate oral tablets, dose pack</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	4	PA
ARIKAYCE	5	PA
<i>gentamicin in nacl (iso- osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
<i>gentamicin injection</i>	4	PA
<i>gentamicin topical cream</i>	4	QL (60 GM per 30 days)
<i>gentamicin topical ointment</i>	3	QL (60 GM per 30 days)
<i>neomycin</i>	2	
<i>streptomycin</i>	5	PA; QL (60 EA per 30 days)
<i>tobramycin inhalation</i>	5	PA; QL (224 ML per 28 days)
<i>tobramycin sulfate injection solution</i>	4	PA
Antibacterials, Other		
<i>acetic acid otic (ear)</i>	2	
<i>aztreonam</i>	4	PA
<i>clindamycin hcl</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Requirements/ Limits
<i>clindamycin in 5 % dextrose</i>	PA
<i>clindamycin phosphate injection solution 150 mg/ml</i>	PA
<i>clindamycin phosphate vaginal</i>	
<i>colistin (colistimethate na)</i>	PA; QL (30 EA per 10 days)
<i>daptomycin</i>	
<i>fosfomicin tromethamine</i>	
<i>linezolid in dextrose 5%</i>	PA
<i>linezolid oral suspension for reconstitution</i>	
<i>linezolid oral tablet</i>	
<i>methenamine hippurate</i>	
<i>metronidazole in nacl (iso-os)</i>	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	
<i>metronidazole topical cream</i>	
<i>metronidazole topical gel</i>	
<i>metronidazole topical lotion</i>	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	
<i>nitrofurantoin monohyd/m-cryst</i>	
<i>tigecycline</i>	PA
<i>tinidazole</i>	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule</i>	3	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	3	
<i>cefepime injection</i>	4	
<i>cefixime oral capsule</i>	4	
<i>cefixime oral suspension for reconstitution</i>	4	
<i>cefoxitin</i>	4	PA

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>cefepodoxime</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	PA
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
TAZICEF INJECTION	4	PA
TEFLARO	5	PA
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	

Drug Name		Requirements/ Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>		
<i>ampicillin oral capsule 500 mg</i>		
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>		PA
<i>ampicillin sodium injection recon soln 2 gram</i>		
<i>ampicillin-sulbactam injection</i>		PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML		
BICILLIN L-A		PA
<i>dicloxacillin</i>		
<i>nafcillin injection recon soln 1 gram, 2 gram</i>		PA
<i>nafcillin injection recon soln 10 gram</i>		PA
<i>oxacillin</i>		PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>		PA
<i>penicillin g potassium injection recon soln 20 million unit</i>		PA
<i>penicillin g sodium</i>		PA
<i>penicillin v potassium</i>		
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>		

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Carbapenems		
<i>ertapenem</i>	4	PA; QL (14 EA per 14 days)
<i>imipenem-cilastatin</i>	4	PA
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; QL (10 EA per 10 days)
Macrolides		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution</i>	4	
<i>clarithromycin oral tablet</i>	3	
<i>clarithromycin oral tablet extended release 24 hr</i>	3	
DIFICID ORAL TABLET	5	QL (20 EA per 10 days)
<i>erythromycin oral</i>	4	
<i>fidaxomicin</i>	5	QL (20 EA per 10 days)
Quinolones		
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	3	
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
Sulfonamides		
<i>sulfacetamide sodium (acne)</i>	4	
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
Tetracyclines		
DOXY-100	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	4	
<i>tetracycline oral capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
DIACOMIT	5	PAns
<i>divalproex</i>	2	
EPIDIOLEX	5	PAns
<i>felbamate</i>	4	
FINTEPLA	5	PAns; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	QL (720 ML per 30 days)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	3	
<i>levetiracetam oral tablet for suspension</i>	4	
<i>perampanel oral suspension</i>	5	QL (720 ML per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	4	QL (60 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	QL (60 EA per 30 days)
ROWEEPPRA	2	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	4	
SUBVENITE ORAL SUSPENSION	5	
SUBVENITE ORAL TABLET	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PAns
<i>topiramate oral solution</i>	4	PAns
<i>topiramate oral tablet</i>	2	PAns
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
XCOPRI MAINTENANCE PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	QL (28 EA per 180 days)
ZTALMY	5	PAns; QL (1100 ML per 30 days)
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	3	QL (900 ML per 30 days)
ZONISADE	5	PAns
Gamma- Aminobutyric Acid (Gaba) Modulating Agents		
<i>clobazam oral suspension</i>	4	PAns; QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	PAns; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	4	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PAns; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PAns; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PAns; QL (360 EA per 30 days)
DIAZEPAM INTENSOL	2	PAns; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PAns; QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	2	PAns; QL (120 EA per 30 days)
<i>diazepam rectal</i>	4	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization
(PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name		Requirements/ Limits
LORAZEPAM INTENSOL		PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>		PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>		PA; QL (150 EA per 30 days)
NAYZILAM		PAnS; QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>		PAnS
<i>phenobarbital oral tablet</i>		PAnS
<i>pregabalin oral capsule 200 mg</i>		QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>		QL (60 EA per 30 days)
<i>pregabalin oral solution</i>		QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg</i>		
<i>primidone oral tablet 250 mg, 50 mg</i>		
SYMPAZAN ORAL FILM 10 MG, 20 MG		PAnS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG		PAnS; QL (60 EA per 30 days)
<i>tiagabine</i>		
VALTOCO		PAnS; QL (10 EA per 30 days)
<i>vigabatrin</i>		PAnS
VIGADRONE		PAnS

Drug Name	Drug Tier	Requirements/ Limits
ZTALMY	5	PAnS; QL (1100 ML per 30 days)
Sodium Channel Agents		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	
DILANTIN	4	
<i>eslicarbazepine oral tablet 200 mg</i>	5	QL (180 EA per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	5	QL (90 EA per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60 EA per 30 days)
<i>lacosamide oral solution</i>	4	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	3	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization
(PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	
<i>rufinamide oral suspension</i>	5	PAns
<i>rufinamide oral tablet</i>	4	PAns
ZONISADE	5	PAns
<i>zonisamide</i>	2	PAns
Antidementia Agents		
Antidementia Agents, Other		
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	2	
<i>memantine-donepezil</i>	3	PA
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet, disintegrating</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	3	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	3	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine oral tablet</i>	3	PA
Antidepressants		
Antidepressants, Other		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA	5	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60 EA per 30 days)
AUVELITY	4	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL (60 EA per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	5	QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	5	QL (32 EA per 180 days)
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	
OPIPZA ORAL FILM 10 MG	5	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	5	QL (180 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PAnS; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PAnS; QL (14 EA per 365 days)
Monoamine Oxidase Inhibitors		
EMSAM	5	
MARPLAN	4	
<i>phenelzine</i>	3	
<i>tranylcypromine</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	4	
<i>escitalopram oxalate oral tablet</i>	2	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (120 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	2	
<i>fluvoxamine oral tablet 100 mg</i>	3	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	QL (60 EA per 30 days)
<i>nefazodone</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
RALDESY	5	
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>trazodone</i>	1	
TRINTELLIX	3	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	QL (90 EA per 30 days)
<i>vilazodone</i>	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Tricyclics		
<i>amitriptyline</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine</i>	4	
<i>desipramine</i>	4	
<i>doxepin oral capsule</i>	4	
<i>doxepin oral concentrate</i>	4	
<i>doxepin oral tablet</i>	3	QL (30 EA per 30 days)
<i>imipramine hcl</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	4	
<i>protriptyline</i>	4	
<i>trimipramine</i>	4	
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine oral</i>	4	
COMPRO	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>perphenazine</i>	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>promethazine oral</i>	4	PA
<i>scopolamine base</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	BvD
<i>dronabinol</i>	4	PA
<i>granisetron hcl oral</i>	4	BvD
<i>ondansetron hcl oral solution</i>	4	BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	BvD
VARUBI	3	BvD
Antifungals		
Antifungals		
<i>amphotericin b</i>	4	BvD
<i>amphotericin b liposome</i>	5	BvD
<i>casprofungin</i>	4	
<i>ciclopirox topical cream</i>	2	QL (90 GM per 28 days)
<i>ciclopirox topical gel</i>	3	QL (100 GM per 28 days)
<i>ciclopirox topical shampoo</i>	3	QL (120 ML per 28 days)
<i>ciclopirox topical solution</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox topical suspension</i>	3	QL (60 ML per 28 days)
<i>clotrimazole mucous membrane</i>	2	
<i>clotrimazole topical cream</i>	2	QL (45 GM per 28 days)
<i>clotrimazole topical solution</i>	2	QL (30 ML per 28 days)
CRESEMBA ORAL	5	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>econazole nitrate topical cream</i>	4	QL (85 GM per 28 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120 EA per 30 days)
<i>itraconazole oral solution</i>	4	
<i>ketoconazole oral</i>	2	
<i>ketoconazole topical cream</i>	2	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo</i>	2	QL (120 ML per 28 days)
<i>micafungin</i>	4	
<i>naftifine topical gel</i>	4	QL (60 GM per 28 days)
NYAMYC	3	QL (180 GM per 30 days)
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystatin topical cream</i>	2	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	2	QL (30 GM per 28 days)
<i>nystatin topical powder</i>	3	QL (180 GM per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
NYSTOP	3	QL (180 GM per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral</i>	2	
<i>terconazole</i>	3	
<i>voriconazole intravenous</i>	5	PA
<i>voriconazole oral suspension for reconstitution</i>	5	PA
<i>voriconazole oral tablet</i>	4	PA

Antigout Agents

Antigout Agents

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	
<i>febuxostat</i>	3	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	

Antimigraine Agents

Antimigraine Agents

NURTEC ODT	3	PA; QL (16 EA per 30 days)
------------	---	----------------------------

Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists

AIMOVIG AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
EMGALITY PEN	3	PA; QL (2 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
NURTEC ODT	3	PA; QL (16 EA per 30 days)

Ergot Alkaloids

<i>dihydroergotamine nasal</i>	5	QL (8 ML per 28 days)
<i>ergotamine-caffeine</i>	3	

Prophylactic

<i>divalproex</i>	2	
<i>timolol maleate oral</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PAns
<i>topiramate oral solution</i>	4	PAns
<i>topiramate oral tablet</i>	2	PAns
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	

Serotonin (5-Ht) Receptor Agonist

<i>naratriptan</i>	3	QL (18 EA per 28 days)
<i>rizatriptan oral tablet</i>	2	QL (24 EA per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	QL (24 EA per 28 days)
<i>sumatriptan</i>	4	QL (18 EA per 28 days)
<i>sumatriptan succinate oral</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8 ML per 28 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	3	
PRIFTIN	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol</i>	3	
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
PRIFTIN	3	
<i>pyrazinamide</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	3	
SIRTURO	5	PA
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	3	BvD
<i>cyclophosphamide oral tablet 50 mg</i>	3	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE ORAL CAPSULE 100 MG	5	
LEUKERAN	5	
<i>lomustine oral capsule 10 mg</i>	4	
<i>lomustine oral capsule 100 mg, 40 mg</i>	5	
MATULANE	5	
VALCHLOR	5	PAns
Antiandrogens		
<i>abiraterone oral tablet 250 mg</i>	5	PAns; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PAns; QL (60 EA per 30 days)
ABIRTEGA	4	PAns; QL (120 EA per 30 days)
<i>bicalutamide</i>	2	
ERLEADA ORAL TABLET 240 MG	5	PAns; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PAns; QL (120 EA per 30 days)
EULEXIN	5	
<i>nilutamide</i>	5	PAns
NUBEQA	5	PAns; QL (120 EA per 30 days)
<i>toremifene</i>	5	
XTANDI ORAL CAPSULE	5	PAns; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PAns; QL (120 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
XTANDI ORAL TABLET 80 MG	5	PAns; QL (60 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide</i>	5	PAns; QL (28 EA per 28 days)
<i>pomalidomide</i>	5	PAns; QL (21 EA per 28 days)
POMALYST	5	PAns; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PAns; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG		PAns; QL (28 EA per 28 days)
Antiestrogens/Modifi ers		
INLURIYO	5	PAns
ORSERDU ORAL TABLET 345 MG	5	PAns; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PAns; QL (90 EA per 30 days)
SOLTAMOX	5	
<i>tamoxifen</i>	2	
<i>toremifene</i>		
BESREMI	5	PAns
DROXIA ORAL CAPSULE 200 MG		PAns; QL (56 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
DROXIA ORAL CAPSULE 300 MG, 400 MG	3	
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>hydroxyurea</i>	2	
<i>mercaptopurine oral suspension</i>	5	
<i>mercaptopurine oral tablet</i>	3	
ONUREG	5	PAns; QL (14 EA per 28 days)
TABLOID		
<i>hydroxyurea</i>	2	
IDHIFA	5	PAns; QL (30 EA per 30 days)
INQOVI	5	PAns; QL (5 EA per 28 days)
IWILFIN	5	PAns; QL (240 EA per 30 days)
JYLAMVO	4	BvD
<i>leucovorin calcium oral</i>	3	
LONSURF	5	PAns
LUMAKRAS ORAL TABLET 240 MG	5	PAns; QL (120 EA per 30 days)
LYNPARZA		PAns; QL (120 EA per 30 days)
LYSODREN	5	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization
(PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium</i>	2	BvD
<i>methotrexate sodium (pf) injection solution</i>	2	BvD
NINLARO	5	PAns; QL (3 EA per 28 days)
OJJAARA	5	PAns; QL (30 EA per 30 days)
ORGOVYX	5	PAns; QL (30 EA per 28 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PAns; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PAns; QL (90 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PAns; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PAns; QL (30 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5	PAns

Drug Name	Drug Tier	Requirements/ Limits
ZOLINZA	5	PAns; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
IBRANCE ORAL TABLET	5	PAns; QL (21 EA per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PAns; QL (56 EA per 28 days)
TIBSOVO	5	PAns
Molecular Target Inhibitors		
AKEEGA	5	PAns; QL (60 EA per 30 days)
ALECENSA	5	PAns; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PAns; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PAns; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PAns; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PAns; QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
AUGTYRO ORAL CAPSULE 40 MG	5	PAns; QL (240 EA per 30 days)
AVMAPKI- FAKZYNJA	5	PAns; QL (66 EA per 28 days)
AYVAKIT	5	PAns; QL (30 EA per 30 days)
BALVERSA	5	PAns
BOSULIF ORAL CAPSULE 100 MG	5	PAns; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PAns; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PAns; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAns; QL (30 EA per 30 days)
BRAFTOVI	5	PAns; QL (180 EA per 30 days)
BRUKINSA ORAL TABLET	5	PAns; QL (60 EA per 30 days)
CABOMETYX	5	PAns; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PAns; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PAns; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAns; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1- 20 MG X1)	5	PAns; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1- 20 MG X3)	5	PAns; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAns; QL (84 EA per 28 days)
COPIKTRA	5	PAns; QL (56 EA per 28 days)
COTELLIC	5	PAns; QL (63 EA per 28 days)
DANZITEN	5	PAns; QL (112 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PAns; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PAns; QL (90 EA per 30 days)
<i>dasatinib oral tablet 70 mg</i>	5	PAns; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PAns; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAns; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE 100 MG	5	PAns

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization
(PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
ENSACOVE ORAL CAPSULE 25 MG	5	PAnS; QL (60 EA per 30 days)
ERIVEDGE	5	PAnS; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PAnS; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PAnS; QL (60 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet</i>	5	PAnS; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PAnS; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PAnS; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PAnS; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	BvD
FOTIVDA	5	PAnS; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PAnS; QL (84 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
FRUZAQLA ORAL CAPSULE 5 MG	5	PAnS; QL (21 EA per 28 days)
GAVRETO	5	PAnS; QL (120 EA per 30 days)
<i>gefitinib</i>	5	PAnS; QL (30 EA per 30 days)
GILOTRIF	5	PAnS; QL (30 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PAnS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PAnS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PAnS; QL (168 EA per 28 days)
HERNEXEOS	5	PAnS; QL (90 EA per 30 days)
HYRNUO	5	PAnS; QL (120 EA per 30 days)
IBRANCE	5	PAnS; QL (21 EA per 28 days)
IBTROZI	5	PAnS; QL (90 EA per 30 days)
ICLUSIG	5	PAnS; QL (30 EA per 30 days)
IDHIFA	5	PAnS; QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>imatinib oral tablet 100 mg</i>	3	PAns; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAns; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAns; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAns; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PAns; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PAns; QL (30 EA per 30 days)
IMKELDI	5	PAns; QL (280 ML per 28 days)
INLYTA ORAL TABLET 1 MG	5	PAns; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAns; QL (120 EA per 30 days)
INREBIC	5	PAns; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PAns; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PAns; QL (30 EA per 30 days)
JAKAFI	5	PAns; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
JAYPIRCA ORAL TABLET 100 MG	5	PAns; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PAns; QL (30 EA per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAns; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PAns; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PAns; QL (63 EA per 28 days)
KOSELUGO	5	PAns
KRAZATI	5	PAns; QL (180 EA per 30 days)
<i>lapatinib</i>	5	PAns; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PAns; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PAns; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PAns; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAns; QL (90 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PAns; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PAns; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PAns; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PAns; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PAns; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PAns; QL (90 EA per 30 days)
LYNPARZA	5	PAns; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PAns; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PAns; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PAns; QL (140 EA per 28 days)
MEKINIST ORAL RECON SOLN	5	PAns; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PAns; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST ORAL TABLET 2 MG	5	PAns; QL (30 EA per 30 days)
MEKTOVI	5	PAns; QL (180 EA per 30 days)
MODEYSO	5	PAns; QL (20 EA per 28 days)
NERLYNX	5	PAns
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PAns; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PAns; QL (120 EA per 30 days)
NINLARO	5	PAns; QL (3 EA per 28 days)
ODOMZO	5	PAns; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PAns; QL (56 EA per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PAns; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PAns; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PAns; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PAns; QL (24 EA per 28 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
OJJAARA	5	PAnS; QL (30 EA per 30 days)
<i>pazopanib oral tablet 200 mg</i>	5	PAnS; QL (120 EA per 30 days)
PEMAZYRE	5	PAnS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAnS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PAnS; QL (56 EA per 28 days)
QINLOCK	5	PAnS; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PAnS; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PAnS; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PAnS; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PAnS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PAnS; QL (240 EA per 30 days)
REZLIDHIA	5	PAnS; QL (60 EA per 30 days)
REZUROCK	5	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ROMVIMZA	5	PAnS; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PAnS; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PAnS; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PAnS; QL (336 EA per 28 days)
RUBRACA	5	PAnS; QL (120 EA per 30 days)
RYDAPT	5	PAnS; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	5	PAnS; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PAnS; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PAnS; QL (300 EA per 30 days)
<i>sorafenib</i>	5	PAnS; QL (120 EA per 30 days)
STIVARGA	5	PAnS; QL (84 EA per 28 days)
<i>sunitinib malate</i>	5	PAnS; QL (28 EA per 28 days)
TABRECTA	5	PAnS
TAFINLAR ORAL CAPSULE	5	PAnS; QL (120 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PAns; QL (840 EA per 28 days)
TAGRISSO	5	PAns; QL (30 EA per 30 days)
TALZENNA	5	PAns; QL (30 EA per 30 days)
TEPMETKO	5	PAns
TIBSOVO	5	PAns
TORPENZ	5	PAns; QL (30 EA per 30 days)
TRUQAP ORAL TABLET 200 MG	5	PAns; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PAns; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PAns; QL (300 EA per 30 days)
TURALIO	5	PAns; QL (120 EA per 30 days)
VANFLYTA	5	PAns; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	3	PAns; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAns; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PAns; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA STARTING PACK	5	PAns; QL (42 EA per 180 days)
VERZENIO	5	PAns; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PAns; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PAns; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PAns; QL (300 ML per 30 days)
VIZIMPRO	5	PAns; QL (30 EA per 30 days)
VONJO	5	PAns; QL (120 EA per 30 days)
WELIREG	5	PAns
XALKORI ORAL CAPSULE	5	PAns; QL (60 EA per 30 days)
XALKORI ORAL PELLET 150 MG	5	PAns; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	5	PAns; QL (120 EA per 30 days)
XOSPATA	5	PAns; QL (90 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization
(PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5	PAns
ZEJULA ORAL TABLET	5	PAns; QL (30 EA per 30 days)
ZELBORAF	5	PAns; QL (224 EA per 28 days)
ZYDELIG	5	PAns; QL (60 EA per 30 days)
ZYKADIA	5	PAns; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene</i>	5	PAns
PANRETIN	5	PAns
<i>tretinoin (antineoplastic)</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium oral</i>	3	
<i>mesna oral</i>	5	
Antiparasitics		
Anthelmintics		
<i>albendazole</i>	4	
EMVERM	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin oral tablet 3 mg</i>	3	PA; QL (20 EA per 30 days)
<i>ivermectin oral tablet 6 mg</i>	3	PA; QL (8 EA per 30 days)
<i>praziquantel</i>	4	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	4	
<i>chloroquine phosphate</i>	4	
COARTEM	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
IMPAVIDO	5	PA
<i>mefloquine</i>	2	
<i>nitazoxanide</i>	5	QL (12 EA per 30 days)
<i>pentamidine inhalation</i>	4	BvD; QL (1 EA per 28 days)
<i>pentamidine injection</i>	4	
<i>primaquine</i>	4	
<i>pyrimethamine</i>	5	PA
<i>quinine sulfate</i>	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine oral</i>	2	PA
<i>trihexyphenidyl oral tablet</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	3	
<i>carbidopa</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>bromocriptine</i>	4	
NEUPRO	4	
<i>pramipexole oral tablet</i>	2	
<i>ropinirole oral tablet</i>	2	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 EA per 30 days)
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline</i>	4	
<i>selegiline hcl</i>	3	
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine oral</i>	4	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>loxapine succinate</i>	2	
<i>molindone</i>	4	
<i>perphenazine</i>	4	
<i>pimozide</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>trifluoperazine</i>	3	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA	5	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60 EA per 30 days)
<i>asenapine maleate</i>	4	QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
CAPLYTA	4	QL (30 EA per 30 days)
COBENFY	4	QL (60 EA per 30 days)
COBENFY STARTER PACK	4	QL (56 EA per 180 days)
FANAPT	4	QL (60 EA per 30 days)
FANAPT TITRATION PACK A	4	QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63 ML per 90 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
NUPLAZID	4	PAnS; QL (30 EA per 30 days)
<i>olanzapine intramuscular</i>	4	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	5	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	5	QL (180 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)
REXULTI ORAL TABLET	4	QL (30 EA per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2 EA per 28 days)
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	2	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	4	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	2	
<i>dantrolene oral</i>	4	
<i>tizanidine oral tablet</i>	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	PA; QL (120 EA per 30 days)
PREVYMIS ORAL TABLET	5	PA; QL (30 EA per 30 days)
<i>valganciclovir oral recon soln</i>	5	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>valganciclovir oral tablet</i>	3	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir</i>	4	
BARACLUDGE ORAL SOLUTION	5	
<i>entecavir</i>	4	
<i>lamivudine</i>	3	
<i>tenofovir disoproxil fumarate</i>	4	
VEMLIDY	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (168 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; QL (84 EA per 28 days)
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
VOSEVI	5	PA; QL (28 EA per 28 days)
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	BvD
<i>famciclovir</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine</i>	3	
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS ORAL POWDER IN PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA	5	
STRIBILD	5	
SYMTUZA	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD	5	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
DELSTRIGO	5	
EDURANT	5	
EDURANT PED	5	
<i>efavirenz oral tablet</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-emtricitabin-tenofof</i>	4	
<i>efavirenz-lamivu-tenofof disop</i>	5	
<i>emtricitabine-tenofof df</i>	5	
<i>etravirine</i>	4	
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	
PIFELTRO	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
CIMDUO	5	
DELSTRIGO	5	
DESCOVY	5	
<i>efavirenz-emtricitabin-tenofof</i>	4	
<i>efavirenz-lamivu-tenofof disop</i>	5	
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir (tdf)</i>	4	
EMTRIVA ORAL SOLUTION	3	
JULUCA	5	
<i>lamivudine</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine-zidovudine</i>	3	
ODEFSEY	5	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	4	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	2	
Anti-Hiv Agents, Other		
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY ORAL SOLUTION	3	
SUNLENCA ORAL TABLET 300 MG	5	
TRIUMEQ	5	
TRIUMEQ PD	4	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>darunavir oral tablet 600 mg</i>	4	
<i>darunavir oral tablet 800 mg</i>	5	
EVOTAZ	5	
<i>fosamprenavir</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
KALETRA ORAL SOLUTION	4	
<i>lopinavir-ritonavir oral tablet</i>	3	
NORVIR ORAL POWDER IN PACKET	4	
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
REYATAZ ORAL POWDER IN PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	3	
<i>oseltamivir</i>	3	
RELENZA DISKHALER	4	
<i>rimantadine</i>	4	
Antiviral, Coronavirus Agents		
LAGEVRIO (EUA)	2	QL (40 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	2	QL (20 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 30 days)
Antivirals		
LAGEVRIO (EUA)	2	QL (40 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone</i>	2	
<i>doxepin oral capsule</i>	4	
<i>doxepin oral concentrate</i>	4	
<i>doxepin oral tablet</i>	3	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>hydroxyzine pamoate</i>	4	PA
Benzodiazepines		
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	4	QL (300 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PAnS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PAnS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PAnS; QL (360 EA per 30 days)
DIAZEPAM INTENSOL	2	PAnS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PAnS; QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	2	PAnS; QL (120 EA per 30 days)
<i>diazepam rectal</i>	4	
LORAZEPAM INTENSOL	2	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; QL (150 EA per 30 days)
NAYZILAM	3	PAnS; QL (10 EA per 30 days)
VALTOCO	3	PAnS; QL (10 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	4	
<i>escitalopram oxalate oral tablet</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	QL (90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
<i>asenapine maleate</i>	4	QL (60 EA per 30 days)
<i>lamotrigine oral tablet 25 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine intramuscular</i>	4	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2 EA per 28 days)
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	4	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	
Mood Stabilizers		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet</i>	3	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	
<i>divalproex</i>	2	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	4	
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
SUBVENITE ORAL SUSPENSION	5	
SUBVENITE ORAL TABLET	1	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 EA per 30 days)
<i>colesevelam</i>	4	
<i>dapagliflozin</i>	3	QL (30 EA per 30 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	3	PA; QL (2.4 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	3	PA; QL (1.2 ML per 30 days)
FARXIGA	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
GVOKE	3	
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
<i>liraglutide</i>	3	PA; QL (9 ML per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180 EA per 30 days)
<i>pioglitazone</i>	6	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide oral tablet 0.5 mg</i>	2	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
<i>saxagliptin</i>	3	QL (30 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	QL (30 EA per 30 days)
SOLIQUA 100/33	3	QL (15 ML per 25 days)
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
TRULICITY	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days)
Blood Glucose Regulators		
ALCOHOL PADS	3	PA
GVOKE	3	
<i>mifepristone oral tablet 300 mg</i>	5	PA
Glycemic Agents		
BAQSIMI	3	
<i>diazoxide</i>	5	
GVOKE	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
<i>mifepristone oral tablet 300 mg</i>	5	PA
Insulins		
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP U-100 INSULIN	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	PA
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	

Drug Name		Requirements/ Limits
HUMALOG MIX 50-50 KWIKPEN		
HUMALOG MIX 75-25 KWIKPEN		
HUMALOG MIX 75-25(U-100)INSULN		
HUMALOG U-100 INSULIN		
HUMULIN 70/30 U-100 INSULIN		
HUMULIN 70/30 U-100 KWIKPEN		
HUMULIN N NPH INSULIN KWIKPEN		
HUMULIN N NPH U-100 INSULIN		
HUMULIN R REGULAR U-100 INSULN		
HUMULIN R U-500 (CONC) KWIKPEN		
<i>insulin lispro</i>		
<i>insulin lispro protamin-lispro</i>		
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>		PA
LANTUS SOLOSTAR U-100 INSULIN		
LANTUS U-100 INSULIN		
LYUMJEV KWIKPEN U-100 INSULIN		
LYUMJEV KWIKPEN U-200 INSULIN		
LYUMJEV U-100 INSULIN		

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 U-100 INSULIN	3	
NOVOLIN 70-30 FLEXPEN U-100	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N NPH U-100 INSULIN	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R REGULAR U100 INSULIN	3	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULIN	3	
NOVOLOG MIX 70-30 FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	3	PA
SOLIQUA 100/33	3	QL (15 ML per 25 days)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate</i>	3	QL (60 EA per 30 days)
ELIQUIS DVT-PE TREAT 30D START	3	QL (74 EA per 180 days)

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS ORAL TABLET	3	QL (60 EA per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	QL (28 ML per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	QL (22.4 ML per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	QL (16.8 ML per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	QL (11.2 ML per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) injection solution</i>	3	
JANTOVEN	1	
<i>rivaroxaban oral suspension for reconstitution</i>	3	QL (775 ML per 28 days)
<i>rivaroxaban oral tablet</i>	3	QL (60 EA per 30 days)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	QL (51 EA per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Blood Products And Modifiers		
<i>eltrombopag olamine</i>	5	PA
Blood Products And Modifiers, Other		
<i>anagrelide</i>	3	
<i>eltrombopag olamine</i>	5	PA
NIVESTYM	5	PA
NYVEPRIA	5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA
Hemostasis Agents		
<i>tranexamic acid oral</i>	3	
Platelet Modifying Agents		
<i>aspirin-dipyridamole</i>	4	
CABLIVI INJECTION KIT	5	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 EA per 30 days)
<i>dipyridamole oral</i>	4	
DOPTELET (10 TAB PACK)	5	PA
DOPTELET (15 TAB PACK)	5	PA
DOPTELET (30 TAB PACK)	5	PA
<i>prasugrel hcl</i>	3	
<i>ticagrelor</i>	3	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine</i>	4	QL (4 EA per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>droxidopa oral capsule 100 mg</i>	4	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA
<i>midodrine</i>	3	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>prazosin</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Angiotensin II Receptor Antagonists		
<i>candesartan</i>	1	
<i>irbesartan</i>	6	
<i>losartan</i>	6	
<i>olmesartan</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	6	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril</i>	6	
<i>captopril</i>	1	
<i>enalapril maleate oral tablet</i>	6	
<i>fosinopril</i>	6	
<i>lisinopril</i>	6	
<i>moexipril</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	
Antiarrhythmics		
<i>acebutolol</i>	2	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	2	
CARTIA XT	2	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	

Drug Name		Requirements/ Limits
<i>diltiazem hcl oral capsule, extended release 12 hr</i>		
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>		
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>		
<i>diltiazem hcl oral tablet</i>		
<i>diltiazem hcl oral tablet extended release 24 hr</i>		
DILT-XR		
<i>dofetilide</i>		
<i>flecainide</i>		
MATZIM LA		
<i>mexiletine</i>		
PACERONE ORAL TABLET 100 MG		
PACERONE ORAL TABLET 200 MG		
<i>propafenone oral capsule, extended release 12 hr</i>		
<i>propafenone oral tablet</i>		
<i>propranolol oral capsule, extended release 24 hr 120 mg</i>		
<i>quinidine sulfate oral tablet</i>		
SOTALOL AF		
<i>sotalol oral</i>		
TIADYLT ER		
<i>verapamil oral capsule, 24 hr er pellet ct</i>		

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	2	
<i>atenolol</i>	1	
<i>betaxolol oral</i>	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol</i>	4	
<i>nebivolol</i>	2	
<i>pindolol</i>	3	
<i>propranolol oral capsule,extended release 24 hr</i>	2	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	1	
<i>timolol maleate oral</i>	4	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine</i>	1	
<i>felodipine</i>	2	
<i>nicardipine oral</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine oral tablet extended release</i>	2	
<i>nifedipine oral tablet extended release 24hr</i>	2	
<i>nimodipine oral capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
DILT-XR	2	
MATZIM LA	2	
TIADYLT ER	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet</i>	3	
<i>aliskiren</i>	4	
<i>amiloride-hydrochlorothiazide</i>		
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>		
<i>amlodipine-valsartan</i>	6	
<i>amlodipine-valsartan-hcthiazyd</i>		
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>		
<i>bisoprolol-hydrochlorothiazide</i>	1	
CAMZYOS	5	PA; QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid</i>	2	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>enalapril-hydrochlorothiazide</i>	6	
ENTRESTO SPRINKLE	3	QL (240 EA per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	6	
<i>ivabradine</i>	3	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide</i>		

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan-hydrochlorothiazide</i>	6	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metyrosine</i>	5	PA
<i>olmesartan-amlodipin-hcthiazyd</i>	2	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine</i>	4	
<i>sacubitril-valsartan</i>	3	QL (60 EA per 30 days)
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazid</i>	2	
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan-hydrochlorothiazide</i>	6	
VERQUVO	3	QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	2	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>torseamide oral</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Diuretics, Potassium-Sparing		
<i>amiloride</i>	2	
<i>eplerenone</i>	3	
KERENDIA	3	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	4	
<i>gemfibrozil</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin</i>	6	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	6	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	QL (60 EA per 30 days)
<i>pitavastatin calcium</i>	6	QL (30 EA per 30 days)
<i>pravastatin</i>	6	QL (30 EA per 30 days)
<i>rosuvastatin</i>	6	QL (30 EA per 30 days)
<i>simvastatin</i>	6	QL (30 EA per 30 days)
Dyslipidemics, Other		
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	3	
<i>colesevelam</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	2	QL (30 EA per 30 days)
<i>icosapent ethyl</i>	3	
NEXLETOL	4	PA
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	4	
<i>omega-3 acid ethyl esters</i>	2	
PREVALITE ORAL POWDER IN PACKET	3	
REPATHA SURECLICK	3	PA; QL (6 ML per 28 days)
REPATHA SYRINGE	3	PA; QL (6 ML per 28 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	
KERENDIA	3	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (Sglt2i)		
FARXIGA	3	QL (30 EA per 30 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine oral</i>	2	
<i>minoxidil oral</i>	2	
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate</i>	1	
NITRO-BID	3	
<i>nitroglycerin rectal</i>	3	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
VERQUVO	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	
<i>dextroamphetamine-amphetamine oral tablet</i>	3	
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	
<i>methylphenidate hcl oral solution</i>	4	
<i>methylphenidate hcl oral tablet</i>	3	
<i>methylphenidate hcl oral tablet extended release</i>	4	
<i>methylphenidate hcl oral tablet, chewable</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR	5	PA; QL (30 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (28 EA per 180 days)
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	4	
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
NUEDEXTA	5	PA
NURTEC ODT	3	PA; QL (16 EA per 30 days)
RADICAVA ORS STARTER KIT SUSP	5	PA
<i>riluzole</i>	3	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	3	QL (900 ML per 30 days)
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14 EA per 28 days)
<i>dalfampridine</i>	3	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120 EA per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60 EA per 30 days)
<i>fingolimod</i>	5	PA; QL (30 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name		Requirements/ Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>		PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>		PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML		PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML		PA; QL (12 ML per 28 days)
KESIMPTA PEN		PA; QL (1.6 ML per 28 days)
<i>teriflunomide</i>		PA; QL (30 EA per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>		
<i>doxycycline hyclate oral tablet 20 mg</i>		
KOURZEQ		
PERIOGARD		
<i>pilocarpine hcl oral</i>		
<i>triamcinolone acetonide dental</i>		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG		

Drug Name	Drug Tier	Requirements/ Limits
<i>acitretin</i>	4	
AMNESTEEM	4	
CLARAVIS	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>tazarotene topical cream</i>	4	PA
<i>tazarotene topical gel</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel</i>	3	PA
ZENATANE	4	
Dermatitis And Pruritus Agents		
ALA-CORT TOPICAL CREAM	2	
<i>alclometasone</i>	3	
<i>ammonium lactate</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	3	
<i>betamethasone valerate topical ointment</i>	3	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	3	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol scalp</i>	4	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	QL (120 GM per 28 days)
<i>clobetasol topical foam</i>	4	QL (100 GM per 28 days)
<i>clobetasol topical gel</i>	4	QL (120 GM per 28 days)
<i>clobetasol topical lotion</i>	4	QL (118 ML per 28 days)
<i>clobetasol topical ointment</i>	4	QL (120 GM per 28 days)
<i>clobetasol topical shampoo</i>	4	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream</i>	4	QL (120 GM per 28 days)
<i>desonide topical cream</i>	4	
<i>desonide topical ointment</i>	4	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
EUCRISA	4	PA; QL (120 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone and shower cap</i>	4	
<i>fluocinolone topical cream</i>	4	
<i>fluocinolone topical ointment</i>	4	
<i>fluocinolone topical solution</i>	4	
<i>fluocinonide topical cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide topical gel</i>	4	QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	4	QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	4	QL (120 ML per 30 days)
<i>fluocinonide-emollient</i>	4	QL (120 GM per 30 days)
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone topical cream 1 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>mometasone topical</i>	2	
NEMLUVIO	5	PA; QL (2 EA per 28 days)
<i>pimecrolimus</i>	4	PA; QL (100 GM per 30 days)
PROCTO-MED HC	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
PROCTOSOL HC TOPICAL		
PROCTOZONE-HC	2	
<i>selenium sulfide topical lotion</i>		
<i>tacrolimus topical</i>	4	PA; QL (100 GM per 30 days)
<i>triamcinolone acetonide topical cream</i>		
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		
TRIDERM TOPICAL CREAM 0.5 %	2	
Dermatological Agents		
ACUTANE ORAL CAPSULE 20 MG, 40 MG	4	
Dermatological Agents, Other		
ALCOHOL PADS	3	PA
<i>calcipotriene scalp</i>	3	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	4	QL (120 GM per 30 days)
<i>clotrimazole- betamethasone topical cream</i>	3	QL (45 GM per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>		QL (60 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	3	
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	3	QL (60 GM per 28 days)
OTEZLA	5	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (55 EA per 180 days)
OTEZLA XR	5	PA; QL (30 EA per 30 days)
OTEZLA XR INITIATION	5	PA; QL (41 EA per 180 days)
PANRETIN	5	PAns
<i>podofilox topical solution</i>	3	
SANTYL	3	QL (180 GM per 30 days)
<i>silver sulfadiazine</i>	2	
SSD	2	
Pediculicides/Scabici des		
<i>malathion</i>	4	
<i>permethrin</i>		QL (60 GM per 30 days)
Topical Anti- Infectives		
<i>acyclovir topical ointment</i>		PA; QL (30 GM per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox topical cream</i>	2	QL (90 GM per 28 days)
<i>ciclopirox topical gel</i>	3	QL (100 GM per 28 days)
<i>ciclopirox topical shampoo</i>	3	QL (120 ML per 28 days)
<i>ciclopirox topical solution</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox topical suspension</i>	3	QL (60 ML per 28 days)
<i>clindamycin phosphate topical gel</i>	3	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	3	QL (120 ML per 30 days)
<i>econazole nitrate topical cream</i>	4	QL (85 GM per 28 days)
ERY PADS	3	
<i>erythromycin with ethanol topical solution</i>	2	
<i>mupirocin</i>	2	QL (44 GM per 30 days)
<i>peniclovir</i>	4	QL (5 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid</i>	5	PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>d5 % and 0.9 % sodium chloride</i>	4	
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>electrolyte-a</i>	3	
INTRALIPID INTRAVENOUS EMULSION 20 %	4	BvD
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
KLOR-CON	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
<i>levocarnitine oral tablet</i>	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name		Requirements/ Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>		
<i>potassium chloride in lr-d5</i>		
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>		
<i>potassium chloride intravenous solution 2 meq/ml</i>		
<i>potassium chloride oral capsule, extended release</i>		
<i>potassium chloride oral liquid</i>		
<i>potassium chloride oral packet 20 meq</i>		
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>		
<i>potassium chloride oral tablet,er particles/crystals</i>		
<i>potassium chloride-0.45 % nacl</i>		
<i>potassium chloride-d5-0.2%nacl</i>		
<i>potassium chloride-d5-0.9%nacl</i>		
<i>potassium citrate oral tablet extended release</i>		
PREMASOL 10 %		BvD
<i>sodium chloride 0.45 % intravenous</i>		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	
<i>sodium chloride irrigation</i>	4	
TRAVASOL 10 %	4	BvD
Electrolyte/Mineral/ Metal Modifiers		
CHEMET	3	PA
<i>deferasirox oral tablet</i>	3	PA
<i>deferiprone</i>	5	PA
KLOR-CON	4	
<i>penicillamine oral tablet</i>	5	PA
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>tolvaptan</i>	5	PA
<i>tolvaptan (polycys kidney dis)</i>	5	PA
<i>trientine oral capsule 250 mg</i>	5	PA
Electrolytes/Mineral s/Metals/Vitamins		
CLINIMIX 5%/D15W SULFITE FREE	4	BvD
CLINIMIX 4.25%/D10W SULF FREE	4	BvD
CLINIMIX 4.25%/D5W SULFIT FREE	4	BvD
CLINIMIX 5%-D20W(SULFITE-FREE)	4	BvD

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
INTRALIPID INTRAVENOUS EMULSION 20 %	4	BvD
ISOLYTE-P IN 5 % DEXTROSE	4	
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral tablet</i>	4	
PREMASOL 10 %	4	BvD
TRAVASOL 10 %	4	BvD
TROPHAMINE 10 %	4	BvD
Phosphate Binders		
<i>calcium acetate(phosphat bind)</i>	3	PA
<i>sevelamer carbonate oral tablet</i>	4	PA
Potassium Binders		
LOKELMA	3	
<i>sodium polystyrene sulfonate</i>	3	

Drug Name		Requirements/ Limits
SPS (WITH SORBITOL) ORAL		
KLOR-CON 10		
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>		
PRENATAL VITAMIN PLUS LOW IRON		
CONSTULOSE		
ENULOSE		
GAVILYTE-C		
GAVILYTE-G		
GAVILYTE-N		
GENERLAC		
<i>lactulose oral solution</i>		
LINZESS		QL (30 EA per 30 days)
<i>lubiprostone</i>		QL (60 EA per 30 days)
<i>peg 3350-electrolytes</i>		
<i>peg-electrolyte soln</i>		
RELISTOR SUBCUTANEOUS SOLUTION		QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		QL (18 ML per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	QL (12 ML per 30 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	QL (30 EA per 30 days)
SYMPROIC		
TRULANCE		
<i>alosetron oral tablet 0.5 mg</i>		PA
<i>alosetron oral tablet 1 mg</i>		PA
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet</i>	3	
<i>loperamide oral capsule</i>	2	
XERMELO	5	PA; QL (84 EA per 28 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		

Drug Name	Drug Tier	Requirements/ Limits
<i>scopolamine base</i>	4	
Gastrointestinal Agents, Other		
GATTEX 30-VIAL	5	PA
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
LIVDELZI	5	PA; QL (30 EA per 30 days)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte soln</i>	1	
REZDIFFRA	5	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	3	
VOWST	5	PA
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	3	QL (60 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	3	QL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	3	QL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine</i>	5	
CREON	3	
<i>cromolyn inhalation</i>	3	BvD
<i>cromolyn oral</i>	4	
CYSTAGON	4	PA
CYSTARAN	5	PA
DROXIA ORAL CAPSULE 200 MG	3	PAnS; QL (56 EA per 28 days)
DROXIA ORAL CAPSULE 300 MG, 400 MG	3	
<i>glutamine (sickle cell)</i>	5	PA
<i>nitisinone</i>	5	PA
PLENAMINE	4	BvD
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
<i>sapropterin</i>	5	PA
<i>sodium phenylbutyrate</i>	5	PA
SUCRAID	5	PA
VYNDAMAX	5	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
WELIREG	5	PAnS
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA	3	
<i>mirabegron</i>	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
<i>tolterodine</i>	4	
<i>trospium oral tablet</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
<i>prazosin</i>	2	
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>tamsulosin</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	3	
ELMIRON	3	
<i>penicillamine oral tablet</i>	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>budesonide oral capsule, delayed, extended release</i>	4	
<i>budesonide oral tablet, delayed and extended release</i>	5	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
<i>methylprednisolone oral tablet</i>	2	BvD
<i>methylprednisolone oral tablets, dose pack</i>	2	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
PREDNISON INTENSOL	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	2	
TRIDERM TOPICAL CREAM 0.5 %	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
INCRELEX	5	
OMNITROPE	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
<i>danazol</i>	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA
<i>testosterone enanthate</i>	3	PAnS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; QL (180 ML per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Estrogens		
DOTTI	3	QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol</i>	2	
ELURYNG	3	
<i>estradiol oral</i>	4	
<i>estradiol transdermal patch semiweekly</i>	3	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	3	QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
<i>etonogestrel-ethinyl estradiol</i>	3	
JASMIEL (28)	2	
KELNOR 1/35 (28)	2	
LORYNA (28)	2	
LYLLANA	3	QL (8 EA per 28 days)
NIKKI (28)	2	
SYEDA	2	
VESTURA (28)	2	
YUVAFEM	4	
ZOVIA 1-35 (28)	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE	3	
ABIGALE LO	3	
ALTAVERA (28)	2	
ALYACEN 1/35 (28)	2	

Drug Name	Drug Tier	Requirements/ Limits
APRI	2	
ARANELLE (28)	2	
AUBRA EQ	2	
AVIANE	2	
AZURETTE (28)	2	
CRYSSELLE (28)	2	
CYRED EQ	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELURYNG	3	
ENSKYCE	2	
ESTARYLLA	2	
<i>estradiol-norethindrone acet</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
FALMINA (28)	2	
FYAVOLV	4	
INTROVALE	2	
ISIBLOOM	2	
JASMIEL (28)	2	
JINTELI	4	
JULEBER	2	
KARIVA (28)	2	
KELNOR 1/35 (28)	2	
KURVELO (28)	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
LARIN 1.5/30 (21)	2	
LARIN 1/20 (21)	2	
LARIN FE 1.5/30 (28)	2	
LARIN FE 1/20 (28)	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Requirements/ Limits
LESSINA	
LEVONEST (28)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	
<i>levonorg-eth estrad triphasic</i>	
LILETTA	
LORYNA (28)	
LOW-OGESTREL (28)	
LUTERA (28)	
MARLISSA (28)	
MICROGESTIN 1.5/30 (21)	
MICROGESTIN 1/20 (21)	
MICROGESTIN FE 1.5/30 (28)	
MICROGESTIN FE 1/20 (28)	
MILI	
MIMVEY	
NEXPLANON	
NIKKI (28)	
<i>norelgestromin-ethin.estradiol</i>	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7 (28)	2	
PIMTREA (28)	2	
PORTIA 28	2	
RECLIPSEN (28)	2	
SETLAKIN	2	
SPRINTEC (28)	2	
SYEDA	2	
TARINA FE 1-20 EQ (28)	2	
TILIA FE	4	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	4	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-SPRINTEC (28)	2	
TURQOZ (28)	2	
VALTYA	2	
VELIVET TRIPHASIC REGIMEN (28)	2	
VESTURA (28)	2	
VIENVA	2	
VIORELE (28)	2	
XULANE	3	
ZAFEMY	3	
ZOVIA 1-35 (28)	2	
Progestins		
ALTAVERA (28)	2	
ALYACEN 1/35 (28)	2	
APRI	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
ARANELLE (28)	2	
AUBRA EQ	2	
AVIANE	2	
CAMILA	2	
CRYSELLE (28)	2	
CYRED EQ	2	
DEBLITANE	2	
DEPO-SUBQ PROVERA 104	3	
ENSKYCE	2	
ERRIN	2	
ESTARYLLA	2	
FALMINA (28)	2	
FYAVOLV	4	
GALLIFREY	2	
HEATHER	2	
INCASSIA	2	
ISIBLOOM	2	
JINTELI	4	
JULEBER	2	
KARIVA (28)	2	
KURVELO (28)	2	
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
LARIN 1.5/30 (21)	2	
LARIN 1/20 (21)	2	
LARIN FE 1.5/30 (28)	2	
LARIN FE 1/20 (28)	2	
LESSINA	2	
LEVONEST (28)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	
LOW-OGESTREL (28)	2	
LUTERA (28)	2	
LYLEQ	2	
LYZA	2	
MARLISSA (28)	2	
<i>medroxyprogesterone</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA
<i>megestrol oral tablet</i>	3	PAns
MELEYA	2	
MICROGESTIN 1.5/30 (21)	2	
MICROGESTIN 1/20 (21)	2	
MICROGESTIN FE 1.5/30 (28)	2	
MICROGESTIN FE 1/20 (28)	2	
MILI	2	
NORA-BE	2	
<i>norelgestromin- ethin.estradiol</i>	3	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7 (28)	2	
ORQUIDEA	2	
PIMTREA (28)	2	
PORTIA 28	2	
<i>progesterone micronized oral</i>	3	
RECLIPSEN (28)	2	
SETLAKIN	2	
SHAROBEL	2	
SPRINTEC (28)	2	
TARINA FE 1-20 EQ (28)	2	
TRI-ESTARYLLA	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-SPRINTEC (28)	2	
TURQOZ (28)	2	
VELIVET TRIPHASIC REGIMEN (28)	2	
VIENVA	2	
XULANE	3	
ZAFEMY	3	

Drug Name	Drug Tier	Requirements/ Limits
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene</i>	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine oral tablet</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LIOMNY	2	
<i>liothyronine oral</i>	2	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine</i>	4	
<i>cabergoline</i>	3	
ELIGARD	3	PAns
ELIGARD (3 MONTH)	3	PAns

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD (4 MONTH)	3	PAns
ELIGARD (6 MONTH)	3	PAns
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAns
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAns
<i>leuprolide subcutaneous kit</i>	4	PAns
LUPRON DEPOT	5	PAns
LYSODREN	5	
<i>mifepristone oral tablet 300 mg</i>	5	PA
MYFEMBREE	5	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
SIGNIFOR	5	PA
SOMAVERT	5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PAns
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
<i>icatibant</i>	5	PA
SAJAZIR	5	PA
Immunoglobulins		
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA SUBCUTANEOUS	5	PA
COSENTYX (2 SYRINGES)	5	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS)	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (10 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
<i>leflunomide</i>	3	QL (30 EA per 30 days)
OTULFI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 30 days)
PYZCHIVA SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
REVCovi	5	PA
RINVOQ LQ	5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (84 EA per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 EA per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 28 days)
<i>ustekinumab subcutaneous solution</i>	5	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous syringe 90 mg/ml</i>	5	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION	5	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; QL (8 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (1 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PAns
PEGASYS SUBCUTANEOUS SOLUTION	5	QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2 ML per 28 days)
Immunosuppressants		
ACTEMRA ACTPEN	5	PA; QL (3.6 ML per 28 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
<i>azathioprine oral tablet 50 mg</i>	2	BvD
BENLYSTA SUBCUTANEOUS	5	PA
<i>cyclosporine modified</i>	4	BvD
<i>cyclosporine ophthalmic (eye)</i>	3	QL (60 EA per 30 days)
<i>cyclosporine oral capsule</i>	4	BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	5	PA; QL (8 ML per 28 days)
ENVARUSUS XR	4	BvD
<i>everolimus (antineoplastic) oral tablet</i>	5	PAnS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PAnS; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PAnS; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PAnS; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	BvD
GENGRAF ORAL CAPSULE	4	BvD
HADLIMA	5	PA; QL (4.8 ML per 28 days)
HADLIMA PUSHTOUCH	5	PA; QL (4.8 ML per 28 days)
HADLIMA(CF)	5	PA; QL (2.4 ML per 28 days)
HADLIMA(CF) PUSHTOUCH	5	PA; QL (2.4 ML per 28 days)
KINERET	5	PA; QL (20.1 ML per 30 days)
<i>leflunomide</i>	3	QL (30 EA per 30 days)
<i>mercaptopurine oral tablet</i>	3	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Requirements/ Limits
<i>methotrexate sodium</i>	BvD
<i>methotrexate sodium (pf) injection solution</i>	BvD
<i>mycophenolate mofetil oral capsule</i>	BvD
<i>mycophenolate mofetil oral suspension for reconstitution</i>	BvD
<i>mycophenolate mofetil oral tablet</i>	BvD
<i>mycophenolate sodium</i>	BvD
MYHIBBIN	BvD
OTEZLA ORAL TABLET 20 MG	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	PA; QL (55 EA per 180 days)
OTEZLA XR	PA; QL (30 EA per 30 days)
OTEZLA XR INITIATION	PA; QL (41 EA per 180 days)
PROGRAF ORAL GRANULES IN PACKET	BvD
REZUROCK	PA; QL (30 EA per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	PA; QL (4 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PA; QL (3 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
<i>sirolimus</i>	4	BvD
<i>tacrolimus oral capsule</i>	4	BvD
TORPENZ	5	PANs; QL (30 EA per 30 days)
TYENNE AUTOINJECTOR	5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
ZYMFENTRA	5	PA; QL (2 EA per 28 days)
Vaccines		
ABRYSVO (PF)	6	
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(P F)	6	
AREXVY (PF)	6	
<i>bcg vaccine, live (pf)</i>	6	
BEXSERO	6	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	6	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF)	6	BvD
ENGERIX-B PEDIATRIC (PF)	6	BvD

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PANs)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 (PF)	6	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	6	BvD
HIBERIX (PF)	3	
IMOVAX RABIES VACCINE (PF)	6	BvD
INFANRIX (DTAP) (PF)	3	
IPOL	6	
IXIARO (PF)	6	
JYNNEOS (PF)	6	BvD
KINRIX (PF)	3	
MENQUADFI (PF)	6	
MENVEO A-C-Y-W- 135-DIP (PF) INTRAMUSCULAR KIT	6	
M-M-R II (PF)	6	
MRESVIA (PF)	6	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	6	
PENMENVY MEN A- B-C-W-Y (PF)	6	
PENTACEL (PF)	3	
PRIORIX (PF)	6	
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	6	BvD

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB (PF)	6	BvD
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	QL (2 EA per 720 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	6	QL (2 ML per 365 days)
TENIVAC (PF)	6	
TICOVAC	3	
TRUMENBA	6	
TWINRIX (PF)	6	
TYPHIM VI	6	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	
VARIVAX (PF)	6	
VAXCHORA VACCINE	6	
VIMKUNYA	6	
VIVOTIF	6	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide</i>	4	
<i>mesalamine</i>	4	
<i>sulfasalazine</i>	2	
Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. r elease</i>	4	
<i>budesonide oral tablet, delayed and ext. release</i>	5	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal</i>	4	
<i>methylprednisolone oral tablet</i>	2	BvD
<i>methylprednisolone oral tablets, dose pack</i>	2	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
PREDNISONE INTENSOL	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	2	
PROCTO-MED HC	2	
PROCTOSOL HC TOPICAL	2	
PROCTOZONE-HC	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BOMYNTRA	5	BvD
BONSITY	5	PA; QL (2.48 ML per 28 days)
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA
CONEXXENCE	3	QL (1 ML per 180 days)
<i>doxercalciferol oral</i>	4	
<i>ibandronate oral</i>	3	QL (1 EA per 30 days)
JUBBONTI	3	QL (1 ML per 180 days)
<i>paricalcitol oral</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; QL (2.48 ML per 28 days)
WYOST	5	BvD
Non-Frf		
Non-Frf		
ENDOCET	3	QL (360 EA per 30 days)
<i>erythromycin ethylsuccinate oral tablet</i>	4	
FLAC OTIC OIL	4	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5550 ML per 30 days)
NEO-POLYCIN	3	
NEO-POLYCIN HC	3	
POLYCIN	2	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	QL (56 ML per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; QL (28 ML per 28 days)
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
TRUQAP ORAL TABLET 160 MG	5	PAnS; QL (64 EA per 28 days)
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
<i>cyclosporine ophthalmic (eye)</i>	3	QL (60 EA per 30 days)
CYSTARAN	5	PA
<i>dorzolamide-timolol</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	3	
<i>neomycin-bacitracin-polymyxin</i>	3	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
OXERVATE	5	PA
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
<i>tobramycin-dexamethasone</i>	3	QL (10 ML per 14 days)
XDEMVI	5	PA; QL (10 ML per 42 days)
XIIDRA	3	QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAnS)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Anti-Allergy Agents		
<i>azelastine ophthalmic (eye)</i>	3	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>epinastine</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic (eye)</i>	3	
<i>bacitracin-polymyxin b</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	QL (3.5 GM per 14 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	QL (70 ML per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	QL (10 ML per 14 days)
<i>trifluridine</i>		

Drug Name	Drug Tier	Requirements/ Limits
XDEMZY	5	PA; QL (10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
XIIDRA	3	QL (60 EA per 30 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye)</i>	3	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>apraclonidine</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>methazolamide</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	3	
<i>latanoprost</i>	1	
<i>travoprost</i>	3	
Otic Agents		
Otic Agents		
<i>acetic acid otic (ear)</i>	2	
<i>ciprofloxacin hcl otic (ear)</i>	4	
<i>ciprofloxacin-dexamethasone</i>	3	QL (7.5 ML per 7 days)
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin otic (ear)</i>	3	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	3	QL (60 ML per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>hydroxyzine pamoate</i>	4	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30 EA per 30 days)
<i>promethazine oral</i>	4	PA
Anti-Inflammatories, Inhaled Corticosteroids		
ASMANEX HFA	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	QL (2 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	BvD; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	BvD; QL (60 ML per 30 days)
<i>flunisolide</i>	3	QL (50 ML per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	4	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	4	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	2	QL (16 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Antileukotrienes		
<i>montelukast oral granules in packet</i>	4	
<i>montelukast oral tablet</i>	2	
<i>montelukast oral tablet, chewable</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	BvD
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (30 ML per 20 days)
<i>ipratropium-albuterol</i>	2	BvD
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
<i>tiotropium bromide</i>	3	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	BvD

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>arformoterol</i>	4	BvD; QL (120 ML per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
DULERA	3	QL (13 GM per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	QL (4 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	4	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	4	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	QL (10.6 GM per 30 days)
<i>formoterol fumarate</i>	4	BvD; QL (120 ML per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
<i>terbutaline oral</i>	4	
Cystic Fibrosis Agents		
CAYSTON	5	PA; QL (84 ML per 56 days)

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days)
PULMOZYME	5	BvD
SYMDEKO	5	PA; QL (56 EA per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; QL (280 ML per 28 days)
<i>tobramycin inhalation</i>	5	PA; QL (224 ML per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn inhalation</i>	3	BvD
<i>cromolyn oral</i>	4	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA; QL (30 EA per 30 days)
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL (90 EA per 30 days)
ALYQ	5	PA; QL (60 EA per 30 days)
<i>ambrisentan</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT	5	PA; QL (30 EA per 30 days)
OPSYNVI	5	PA; QL (30 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm.hypertension)</i>	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; QL (200 EA per 180 days)
WINREVAIR	5	PA; QL (1 EA per 21 days)
Pulmonary Fibrosis Agents		
OFEV	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	3	BvD
BREYNA	3	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol</i>	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA	3	QL (13 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	QL (60 EA per 30 days)
<i>ipratropium-albuterol</i>	2	BvD
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
WIXELA INHUB	3	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>ipratropium-albuterol</i>	2	BvD

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium oxybate</i>	5	PA; QL (540 ML per 30 days)

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

AMRIX	4	PA
<i>cyclobenzaprine</i>	4	PA
FEXMID	4	PA

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA	3	PA; QL (30 EA per 30 days)
<i>doxepin oral tablet</i>	3	QL (30 EA per 30 days)
<i>ramelteon</i>	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	2	QL (30 EA per 30 days)

Wakefulness Promoting Agents

<i>armodafinil</i>	4	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60 EA per 30 days)

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization (PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

(BvD PA) = B versus D (LA) = Limited Availability (MO) = Mail-Order Drug (PA) = Prior Authorization
(PAns)= Prior Authorization for new starts (ST) = Step Therapy (QL) = Quantity Limit

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla yendo a la página 16.

Index				
<i>abacavir</i>	47	<i>amiodarone</i>	56	AUSTEDO XR TITRATION
<i>abacavir-lamivudine</i>	47	<i>amitriptyline</i>	30	KT(WK1-4).....
ABIGALE.....	72	<i>amlodipine</i>	57	AUVELITY.....
ABIGALE LO.....	72	<i>amlodipine-benazepril</i>	58	AVIANE.....
ABILIFY ASIMTUFII.....	28, 43	<i>amlodipine-olmesartan</i>	58	AVMAPKI-FAKZYNJA.....
ABILIFY MAINTENA.....	28, 43	<i>amlodipine-valsartan</i>	58	AVONEX.....
<i>abiraterone</i>	33	<i>amlodipine-valsartan-hcthiazyd</i> ..	58	AYVAKIT.....
ABIRTEGA.....	33	<i>ammonium lactate</i>	62	<i>azathioprine</i>
ABRYSVO (PF).....	80	AMNESTEEM.....	62	<i>azelastine</i>
<i>acamprosate</i>	21	<i>amoxapine</i>	30	.....
<i>acarbose</i>	51	<i>amoxicillin</i>	23	<i>azithromycin</i>
ACCUTANE.....	62, 64	<i>amoxicillin-pot clavulanate</i>	23	<i>aztreonam</i>
<i>acebutolol</i>	56, 57	<i>amphetamine</i>	60	AZURETTE (28).....
<i>acetaminophen-codeine</i>	20	<i>amphotericin b</i>	31	<i>bacitracin</i>
<i>acetazolamide</i>	58, 85	<i>amphotericin b liposome</i>	31	<i>bacitracin-polymyxin b</i>
<i>acetic acid</i>	21, 85	<i>ampicillin</i>	23	<i>baclofen</i>
<i>acetylcysteine</i>	88	<i>ampicillin sodium</i>	23	<i>balsalazide</i>
<i>acitretin</i>	62	<i>ampicillin-sulbactam</i>	23	BALVERSA.....
ACTEMRA.....	79	AMRIX.....	89	BAQSIMI.....
ACTEMRA ACTPEN.....	78	<i>anagrelide</i>	55	BARACLUDGE.....
ACTHIB (PF).....	80	<i>anastrozole</i>	35	<i>bcg vaccine, live (pf)</i>
ACTIMMUNE.....	78	<i>apraclonidine</i>	85	BELSOMRA.....
<i>acyclovir</i>	46, 64	<i>aprepitant</i>	31	<i>benazepril</i>
<i>acyclovir sodium</i>	46	APRI.....	72, 73	<i>benazepril-hydrochlorothiazide</i> ..
ADACEL(TDAP		APTIVUS.....	47	BENLYSTA.....
ADOLESN/ADULT)(PF).....	80	ARANELLE (28).....	72, 74	<i>benztropine</i>
<i>adefovir</i>	46	ARCALYST.....	76	BESREMI.....
ADEMPAS.....	88	AREXVY (PF).....	80	<i>betaine</i>
AIMOVIG AUTOINJECTOR....	32	<i>arformoterol</i>	87	<i>betamethasone dipropionate</i>
AKEEGA.....	35	ARIKAYCE.....	21	<i>betamethasone valerate</i>
ALA-CORT.....	62	<i>aripiprazole</i>	28, 43	<i>betamethasone, augmented</i>
<i>albendazole</i>	42	<i>armodafinil</i>	89	BETASERON.....
<i>albuterol sulfate</i>	86, 87	<i>asenapine maleate</i>	43, 50	<i>betaxolol</i>
<i>alclometasone</i>	62	ASMANEX HFA.....	85	<i>bethanechol chloride</i>
ALCOHOL PADS.....	53, 64	ASMANEX TWISTHALER.....	85, 86	<i>bexarotene</i>
ALECENSA.....	35	<i>aspirin-dipyridamole</i>	55	BEXSERO.....
<i>alendronate</i>	82	<i>atazanavir</i>	47	<i>bicalutamide</i>
<i>alfuzosin</i>	70	<i>atenolol</i>	57	BICILLIN L-A.....
<i>aliskiren</i>	58	<i>atenolol-chlorthalidone</i>	58	BIKTARVY.....
<i>allopurinol</i>	32	<i>atomoxetine</i>	60	<i>bimatoprost</i>
<i>alosetron</i>	68	<i>atorvastatin</i>	59	<i>bisoprolol fumarate</i>
ALTAVERA (28).....	72, 73	<i>atovaquone</i>	42	<i>bisoprolol-hydrochlorothiazide</i> ..
ALUNBRIG.....	35	<i>atovaquone-proguanil</i>	42	BOMYNTRA.....
ALYACEN 1/35 (28).....	72, 73	<i>atropine</i>	83	BONSITY.....
ALYQ.....	88	ATROVENT HFA.....	86	BOOSTRIX TDAP.....
<i>amantadine hcl</i>	42, 48	AUBRA EQ.....	72, 74	<i>bosentan</i>
<i>ambriasantan</i>	88	AUGMENTIN.....	23	BOSULIF.....
<i>amikacin</i>	21	AUGTYRO.....	35, 36	BRAFTOVI.....
<i>amiloride</i>	59	AUSTEDO.....	61	BREO ELLIPTA.....
<i>amiloride-hydrochlorothiazide</i> ...	58	AUSTEDO XR.....	61	BREYNA.....
				BREZTRI AEROSPHERE.....

<i>brimonidine</i>	85	<i>cefuroxime sodium</i>	23	COMBIVENT RESPIMAT	86, 88, 89
BRIVIACT.....	25	<i>celecoxib</i>	19	COMETRIQ.....	36
<i>bromocriptine</i>	43, 75	<i>cephalexin</i>	23	COMPRO.....	30
BRUKINSA.....	36	<i>cetirizine</i>	85	CONEXXENCE.....	82
<i>budesonide</i>	70, 82, 86	CHEMET.....	66	CONSTULOSE.....	67
<i>budesonide-formoterol</i>	88	<i>chlorhexidine gluconate</i>	62	COPIKTRA.....	36
<i>bumetanide</i>	58	<i>chloroquine phosphate</i>	42	COSENTYX.....	76
<i>buprenorphine hcl</i>	19, 21	<i>chlorpromazine</i>	30, 43	COSENTYX (2 SYRINGES).....	76
<i>buprenorphine-naloxone</i>	21	<i>chlorthalidone</i>	59	COSENTYX PEN (2 PENS).....	76
<i>bupropion hcl</i>	28	CHOLESTYRAMINE LIGHT...	59	COSENTYX UNOREADY	
<i>bupropion hcl (smoking deter)</i> ...	21	<i>ciclopirox</i>	31, 65	PEN.....	76
<i>buspiron</i>	48	<i>cilostazol</i>	55	COTELIC.....	36
<i>butorphanol</i>	20	CIMDUO.....	47	CREON.....	69
<i>cabergoline</i>	75	<i>cinacalcet</i>	82	CRESEMBA.....	31
CABLIVI.....	55	CINRYZE.....	76	<i>cromolyn</i>	69, 84, 87
CABOMETYX.....	36	<i>ciprofloxacin hcl</i>	24, 84, 85	CRYSSELLE (28).....	72, 74
<i>calcipotriene</i>	64	<i>ciprofloxacin in 5 % dextrose</i>	24	<i>cyclobenzaprine</i>	89
<i>calcitonin (salmon)</i>	82	<i>ciprofloxacin-dexamethasone</i>	85	<i>cyclophosphamide</i>	33
<i>calcitriol</i>	82	<i>cialopram</i>	29	<i>cyclosporine</i>	79, 83
<i>calcium acetate(phosphat bind)</i> ..	67	CLARAVIS.....	62	<i>cyclosporine modified</i>	79
CALQUENCE		<i>clarithromycin</i>	24	CYRED EQ.....	72, 74
(ACALABRUTINIB MAL).....	36	<i>clindamycin hcl</i>	21	CYSTAGON.....	69
CAMILA.....	74	<i>clindamycin in 5 % dextrose</i>	22	CYSTARAN.....	69, 83
CAMZYOS.....	58	<i>clindamycin phosphate</i>	22, 65	<i>d10 %-0.45 % sodium chloride</i>	65, 67
<i>candesartan</i>	56	CLINIMIX 5%/D15W		<i>d2.5 %-0.45 % sodium chloride</i>	65, 67
<i>candesartan-hydrochlorothiazid</i> ..	58	SULFITE FREE.....	66	<i>d5 % and 0.9 % sodium</i>	
CAPLYTA.....	44	CLINIMIX 4.25%/D10W		<i>chloride</i>	65, 67
CAPRELSA.....	36	SULF FREE.....	66	<i>d5 %-0.45 % sodium chloride</i>	65, 67
<i>captopril</i>	56	CLINIMIX 4.25%/D5W		<i>dabigatran etexilate</i>	54
<i>carbamazepine</i>	27, 50, 51, 61	SULFIT FREE.....	66	<i>dalfampridine</i>	61
<i>carbidopa</i>	42, 43	CLINIMIX 5%-		<i>danazol</i>	71
<i>carbidopa-levodopa</i>	43	D20W(SULFITE-FREE).....	66	<i>dantrolene</i>	45
<i>carbidopa-levodopa-entacapone</i> ..	43	<i>clobazam</i>	26	DANZITEN.....	36
<i>carglumic acid</i>	65	<i>clobetasol</i>	63	<i>dapagliflozin</i>	51
<i>carteolol</i>	84	<i>clobetasol-emollient</i>	63	<i>dapsone</i>	33
CARTIA XT.....	56, 57	<i>clomipramine</i>	30	DAPTACEL (DTAP	
<i>carvedilol</i>	57	<i>clonazepam</i>	26, 48	PEDIATRIC) (PF).....	80
<i>caspofungin</i>	31	<i>clonidine</i>	55	<i>daptomycin</i>	22
CAYSTON.....	87	<i>clonidine hcl</i>	55, 60	<i>darunavir</i>	47
<i>ceftazidime</i>	22	<i>clopidogrel</i>	55	<i>dasatinib</i>	36
<i>cefadroxil</i>	22	<i>clorazepate dipotassium</i>	26, 49	DAURISMO.....	36
<i>cefazolin</i>	22	<i>clotrimazole</i>	31	DEBLITANE.....	74
<i>cefdinir</i>	22	<i>clotrimazole-betamethasone</i>	64	<i>deferasirox</i>	66
<i>cefepime</i>	22	<i>clozapine</i>	45	<i>deferiprone</i>	66
<i>cefixime</i>	22	COARTEM.....	42	DELSTRIGO.....	46, 47
<i>cefoxitin</i>	22	COBENFY.....	44	DEPO-SUBQ PROVERA 104...	74
<i>cefpodoxime</i>	23	COBENFY STARTER PACK...	44	DESCOVY.....	47
<i>cefprozil</i>	23	<i>colchicine</i>	32		
<i>ceftazidime</i>	23	<i>colesevelam</i>	51, 59		
<i>ceftriaxone</i>	23	<i>colestipol</i>	59		
<i>cefuroxime axetil</i>	23	<i>colistin (colistimethate na)</i>	22		

<i>desipramine</i>	30	DRIZALMA SPRINKLE.....	29, 49	ENVARBUS XR.....	79
<i>desmopressin</i>	71	<i>dronabinol</i>	31	EPIDIOLEX.....	25
<i>desonide</i>	63	<i>drospirenone-ethinyl estradiol</i>	72	<i>epinastine</i>	84
<i>desvenlafaxine succinate</i>	29	DROXIA.....	34, 69	<i>epinephrine</i>	87
<i>dexamethasone</i>	70, 82	<i>droxidopa</i>	55	<i>eplerenone</i>	59, 60
<i>dexamethasone sodium phosphate</i>	84	DULERA.....	87, 88	<i>ergotamine-caffeine</i>	32
<i>dextroamphetamine-amphetamine</i>	60	<i>duloxetine</i>	29, 49, 61	ERIVEDGE.....	37
<i>dextrose 10 % and 0.2 % nacl</i>	65, 67	DUPIXENT PEN.....	63, 76, 79, 88	ERLEADA.....	33
<i>dextrose 10 % in water (d10w)</i>	65, 67	DUPIXENT SYRINGE.....	63, 77, 79, 88	<i>erlotinib</i>	37
<i>dextrose 5 % in water (d5w)</i>	65, 67	<i>dutasteride</i>	70	ERRIN.....	74
<i>dextrose 5%-0.2 % sod chloride</i>	65, 67	<i>econazole nitrate</i>	31, 65	<i>ertapenem</i>	24
DIACOMIT.....	25	EDURANT.....	46	ERY PADS.....	65
<i>diazepam</i>	26, 49	EDURANT PED.....	46	<i>erythromycin</i>	24, 84
DIAZEPAM INTENSOL.....	26, 49	<i>efavirenz</i>	46	<i>erythromycin ethylsuccinate</i>	83
<i>diazoxide</i>	53	<i>efavirenz-emtricitabin-tenofov</i>	47	<i>erythromycin with ethanol</i>	65
<i>diclofenac potassium</i>	19	<i>efavirenz-lamivu-tenofov disop</i> ...47		<i>escitalopram oxalate</i>	29, 49
<i>diclofenac sodium</i>	19, 84	<i>electrolyte-a</i>	65	<i>eslicarbazepine</i>	27
<i>dicloxacillin</i>	23	ELIGARD.....	75	<i>esomeprazole magnesium</i>	69
<i>dicyclomine</i>	68	ELIGARD (3 MONTH).....	75	ESTARYLLA.....	72, 74
DIFICID.....	24	ELIGARD (4 MONTH).....	76	<i>estradiol</i>	72
<i>diflunisal</i>	19	ELIGARD (6 MONTH).....	76	<i>estradiol valerate</i>	72
<i>digoxin</i>	56, 58	ELIQUIS.....	54	<i>estradiol-norethindrone acet</i>	72
<i>dihydroergotamine</i>	32	ELIQUIS DVT-PE TREAT 30D START.....	54	<i>ethambutol</i>	33
DILANTIN.....	27	ELMIRON.....	70	<i>ethosuximide</i>	26
<i>diltiazem hcl</i>	56, 57	<i>eltrombopag olamine</i>	55	<i>etodolac</i>	19
DILT-XR.....	56, 57	ELURYNG.....	72	<i>etonogestrel-ethinyl estradiol</i>	72
<i>dimethyl fumarate</i>	61	EMGALITY PEN.....	32	<i>etravirine</i>	47
<i>diphenoxylate-atropine</i>	68	EMGALITY SYRINGE.....	32	EUCRISA.....	63
<i>dipyridamole</i>	55	EMSAM.....	29	EULEXIN.....	33
<i>disulfiram</i>	21	<i>emtricitabine</i>	47	<i>everolimus (antineoplastic)</i> ...37, 79	
<i>divalproex</i>	25, 32, 51	<i>emtricitabine-tenofovir (tdf)</i>	47	<i>everolimus (immunosuppressive)</i>	37, 79
<i>dofetilide</i>	56	<i>emtricitabine-tenofov df</i>	47	EVOTAZ.....	47
<i>donepezil</i>	28	EMTRIVA.....	47	<i>exemestane</i>	35
DOPTELET (10 TAB PACK)....	55	EMVERM.....	42	<i>exenatide</i>	51
DOPTELET (15 TAB PACK)....	55	<i>enalapril maleate</i>	56	EXXUA.....	28, 29
DOPTELET (30 TAB PACK)....	55	<i>enalapril-hydrochlorothiazide</i>	58	<i>ezetimibe</i>	59
<i>dorzolamide</i>	85	ENBREL.....	79	<i>ezetimibe-simvastatin</i>	59
<i>dorzolamide-timolol</i>	83, 85	ENBREL MINI.....	79	FALMINA (28).....	72, 74
DOTTI.....	72	ENBREL SURECLICK.....	79	<i>famciclovir</i>	46
DOVATO.....	46	ENDOCET.....	83	<i>famotidine</i>	68
<i>doxazosin</i>	55, 70	ENGERIX-B (PF).....	80	FANAPT.....	44
<i>doxepin</i>	30, 48, 89	ENGERIX-B PEDIATRIC (PF).....	80	FANAPT TITRATION PACK A.....	44
<i>doxercalciferol</i>	82	<i>enoxaparin</i>	54	FARXIGA.....	51, 60
DOXY-100.....	24	ENSACOVE.....	36, 37	<i>febuxostat</i>	32
<i>doxycycline hyclate</i>	24, 62	ENSKYCE.....	72, 74	<i>felbamate</i>	25
<i>doxycycline monohydrate</i>	24, 25	<i>entacapone</i>	43	<i>felodipine</i>	57
		<i>entecavir</i>	46	<i>fenofibrate</i>	59
		ENTRESTO SPRINKLE.....	58	<i>fenofibrate micronized</i>	59
		ENULOSE.....	67	<i>fenofibrate nanocrystallized</i>	59

<i>fenofibric acid (choline)</i>	59	GALLIFREY	74	HUMALOG KWIKPEN	
<i>fentanyl</i>	19, 20	GAMUNEX-C	76	INSULIN	53
FETZIMA.....	29	GARDASIL 9 (PF).....	81	HUMALOG MIX 50-50	
FEXMID	89	GATTEX 30-VIAL.....	68	KWIKPEN.....	53
FIASP FLEXTOUCH U-100		GAUZE PAD.....	53	HUMALOG MIX 75-25	
INSULIN.....	53	GAVILYTE-C	67, 68	KWIKPEN.....	53
FIASP PENFILL U-100		GAVILYTE-G.....	67, 68	HUMALOG MIX 75-25(U-	
INSULIN.....	53	GAVILYTE-N.....	67, 68	100)INSULN.....	53
FIASP U-100 INSULIN.....	53	GAVRETO.....	37	HUMALOG U-100 INSULIN...	53
<i>fidaxomicin</i>	24	<i>gefitinib</i>	37	HUMULIN 70/30 U-100	
<i>finasteride</i>	70	<i>gemfibrozil</i>	59	INSULIN.....	53
<i>fingolimod</i>	61	GEMTESA.....	70	HUMULIN 70/30 U-100	
FINTEPLA.....	25	GENERLAC.....	67	KWIKPEN.....	53
FIRMAGON KIT W DILUENT		GENGRAF.....	79	HUMULIN N NPH INSULIN	
SYRINGE.....	76	<i>gentamicin</i>	21, 84	KWIKPEN.....	53
FLAC OTIC OIL.....	83	<i>gentamicin in nacl (iso-osm)</i>	21	HUMULIN N NPH U-100	
<i>flecainide</i>	56	GENVOYA.....	46	INSULIN.....	53
<i>fluconazole</i>	31	GILOTRIF.....	37	HUMULIN R REGULAR U-	
<i>fluconazole in nacl (iso-osm)</i>	31	<i>glatiramer</i>	62	100 INSULN.....	53
<i>flucytosine</i>	31	GLATOPA.....	62	HUMULIN R U-500 (CONC)	
<i>fludrocortisone</i>	70	GLEOSTINE.....	33	KWIKPEN.....	53
<i>flunisolide</i>	86	<i>glimepiride</i>	51	<i>hydralazine</i>	60
<i>fluocinolone</i>	63	<i>glipizide</i>	51	<i>hydrochlorothiazide</i>	59
<i>fluocinolone acetonide oil</i>	85	<i>glipizide-metformin</i>	51	<i>hydrocodone-acetaminophen</i> 20,	83
<i>fluocinolone and shower cap</i>	63	<i>glutamine (sickle cell)</i>	69	<i>hydrocodone-ibuprofen</i>	20
<i>fluocinonide</i>	63	<i>glycopyrrolate</i>	68	<i>hydrocortisone</i>	63, 70, 82
<i>fluocinonide-emollient</i>	63	GOMEKLI.....	37	<i>hydrocortisone-acetic acid</i>	85
<i>fluorometholone</i>	84	<i>granisetron hcl</i>	31	<i>hydromorphone</i>	19, 20
<i>fluorouracil</i>	34, 64	<i>griseofulvin microsize</i>	31	<i>hydromorphone (pf)</i>	19, 20
<i>fluoxetine</i>	29, 30	<i>griseofulvin ultramicrosize</i>	31	<i>hydroxychloroquine</i>	42
<i>fluphenazine decanoate</i>	43	GVOKE.....	51, 53	<i>hydroxyurea</i>	34
<i>fluphenazine hcl</i>	43	GVOKE HYPOPEN 2-PACK....	53	<i>hydroxyzine hcl</i>	48, 85
<i>flurbiprofen</i>	19	GVOKE PFS 1-PACK		<i>hydroxyzine pamoate</i>	48, 85
<i>flurbiprofen sodium</i>	84	SYRINGE.....	53	HYRNUO.....	37
<i>fluticasone propionate</i>	86, 87	HADLIMA.....	79	<i>ibandronate</i>	82
<i>fluticasone propion-salmeterol</i> ...	88	HADLIMA PUSH TOUCH.....	79	IBRANCE.....	35, 37
<i>fluvastatin</i>	59	HADLIMA(CF).....	79	IBTROZI.....	37
<i>fluvoxamine</i>	30	HADLIMA(CF) PUSH TOUCH.	79	IBU.....	19
<i>fondaparinux</i>	54	<i>halobetasol propionate</i>	63	<i>ibuprofen</i>	19
<i>formoterol fumarate</i>	87	<i>haloperidol</i>	43	<i>icatibant</i>	76
<i>fosamprenavir</i>	47	<i>haloperidol decanoate</i>	43	ICLUSIG.....	37
<i>fosfomycin tromethamine</i>	22	<i>haloperidol lactate</i>	43	<i>icosapent ethyl</i>	59
<i>fosinopril</i>	56	HAVRIX (PF).....	81	IDHIFA.....	34, 37
<i>fosinopril-hydrochlorothiazide</i> ...	58	HEATHER.....	74	<i>imatinib</i>	38
FOTIVDA.....	37	<i>heparin (porcine)</i>	54	IMBRUVICA.....	38
FRUZAQLA.....	37	HEPLISAV-B (PF).....	81	<i>imipenem-cilastatin</i>	24
<i>furosemide</i>	58	HERNEXEOS.....	37	<i>imipramine hcl</i>	30
FYAVOLV.....	72, 74	HIBERIX (PF).....	81	<i>imiquimod</i>	64
FYCOMPA.....	25	HUMALOG JUNIOR		IMKELDI.....	38
<i>gabapentin</i>	26, 61	KWIKPEN U-100.....	53	IMOVAX RABIES VACCINE	
<i>galantamine</i>	28			(PF).....	81

IMPAVIDO.....	42	JUBBONTI.....	82	<i>leucovorin calcium</i>	34, 42
INBRIJA.....	43	JULEBER.....	72, 74	LEUKERAN.....	33
INCASSIA.....	74	JULUCA.....	46, 47	<i>leuprolide</i>	76
INCRELEX.....	71	JYLAMVO.....	34	<i>levetiracetam</i>	25
<i>indapamide</i>	59	JYNNEOS (PF).....	81	<i>levobunolol</i>	84
INFANRIX (DTAP) (PF).....	81	KALETRA.....	48	<i>levocarnitine</i>	65, 67
INLURIYO.....	34	KALYDECO.....	87	<i>levocarnitine (with sugar)</i>	67
INLYTA.....	38	KARIVA (28).....	72, 74	<i>levocetirizine</i>	85
INQOVI.....	34	KELNOR 1/35 (28).....	72	<i>levofloxacin</i>	24, 84
INREBIC.....	38	KERENDIA.....	59, 60	<i>levofloxacin in d5w</i>	24
<i>insulin lispro</i>	53	KESIMPTA PEN.....	62	LEVONEST (28).....	73, 74
<i>insulin lispro protamin-lispro</i>	53	<i>ketoconazole</i>	31	<i>levonorgestrel-ethinyl estrad</i>	73, 74
<i>insulin syringe-needle u-100</i>	53	<i>ketorolac</i>	84	<i>levonorg-eth estrad triphasic</i>	73
INTELENCE.....	47	KINERET.....	79	<i>levothyroxine</i>	75
INTRALIPID.....	65, 67	KINRIX (PF).....	81	LEVOXYL.....	75
INTROVALE.....	72	KISQALI.....	38	<i>lidocaine</i>	20
INVEGA HAFYERA.....	44	KLOR-CON.....	65, 66	<i>lidocaine hcl</i>	20
INVEGA SUSTENNA.....	44	KLOR-CON 10.....	65, 67	LIDOCAINE VISCOUS.....	21
INVEGA TRINZA.....	44	KLOR-CON 8.....	65	<i>lidocaine-prilocaine</i>	21
IPOL.....	81	KLOR-CON M10.....	65	LIDOCAN III.....	21
<i>ipratropium bromide</i>	86	KLOR-CON M15.....	65	LILETTA.....	73
<i>ipratropium-albuterol</i>	86, 88, 89	KLOR-CON M20.....	65	<i>linezolid</i>	22
<i>irbesartan</i>	56	KLOXXADO.....	21	<i>linezolid in dextrose 5%</i>	22
<i>irbesartan-hydrochlorothiazide</i>	58	KOSELUGO.....	38	LINZESS.....	67
ISENTRESS.....	46	KOURZEQ.....	62	LIOMNY.....	75
ISENTRESS HD.....	46	KRAZATI.....	38	<i>liothyronine</i>	75
ISIBLOOM.....	72, 74	KURVELO (28).....	72, 74	<i>liraglutide</i>	52
ISOLYTE S PH 7.4.....	65	<i>l norgest/e.estradiol-e.estrad</i>	72, 74	<i>lisinopril</i>	56
ISOLYTE-P IN 5 %		<i>labetalol</i>	57	<i>lisinopril-hydrochlorothiazide</i>	58
DEXTROSE.....	65, 67	<i>lacosamide</i>	27	<i>lithium carbonate</i>	51
<i>isoniazid</i>	33	<i>lactulose</i>	67	<i>lithium citrate</i>	51
<i>isosorbide dinitrate</i>	60	LAGEVRIO (EUA).....	48	LIVDELZI.....	68
<i>isosorbide mononitrate</i>	60	<i>lamivudine</i>	46, 47	LIVTENCITY.....	45
<i>isotretinoin</i>	62	<i>lamivudine-zidovudine</i>	47	LOKELMA.....	67
ITOVEBI.....	38	<i>lamotrigine</i>	25, 50, 51	<i>lomustine</i>	33
<i>itraconazole</i>	31	<i>lansoprazole</i>	69	LONSURF.....	34
<i>ivabradine</i>	58	LANTUS SOLOSTAR U-100		<i>loperamide</i>	68
<i>ivermectin</i>	42	INSULIN.....	53	<i>lopinavir-ritonavir</i>	48
IWILFIN.....	34	LANTUS U-100 INSULIN.....	53	<i>lorazepam</i>	27, 49
IXIARO (PF).....	81	<i>lapatinib</i>	38	LORAZEPAM INTENSOL.....	27, 49
JAKAFI.....	38	LARIN 1.5/30 (21).....	72, 74	LORBRENA.....	39
JANTOVEN.....	54	LARIN 1/20 (21).....	72, 74	LORYNA (28).....	72, 73
JANUMET.....	51	LARIN FE 1.5/30 (28).....	72, 74	<i>losartan</i>	56
JANUMET XR.....	51, 52	LARIN FE 1/20 (28).....	72, 74	<i>losartan-hydrochlorothiazide</i>	58
JANUVIA.....	52	<i>latanoprost</i>	85	<i>loteprednol etabonate</i>	84
JARDIANCE.....	52	LAZCLUZE.....	38	<i>lovastatin</i>	59
JASMIEL (28).....	72	<i>leflunomide</i>	77, 79	LOW-OGESTREL (28).....	73, 74
JAYPIRCA.....	38	<i>lenalidomide</i>	34	<i>loxapine succinate</i>	43
JENTADUETO.....	52	LENVIMA.....	38, 39	<i>lubiprostone</i>	67
JENTADUETO XR.....	52	LESSINA.....	73, 74	LUMAKRAS.....	34, 39
JINTELI.....	72, 74	<i>letrozole</i>	35	LUPRON DEPOT.....	76

<i>lurasidone</i>	44, 50	<i>metolazone</i>	59	NAYZILAM.....	27, 49
LURBIRO.....	19	<i>metoprolol succinate</i>	57	<i>nebivolol</i>	57
LUTERA (28).....	73, 74	<i>metoprolol ta-hydrochlorothiaz.</i> ..	58	<i>nefazodone</i>	30
LYLEQ.....	74	<i>metoprolol tartrate</i>	57	NEMLUVIO.....	63
LYLLANA.....	72	<i>metronidazole</i>	22	<i>neomycin</i>	21
LYNPARZA.....	34, 39	<i>metronidazole in nacl (iso-os)</i>	22	<i>neomycin-bacitracin-poly-hc</i>	83
LYSODREN.....	34, 76	<i>metryrosine</i>	58	<i>neomycin-bacitracin-polymyxin</i>	83, 84
LYTGOBI.....	39	<i>mexiletine</i>	56	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	83
LYUMJEV KWIKPEN U-100 INSULIN.....	53	<i>micafungin</i>	31	<i>neomycin-polymyxin-gramicidin</i>	83, 84
LYUMJEV KWIKPEN U-200 INSULIN.....	53	MICROGESTIN 1.5/30 (21).....	73, 74	<i>neomycin-polymyxin-hc</i>	83, 85
LYUMJEV U-100 INSULIN.....	53	MICROGESTIN 1/20 (21).....	73, 74	NEO-POLYCIN.....	83
LYZA.....	74	MICROGESTIN FE 1.5/30 (28)	73, 74	NEO-POLYCIN HC.....	83
<i>magnesium sulfate</i>	65	MICROGESTIN FE 1/20 (28)	73, 74	NERLYNX.....	39
<i>malathion</i>	64	<i>midodrine</i>	55	NEUPRO.....	43
<i>maraviroc</i>	47	<i>mifepristone</i>	53, 76	<i>nevirapine</i>	47
MARLISSA (28).....	73, 74	MILI.....	73, 74	NEXLETOL.....	59
MARPLAN.....	29	MIMVEY.....	73	NEXPLANON.....	73
MATULANE.....	33	<i>minocycline</i>	25	<i>niacin</i>	59
MATZIM LA.....	56, 57	<i>minoxidil</i>	60	<i>nicardipine</i>	57
MAVYRET.....	46	<i>mirabegron</i>	70	NICOTROL NS.....	21
<i>meclizine</i>	30	<i>mirtazapine</i>	29	<i>nifedipine</i>	57
<i>medroxyprogesterone</i>	74	<i>misoprostol</i>	68, 71	NIKKI (28).....	72, 73
<i>mefloquine</i>	42	M-M-R II (PF).....	81	<i>nilotinib hcl</i>	39
<i>megestrol</i>	74	<i>modafinil</i>	89	<i>nilutamide</i>	33
MEKINIST.....	39	MODEYSO.....	39	<i>nimodipine</i>	57
MEKTOVI.....	39	<i>moexipril</i>	56	NINLARO.....	35, 39
MELEYA.....	74	<i>molindone</i>	43	<i>nitazoxanide</i>	42
<i>meloxicam</i>	19	<i>mometasone</i>	63	<i>nitisionone</i>	69
<i>memantine</i>	28	<i>montelukast</i>	86	NITRO-BID.....	60
<i>memantine-donepezil</i>	28	<i>morphine</i>	20	<i>nitrofurantoin macrocrystal</i>	22
MENQUADFI (PF).....	81	<i>morphine concentrate</i>	19, 20	<i>nitrofurantoin monohyd/m-cryst.</i> ..	22
MENVEO A-C-Y-W-135-DIP (PF).....	81	<i>moxifloxacin</i>	24, 84	<i>nitroglycerin</i>	60
<i>mercaptopurine</i>	34, 79	<i>moxifloxacin-sod.chloride(iso)</i> ...	24	NIVESTYM.....	55
<i>meropenem</i>	24	MRESVIA (PF).....	81	NORA-BE.....	74
<i>mesalamine</i>	82	<i>mupirocin</i>	65	<i>norelgestromin-ethin.estradiol</i>	73, 74
<i>mesna</i>	42	<i>mycophenolate mofetil</i>	80	<i>norethindrone (contraceptive)</i>	74
<i>metformin</i>	52	<i>mycophenolate sodium</i>	80	<i>norethindrone acetate</i>	74
<i>methadone</i>	19	MYFEMBREE.....	76	<i>norethindrone ac-eth estradiol</i>	73, 75
<i>methazolamide</i>	85	MYHIBBIN.....	80	<i>norgestimate-ethinyl estradiol</i>	73, 75
<i>methenamine hippurate</i>	22	<i>nabumetone</i>	19	NORTREL 0.5/35 (28).....	73, 75
<i>methimazole</i>	76	<i>nadolol</i>	57	NORTREL 1/35 (21).....	73, 75
<i>methotrexate sodium</i>	35, 80	<i>nafcillin</i>	23	NORTREL 1/35 (28).....	73, 75
<i>methotrexate sodium (pf)</i>	35, 80	<i>naftifine</i>	31	NORTREL 7/7/7 (28).....	73, 75
<i>methoxsalen</i>	64	<i>naloxone</i>	21	<i>nortriptyline</i>	30
<i>methsuximide</i>	26	<i>naltrexone</i>	21	NORVIR.....	48
<i>methylphenidate hcl</i>	60	<i>naproxen</i>	19		
<i>methylprednisolone</i>	70, 82	<i>naratriptan</i>	32		
<i>metoclopramide hcl</i>	30, 68	NATACYN.....	84		
		<i>nateglinide</i>	52		

NOVOLIN 70/30 U-100	ORKAMBI.....	87	<i>phenytoin sodium extended</i>	28
INSULIN.....	ORQUIDEA.....	75	PIFELTRO.....	47
NOVOLIN 70-30 FLEXPEN	ORSERDU.....	34	<i>pilocarpine hcl</i>	62, 85
U-100.....	<i>oseltamivir</i>	48	<i>pimecrolimus</i>	63
NOVOLIN N FLEXPEN.....	OTEZLA.....	64, 80	<i>pimozide</i>	43
NOVOLIN N NPH U-100	OTEZLA STARTER.....	64, 80	PIMTREA (28).....	73, 75
INSULIN.....	OTEZLA XR.....	64, 80	<i>pindolol</i>	57
NOVOLIN R FLEXPEN.....	OTEZLA XR INITIATION ..	64, 80	<i>pioglitazone</i>	52
NOVOLIN R REGULAR U100	OTULFI.....	77	<i>piperacillin-tazobactam</i>	23
INSULIN.....	<i>oxacillin</i>	23	PIQRAY.....	40
NOVOLOG FLEXPEN U-100	<i>oxacillin in dextrose(iso-osm)</i>	23	<i>pirfenidone</i>	88
INSULIN.....	<i>oxaprozin</i>	19	<i>piroxicam</i>	19
NOVOLOG MIX 70-30 U-100	<i>oxcarbazepine</i>	27	<i>pitavastatin calcium</i>	59
INSULN.....	OXERVATE.....	83	PLENAMINE.....	69
NOVOLOG MIX 70-	<i>oxybutynin chloride</i>	70	<i>podofilox</i>	64
30FLEXPEN U-100.....	<i>oxycodone</i>	20	POLYCIN.....	83
NOVOLOG PENFILL U-100	<i>oxycodone-acetaminophen</i>	20	<i>polymyxin b sulf-trimethoprim</i>	
INSULIN.....	PACERONE.....	56	.....	83, 84
NOVOLOG U-100 INSULIN	<i>paliperidone</i>	44, 45	<i>pomalidomide</i>	34
ASPART.....	PANRETIN.....	42, 64	POMALYST.....	34
NUBEQA.....	<i>pantoprazole</i>	69	PORTIA 28.....	73, 75
NUDEXTA.....	<i>paricalcitol</i>	82	<i>posaconazole</i>	32
NUPLAZID.....	<i>paroxetine hcl</i>	30, 49	<i>potassium chlorid-d5-</i>	
NURTEC ODT.....	PAXLOVID.....	48, 77	<i>0.45%nacl</i>	65
NYAMYC.....	<i>pazopanib</i>	40	<i>potassium chloride</i>	66, 67
<i>nystatin</i>	PEDIARIX (PF).....	81	<i>potassium chloride in 0.9%nacl.</i>	65
<i>nystatin-triamcinolone</i>	PEDVAX HIB (PF).....	81	<i>potassium chloride in 5 % dex</i>	66
NYSTOP.....	<i>peg 3350-electrolytes</i>	67, 68	<i>potassium chloride in lr-d5</i>	66
NYVEPRIA.....	PEGASYS.....	78	<i>potassium chloride in water</i>	66
<i>octreotide acetate</i>	<i>peg-electrolyte soln</i>	67, 68	<i>potassium chloride-0.45 % nacl.</i>	66
ODEFSEY.....	PEMAZYRE.....	40	<i>potassium chloride-d5-</i>	
ODOMZO.....	<i>pen needle, diabetic</i>	54	<i>0.2%nacl</i>	66
OFEV.....	PENBRAYA (PF).....	81	<i>potassium chloride-d5-</i>	
<i>ofloxacin</i>	<i>penciclovir</i>	65	<i>0.9%nacl</i>	66
OGSIVEO.....	<i>penicillamine</i>	66, 70	<i>potassium citrate</i>	66
OJEMDA.....	<i>penicillin g potassium</i>	23	<i>pramipexole</i>	43
OJJAARA.....	<i>penicillin g sodium</i>	23	<i>prasugrel hcl</i>	55
<i>olanzapine</i>	<i>penicillin v potassium</i>	23	<i>pravastatin</i>	59
<i>olmesartan</i>	PENMENVY MEN A-B-C-W-		<i>praziquantel</i>	42
<i>olmesartan-amlodipin-hcthiazyd.</i>	Y (PF).....	81	<i>prazosin</i>	55, 70
<i>olmesartan-hydrochlorothiazide.</i>	PENTACEL (PF).....	81	<i>prednisolone</i>	70, 82
<i>omega-3 acid ethyl esters</i>	<i>pentamidine</i>	42	<i>prednisolone acetate</i>	84
<i>omeprazole</i>	<i>pentoxifylline</i>	58	<i>prednisolone sodium phosphate</i>	
OMNITROPE.....	<i>perampanel</i>	25	.....	70, 82, 84
<i>ondansetron</i>	<i>perindopril erbumine</i>	56	<i>prednisone</i>	71, 82
<i>ondansetron hcl</i>	PERIOGARD.....	62	PREDNISONONE INTENSOL.....	71, 82
ONUREG.....	<i>permethrin</i>	64	<i>pregabalin</i>	26, 27, 61
OPIPZA.....	<i>perphenazine</i>	30, 43	PREMASOL 10 %.....	66, 67
OPSUMIT.....	<i>phenelzine</i>	29	PRENATAL VITAMIN PLUS	
OPSYNVI.....	<i>phenobarbital</i>	27	LOW IRON.....	67
ORGOVYX.....	<i>phenytoin</i>	27	PREVALITE.....	59

PREVYMIS.....	45, 83	REPATHA SURECLICK.....	59	SETLAKIN.....	73, 75
PREZCOBIX.....	48	REPATHA SYRINGE.....	59	<i>sevelamer carbonate</i>	67
PREZISTA.....	48	RETACRIT.....	55	SHAROBEL.....	75
PRIFTIN.....	33	RETEVMO.....	35, 40	SHINGRIX (PF).....	81
<i>primaquine</i>	42	REVCOVI.....	77	SIGNIFOR.....	76
<i>primidone</i>	27	REVUFORJ.....	40	<i>sildenafil (pulm.hypertension)</i>	88
PRIORIX (PF).....	81	REXULTI.....	45	<i>silver sulfadiazine</i>	64
<i>probenecid</i>	32	REYATAZ.....	48	SIMLANDI(CF).....	80
<i>probenecid-colchicine</i>	32	REZDIFFRA.....	68	SIMLANDI(CF)	
<i>prochlorperazine</i>	30	REZLIDHIA.....	40	AUTOINJECTOR.....	77, 80
<i>prochlorperazine maleate</i>	30, 43	REZUROCK.....	40, 80	<i>simvastatin</i>	59
PROCRIT.....	55	<i>ribavirin</i>	46	<i>sirolimus</i>	80
PROCTO-MED HC.....	63, 82	<i>rifabutin</i>	33	SIRTURO.....	33
PROCTOSOL HC.....	64, 82	<i>rifampin</i>	33	SKYRIZI.....	77, 78
PROCTOZONE-HC.....	64, 82	<i>riluzole</i>	61	<i>sodium chloride</i>	66
<i>progesterone micronized</i>	75	<i>rimantadine</i>	48	<i>sodium chloride 0.45 %</i>	66
PROGRAF.....	80	RINVOQ.....	77	<i>sodium chloride 0.9 %</i>	66
PROLASTIN-C.....	69	RINVOQ LQ.....	77	<i>sodium chloride 3 % hypertonic</i> ..	66
<i>promethazine</i>	30, 85	<i>risperidone</i>	45, 50	<i>sodium chloride 5 % hypertonic</i> ..	66
<i>propafenone</i>	56	<i>risperidone microspheres</i>	45, 50	<i>sodium oxybate</i>	89
<i>propranolol</i>	56, 57	<i>ritonavir</i>	48	<i>sodium phenylbutyrate</i>	69
<i>propylthiouracil</i>	76	<i>rivaroxaban</i>	54	<i>sodium polystyrene sulfonate</i>	67
PROQUAD (PF).....	81	<i>rivastigmine</i>	28	<i>sodium,potassium,mag sulfates</i> ..	68
<i>protriptyline</i>	30	<i>rivastigmine tartrate</i>	28	SOLQUA 100/33.....	52, 54
PULMOZYME.....	87	<i>rizatriptan</i>	32	SOLTAMOX.....	34
<i>pyrazinamide</i>	33	<i>roflumilast</i>	87	SOMAVERT.....	76
<i>pyridostigmine bromide</i>	33	ROMVIMZA.....	40	<i>sorafenib</i>	40
<i>pyrimethamine</i>	42	<i>ropinirole</i>	43	<i>sotalol</i>	56
PYZCHIVA.....	77	<i>rosuvastatin</i>	59	SOTALOL AF.....	56
QINLOCK.....	40	ROTARIX.....	81	SPIRIVA RESPIMAT.....	86
QUADRACEL (PF).....	81	ROTATEQ VACCINE.....	81	<i>spironolactone</i>	59, 60
<i>quetiapine</i>	29, 45, 50	ROWEEPRA.....	25	<i>spironolacton-hydrochlorothiaz.</i>	58
<i>quinapril</i>	56	ROZLYTREK.....	40	SPRINTEC (28).....	73, 75
<i>quinapril-hydrochlorothiazide</i> ...	58	RUBRACA.....	40	SPRITAM.....	25
<i>quinidine sulfate</i>	56	<i>rufinamide</i>	28	SPS (WITH SORBITOL).....	67
<i>quinine sulfate</i>	42	RUKOBIA.....	47	SSD.....	64
QVAR REDHALER.....	86	RYDAPT.....	40	STELARA.....	78
RABAVERT (PF).....	81	<i>sacubitril-valsartan</i>	58	STIOLTO RESPIMAT.....	88
RADICAVA ORS STARTER		SAJAZIR.....	76	STIVARGA.....	40
KIT SUSP.....	61	SANTYL.....	64	<i>streptomycin</i>	21
RALDESY.....	30	<i>sapropterin</i>	69	STRIBILD.....	46
<i>raloxifene</i>	75	<i>saxagliptin</i>	52	STRIVERDI RESPIMAT.....	87
<i>ramelteon</i>	89	<i>saxagliptin-metformin</i>	52	SUBVENITE.....	25, 51
<i>ramipril</i>	56	SCSEMBLIX.....	40	SUCRAID.....	69
<i>ranolazine</i>	58	<i>scopolamine base</i>	30, 68	<i>sucralfate</i>	68
<i>rasagiline</i>	43	SECUADO.....	45, 50	<i>sulfacetamide sodium</i>	83, 84
RECLIPSEN (28).....	73, 75	SELARSDI.....	77	<i>sulfacetamide sodium (acne)</i>	24
RECOMBIVAX HB (PF).....	81	<i>selegiline hcl</i>	43	<i>sulfacetamide-prednisolone</i>	83
RELENZA DISKHALER.....	48	<i>selenium sulfide</i>	64	<i>sulfadiazine</i>	24
RELISTOR.....	67, 68	SELZENTRY.....	47	<i>sulfamethoxazole-trimethoprim</i> ..	24
<i>repaglinide</i>	52	<i>sertraline</i>	30, 49	<i>sulfasalazine</i>	82

<i>sulindac</i>	19	TICOVAC.....	81	TRI-LEGEST FE.....	73
<i>sumatriptan</i>	32	<i>tigecycline</i>	22	TRI-LO-ESTARYLLA.....	73, 75
<i>sumatriptan succinate</i>	32, 83	TILIA FE.....	73	TRI-LO-SPRINTEC.....	73, 75
<i>sunitinib malate</i>	40	<i>timolol maleate</i>	32, 57, 84	<i>trimethoprim</i>	22
SUNLENCA.....	47	<i>tinidazole</i>	22	<i>trimipramine</i>	30
SYEDA.....	72, 73	<i>tiotropium bromide</i>	86	TRINTELLIX.....	30
SYMDEKO.....	87	TIVICAY.....	46	TRI-SPRINTEC (28).....	73, 75
SYMPAZAN.....	27	TIVICAY PD.....	46	TRIUMEQ.....	47
SYMPROIC.....	68	<i>tizanidine</i>	45	TRIUMEQ PD.....	47
SYMTUZA.....	46, 48	<i>tobramycin</i>	21, 84, 87	TROPHAMINE 10 %.....	67
SYNJARDY.....	52	<i>tobramycin in 0.225 % nacl</i>	87	<i>trospium</i>	70
SYNJARDY XR.....	52	<i>tobramycin sulfate</i>	21	TRULANCE.....	68
TABLOID.....	34	<i>tobramycin-dexamethasone</i>	83	TRULICITY.....	52
TABRECTA.....	40	<i>tolterodine</i>	70	TRUMENBA.....	81
<i>tacrolimus</i>	64, 80	<i>tolvaptan</i>	66	TRUQAP.....	41, 83
<i>tadalafil</i>	70	<i>tolvaptan (polycys kidney dis)</i>		TUKYSA.....	41
<i>tadalafil (pulm. hypertension)</i>	88	.....	19, 66	TURALIO.....	41
TAFINLAR.....	40, 41	<i>topiramate</i>	25, 32	TURQOZ (28).....	73, 75
TAGRISSE.....	41	<i>toremifene</i>	33, 34	TWINRIX (PF).....	81
TALZENNA.....	41	TORPENZ.....	41, 80	TYENNE.....	80
<i>tamoxifen</i>	34	<i>torse mide</i>	58	TYENNE AUTOINJECTOR.....	80
<i>tamsulosin</i>	70	TOUJEO MAX U-300		TYPHIM VI.....	81
TARINA FE 1-20 EQ (28)...	73, 75	SOLOSTAR.....	54	UNITHROID.....	75
<i>tazarotene</i>	62	TOUJEO SOLOSTAR U-300		UPTRAVI.....	88
TAZICEF.....	23	INSULIN.....	54	<i>ursodiol</i>	68
TEFLARO.....	23	TRADJENTA.....	52	<i>ustekinumab</i>	78
<i>telmisartan</i>	56	<i>tramadol</i>	20	<i>ustekinumab-aekn</i>	78
<i>telmisartan-amlodipine</i>	58	<i>tramadol-acetaminophen</i>	20	<i>valacyclovir</i>	46
<i>telmisartan-hydrochlorothiazid</i> ..	58	<i>trandolapril</i>	56	VALCHLOR.....	33
TENIVAC (PF).....	81	<i>tranexamic acid</i>	55	<i>valganciclovir</i>	45, 46
<i>tenofovir disoproxil fumarate</i> 46, 47		<i>tranylcypromine</i>	29	<i>valproic acid</i>	25, 32, 51
TEPMETKO.....	41	TRAVASOL 10 %.....	66, 67	<i>valproic acid (as sodium salt)</i>	
<i>terazosin</i>	55, 70	<i>travoprost</i>	85	.....	25, 32, 51
<i>terbinafine hcl</i>	32	<i>trazodone</i>	30	<i>valsartan</i>	56
<i>terbutaline</i>	87	TRELEGY ELLIPTA.....	88	<i>valsartan-hydrochlorothiazide</i> ...	58
<i>terconazole</i>	32	TRELSTAR.....	76	VALTOCO.....	27, 49
<i>teriflunomide</i>	62	TREMFYA.....	78	VALTYA.....	73
<i>teriparatide</i>	83	TREMFYA PEN.....	78	<i>vancomycin</i>	22
<i>testosterone</i>	71	TREMFYA PEN INDUCTION		VANFLYTA.....	41
<i>testosterone cypionate</i>	71	PK(2PEN).....	78	VAQTA (PF).....	81
<i>testosterone enanthate</i>	71	<i>tretinoin</i>	62	<i>varenicline tartrate</i>	21
<i>tetrabenazine</i>	61	<i>tretinoin (antineoplastic)</i>	42	VARIVAX (PF).....	81
<i>tetracycline</i>	25	<i>triamcinolone acetonide</i>	62, 64	VARUBI.....	31
THALOMID.....	34	<i>triamterene-hydrochlorothiazid</i> ..	58	VAXCHORA VACCINE.....	81
<i>theophylline</i>	87	TRIDERM.....	64, 71	VELIVET TRIPHASIC	
<i>thioridazine</i>	43	<i>trientine</i>	66	REGIMEN (28).....	73, 75
<i>thiothixene</i>	43	TRI-ESTARYLLA.....	73, 75	VEMLIDY.....	46
TIADYLT ER.....	56, 57	<i>trifluoperazine</i>	43	VENCLEXTA.....	41
<i>tiagabine</i>	27	<i>trifluridine</i>	46, 84	VENCLEXTA STARTING	
TIBSOVO.....	35, 41	<i>trihexyphenidyl</i>	42	PACK.....	41
<i>ticagrelor</i>	55	TRIKAFTA.....	87	<i>venlafaxine</i>	30, 49, 50

<i>verapamil</i>	56, 57	YF-VAX (PF).....	82
VERQUVO.....	58, 60	YUVAFEM.....	72
VERSACLOZ.....	45	ZAFEMY.....	73, 75
VERZENIO.....	41	<i>zafirlukast</i>	86
VESTURA (28).....	72, 73	<i>zaleplon</i>	89
VIENVA.....	73, 75	ZEJULA.....	42
<i>vigabatrin</i>	27	ZELBORAF.....	42
VIGADRONE.....	27	ZENATANE.....	62
<i>vilazodone</i>	30	<i>zidovudine</i>	47
VIMKUNYA.....	81	<i>ziprasidone hcl</i>	45, 50
VIORELE (28).....	73	<i>ziprasidone mesylate</i>	45, 50
VIRACEPT.....	48	ZIRGAN.....	84
VIREAD.....	46, 47	ZOLINZA.....	35
VITRAKVI.....	41	<i>zolpidem</i>	89
VIVITROL.....	21	ZONISADE.....	26, 28
VIVOTIF.....	81	<i>zonisamide</i>	28
VIZIMPRO.....	41	ZOVIA 1-35 (28).....	72, 73
VONJO.....	41	ZTALMY.....	26, 27
VORANIGO.....	35	ZURZUVAE.....	29
<i>voriconazole</i>	32	ZYDELIG.....	42
VOSEVI.....	46	ZYKADIA.....	42
VOWST.....	68	ZYMFENTRA.....	80
VRAYLAR.....	45		
VYNDAMAX.....	69		
VYVGART HYTRULO.....	69		
<i>warfarin</i>	54		
WELIREG.....	41, 70		
WINREVAIR.....	88		
WIXELA INHUB.....	88		
WYOST.....	83		
XALKORI.....	41		
XARELTO.....	54		
XARELTO DVT-PE TREAT 30D START.....	54		
XCOPRI.....	25		
XCOPRI MAINTENANCE PACK.....	25		
XCOPRI TITRATION PACK.....	26		
XDEMVY.....	83, 84		
XELJANZ.....	78		
XELJANZ XR.....	78		
XERMELO.....	68		
XIFAXAN.....	22, 68		
XIGDUO XR.....	52, 53		
XIIDRA.....	83, 84		
XOLAIR.....	78		
XOSPATA.....	41		
XPOVIO.....	35, 42		
XTANDI.....	33, 34		
XULANE.....	73, 75		
YESINTEK.....	78		

Contact us

Prospective Members:

1-800-944-1247

Current Members:

1-800-942-0247

TTY: 711

Hours:

8:00 a.m. to 8:00 p.m.

7 days a week

This formulary was updated on 04/21/2026. For more recent information or other questions, please contact Community Health Plan of Washington Dual Complete and Dual Select Plans (HMO D-SNP) Customer Service at 1-800-942-0247 or for TTY users, dial 711, 7 days a week, 8 a.m. to 8 p.m. or visit our website at [medicare.chpw.org](https://www.medicare.chpw.org).

Changes to our formulary network may occur during the benefit year. An updated formulary is located on our website at [medicare.chpw.org](https://www.medicare.chpw.org). You may also call Customer Service for updated information.



COMMUNITY HEALTH PLAN
of Washington™

MEDICARE ADVANTAGE

1111 3rd Ave, Suite 400, Seattle, WA 98101-3207

[medicare.chpw.org](https://www.medicare.chpw.org)

H5826_RX295_FormularyDual_05_2026_C