

2025 Medicare Part D Employer Group Formulary

List of Covered Drugs

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

Effective: July 1, 2025

Updated: July 1, 2025

Formulary ID 25475, Version 13



This formulary was updated on July 1, 2025. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team. Visit **MGBAdvantage.org/Rx-information** for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

For Medicare Advantage members:

855-833-3668 (TTY: 711)

October 1 – March 31, 8:00 a.m. to 8:00 p.m. ET, Monday through Sunday

April 1 – September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday

Mass General Brigham Advantage Group (PPO)

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 refers to "we," "us," or "our," it means Mass General Brigham Health Plan. When it refers to "plans" or "our plans," it means the Mass General Brigham Advantage Group PPO.

This document includes a list of the drugs (Formulary) for our plan which is current as of July 1, 2025. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2026 and from time to time during the year.

What is the Mass General Brigham Health Plan Medicare Part D 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 Mass General Brigham Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Mass General Brigham Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Mass General Brigham Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Mass General Brigham Health Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website at MGBAdvantage.org/Rx-information.

Changes that can affect you this year

In the following 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 a different cost-sharing tier or 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 Mass General Brigham Health Plan Medicare Part D 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 the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.

Other changes

We may make other changes that affect members currently taking a drug. For instance, we may 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 Mass General Brigham Health Plan Medicare Part D Formulary?"

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

Generally, if you are taking a drug on our 2025 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 July 1, 2025. To get updated information about the drugs covered by Mass General Brigham Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a change or changes to the Formulary during the year, the changes also will be posted at **MGBAdvantage.org**. The updated version of the comprehensive Formulary will be posted on this website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Click the link for “Rx Information” at the very top (in the blue bar)
- At the top of the page, you will see a headline for Part D and the PDF file for the formulary will be linked below and updated monthly

Or you may request an errata sheet (a copy of the 2025 Formulary changes) by calling Mass General Brigham Health Plan Customer Service at the phone numbers on the back of your Member ID card.

How do I use the Formulary?

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

Medical condition

The Formulary begins on page 12. 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”. If you know what your drug is used for, look for the category name in the list that begins on page 12. 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 105. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. 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?

Mass General Brigham Health 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, Section 3.1, "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

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

Quantity limits

For certain drugs, Mass General Brigham Health Plan limits the amount of the drug that Mass General Brigham Health Plan will cover. For example, Mass General Brigham Health Plan provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step therapy

In some cases, Mass General Brigham Health 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 12. 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 restrictions 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 Mass General Brigham Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?" on this page below 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 Mass General Brigham Health Plan does not cover your drug, you have two options:

1. You can ask Customer Service for a list of similar drugs that are covered by Mass General Brigham Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass General Brigham Health Plan.
2. You can ask Mass General Brigham Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?

You can ask Mass General Brigham Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is indicated as a non-extended day supply drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Mass General Brigham Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Mass General Brigham Health 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a Formulary, tiering, or utilization restriction exception.

When you request a Formulary, tiering, or utilization restriction exception, 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 request an expedited (fast) exception if you or your doctor believe that your

health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What 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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For more information

For more detailed information about your Mass General Brigham Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mass General Brigham Health 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 medicare.gov.

The Mass General Brigham Health Plan Medicare Part D Formulary

The Formulary that begins on page 12 provides coverage information about the drugs covered by Mass General Brigham Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

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

The information in the Requirements/Limits column tells you if Mass General Brigham Health Plan has any special requirements for coverage of your drug.

Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Enhanced Coverage (EC)

Mass General Brigham Health Plan provides enhanced coverage for select Medicare excluded drugs. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

Prior Authorization (PA)

For safety reasons and/or cost savings, Mass General Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval first, Mass General Health Plan may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs Mass General Health Plan limits the amount of the drug that we will cover. For example, Mass General Brigham Health Plan provides one tablet per day for JANUVIA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases Mass General Brigham Health 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Mass General Brigham Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

Specialty Pharmacy Drug (SP)

Mass General Brigham Health Plan provides members the option of obtaining some select medications through a Specialty Pharmacy provider. By using a Specialty Pharmacy, members will have access to providers that specialize in education, care, and support for members with certain complex conditions.

NDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited to a 30-day supply.

IRA: Inflation Reduction Act

Under the Inflation Reduction Act (IRA), certain vaccines are covered at \$0.

Additional Coverage

Part B Vaccines:

Mass General Brigham Health Plan covers certain vaccines under Medicare Part B. These vaccines may also be obtained at most retail pharmacies.

- Covid-19 Vaccine
- Influenza (Flu) Vaccine
- Pneumococcal Vaccine

Part B Diabetic Supplies:

Mass General Brigham Health Plan provides coverage for the following blood glucose meters, test strips, and continuous glucose monitors (CGM).

- Dexcom & FreeStyle Libre Medicare Eligible CGMs
- OneTouch Glucose Meters and Test Strips

Excluded Drug Coverage:

Mass General Brigham Health Plan covers select Medicare excluded drugs. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Limitations to this coverage may apply. You can find more information on how these select drugs are covered under the category name "Enhanced Covered Drugs".

Your costs in the initial coverage period

Note: If you qualify for Massachusetts Prescription Advantage Program (Massachusetts' State Pharmaceutical Assistance Program - SPAP) or Low Income Subsidy, the amounts below may be reduced.

What you pay for a 30-day supply from a retail pharmacy:

Mass General Brigham Advantage Group PPO cost sharing* for up to a 30-day supply	Tier 1	Tier 2	Tier 3
	Generic Drugs - \$10	Generic /Preferred Brand Drugs - \$20	Non-Preferred Drugs - \$35

*Cost-share for prescription drugs filled at any network pharmacy is based on your level of "Extra Help."

Tier descriptions

Tier 1—Generic Drugs

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health. It also includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 2— Generic/Preferred Brand Name Drugs

Tier 2 includes preferred brand drugs that have the lowest cost sharing for brand name drugs.

Tier 3—Non-Preferred Drugs

Tier 3 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for Mass General Brigham Health Plan to cover them. If they are approved, they will be covered in Tier 3. Tier 3 also includes high-cost specialty generic and brand-name drugs that cost \$950 or more for a one-month supply. Some drugs in Tier 3 are restricted to a one-month supply at retail and are excluded from the mail order program.

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	2	
<i>colchicine</i> TABS .6mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> TABS 40mg, 80mg	2	ST
<i>GLOPERBA</i> SOLN .6mg/5ml	3	
<i>probenecid</i> TABS 500mg	1	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac epolamine</i> PTCH 1.3%	2	QL (60 patches / 30 days), PA
<i>diclofenac potassium</i> TABS 50mg	2	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>fenoprofen calcium</i> CAPS 400mg	3	
<i>fenoprofen calcium</i> TABS 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>indomethacin</i> CAPS 25mg, 50mg	1	
<i>indomethacin</i> CPCR 75mg	2	
<i>indomethacin</i> SUSP 25mg/5ml	3	
<i>ketoprofen</i> CAPS 25mg	1	
<i>ketoprofen</i> CP24 200mg	3	
<i>kiprofen</i> CAPS 25mg	1	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	3	
<i>mefenamic acid</i> CAPS 250mg	1	
<i>meloxicam</i> CAPS 5mg, 10mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> SUSP 125mg/5ml; TBEC 375mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen dr</i> TBEC 500mg	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>naproxen sodium</i> TB24 375mg, 500mg, 750mg	3	
<i>oxaprozin</i> TABS 600mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	2	QL (30 tabs / 30 days), PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg	3	NDS, QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	3	QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	2	QL (60 tabs / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), PA
<i>tramadol hcl biphasic release</i> CP24 100mg, 200mg, 300mg	2	QL (30 caps / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (3 bottles / 30 days)
<i>CODEINE SULFATE</i> TABS 15mg, 60mg	2	QL (180 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate TABS 30mg</i>	2	QL (180 tabs / 30 days)
<i>endocet tab 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	2	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	3	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	3	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl TABS 8mg</i>	2	QL (120 tabs / 30 days)
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	2	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl CAPS 5mg</i>	3	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	3	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	3	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl TABS 20mg, 30mg</i>	2	QL (120 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>oxymorphone hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl SOLN 5mg/ml</i>	2	QL (2400 mL / 30 days)
<i>tramadol hcl TABS 25mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol hcl TABS 75mg</i>	2	QL (120 tabs / 30 days)
<i>tramadol hcl TABS 100mg</i>	1	QL (120 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	3	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	2	SP, PA
<i>atovaquone SUSP 750mg/5ml</i>	3	
<i>aztreonam SOLR 1gm, 2gm</i>	2	
<i>BENZNIDAZOLE TABS 12.5mg, 100mg</i>	3	
<i>CAYSTON SOLR 75mg</i>	3	NDS, SP, PA
<i>CLEOCIN SUPP 100mg</i>	3	
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>daptomycin SOLR 350mg, 500mg</i>	3	NDS
<i>ERAXIS SOLR 50mg, 100mg</i>	2	
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>fosfomycin tromethamine PACK 3gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>HUMATIN CAPS 250mg</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>IMPAVIDO CAPS 50mg</i>	3	NDS
<i>ivermectin TABS 3mg</i>	1	PA
<i>KRINTAFEL TABS 150mg</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
LAMPIT TABS 30mg, 120mg	3	
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	3	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	3	QL (60 tabs / 30 days)
<i>meropenem</i> SOLR 1gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> CAPS 375mg; TABS 250mg, 500mg	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 125mg	2	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	3	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin</i> SUSP 25mg/5ml	2	
NITROFURANTOIN SUSP 50mg/5ml	2	
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	2	
<i>pentamidine isethionate for inj soln</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate for nebulization soln</i> SOLR 300mg	2	B/D
<i>praziquantel</i> TABS 600mg	3	
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	2	
<i>sulfadiazine</i> TABS 500mg	2	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	3	NDS, SP, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	3	NDS, B/D, SP
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	2	
<i>vancomycin hcl</i> CAPS 125mg, 250mg; SOLR 25mg/ml, 250mg/5ml	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN HYDROCHLORIDE SOLR 1.75gm, 2gm	2	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	PA
amphotericin b SOLR 50mg	3	PA
amphotericin b liposome SUSR 50mg	3	NDS, PA
caspofungin acetate SOLR 50mg, 70mg	3	
CRESEMBA CAPS 74.5mg, 186mg	3	NDS
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	2	
fluconazole TABS 150mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
flucytosine CAPS 250mg, 500mg	3	NDS
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	3	
griseofulvin ultramicrosize TABS 125mg, 250mg	3	
itraconazole CAPS 100mg	1	
itraconazole SOLN 10mg/ml	2	
ketoconazole TABS 200mg	1	
MICAFUNGIN INJ NACL	2	
micafungin sodium SOLR 50mg, 100mg	3	
nystatin TABS 500000unit	1	
posaconazole SUSP 40mg/ml	3	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	3	NDS
terbinafine hcl TABS 250mg	1	QL (90 tabs / year)
voriconazole SOLR 200mg	3	NDS, PA
voriconazole SUSR 40mg/ml	3	NDS
voriconazole TABS 50mg, 200mg	3	
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	3	
atovaquone-proguanil hcl tab 250-100 mg	3	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	QL (24 tabs / 3 days)
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine</i> TABS 25mg	2	
<i>quinine sulfate</i> CAPS 324mg	3	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	2	SP
<i>abacavir sulfate</i> TABS 300mg	1	SP
<i>APTIVUS</i> CAPS 250mg	3	NDS, SP
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	3	SP
<i>darunavir</i> TABS 600mg, 800mg	3	NDS, SP
<i>EDURANT</i> TABS 25mg	3	NDS, SP
<i>efavirenz</i> TABS 600mg	3	SP
<i>emtricitabine</i> CAPS 200mg	2	SP
<i>EMTRIVA</i> SOLN 10mg/ml	2	SP
<i>etravirine</i> TABS 100mg, 200mg	3	NDS, SP
<i>fosamprenavir calcium</i> TABS 700mg	3	NDS, SP
<i>FUZEON</i> SOLR 90mg	3	NDS, SP
<i>INTELENCE</i> TABS 25mg	3	SP
<i>ISENTRESS</i> CHEW 25mg	3	QL (720 tabs / 30 days), SP
<i>ISENTRESS</i> CHEW 100mg	3	NDS, QL (180 tabs / 30 days), SP
<i>ISENTRESS</i> PACK 100mg; TABS 400mg	3	NDS, SP
<i>ISENTRESS HD</i> TABS 600mg	3	NDS, SP
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	SP
<i>maraviroc</i> TABS 150mg, 300mg	3	NDS, SP
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	3	SP
<i>nevirapine</i> TABS 200mg	1	SP
<i>NORVIR</i> PACK 100mg	3	SP
<i>PIFELTRO</i> TABS 100mg	3	NDS, SP
<i>PREZISTA</i> SUSP 100mg/ml; TABS 150mg	3	NDS, SP
<i>PREZISTA</i> TABS 75mg	3	SP
<i>REYATAZ</i> PACK 50mg	3	NDS, SP
<i>ritonavir</i> TABS 100mg	2	SP
<i>RUKOBIA</i> TB12 600mg	3	NDS, SP
<i>SELZENTRY</i> SOLN 20mg/ml	3	NDS, SP
<i>SUNLENCA</i> TABS 300mg; TBPK 300mg	3	NDS, SP
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	SP
<i>TIVICAY</i> TABS 50mg	3	NDS, SP
<i>TIVICAY PD</i> TBSO 5mg	3	NDS, SP
<i>TYBOST</i> TABS 150mg	2	SP
<i>VIRACEPT</i> TABS 250mg, 625mg	3	NDS, SP

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	NDS, SP
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	SP
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	SP
BIKTARVY TAB 30-120-15MG	3	NDS, SP
BIKTARVY TAB 50-200-25MG	3	NDS, SP
CIMDUO TAB 300-300	3	NDS, SP
COMPLERA TAB	3	NDS, SP
DELSTRIGO TAB	3	NDS, SP
DESCOVY TAB 120-15MG	3	NDS, QL (30 tabs / 30 days), SP
DESCOVY TAB 200/25MG	3	NDS, QL (30 tabs / 30 days), SP
DOVATO TAB 50-300MG	3	NDS, SP
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	3	NDS, SP
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3	NDS, SP
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3	NDS, SP
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	3	NDS, QL (30 tabs / 30 days), SP
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	3	NDS, QL (30 tabs / 30 days), SP
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	3	NDS, QL (30 tabs / 30 days), SP
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	3	QL (30 tabs / 30 days), SP
EVOTAZ TAB 300-150	3	NDS, SP
GENVOYA TAB	3	NDS, SP
JULUCA TAB 50-25MG	3	NDS, SP
lamivudine-zidovudine tab 150-300 mg	2	SP
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3	SP
lopinavir-ritonavir tab 100-25 mg	3	SP
lopinavir-ritonavir tab 200-50 mg	3	SP
ODEFSEY TAB	3	NDS, SP
PREZCOBIX TAB 800-150	3	NDS, SP
STRIBILD TAB	3	NDS, SP
SYMTUZA TAB	3	NDS, SP
TRIUMEQ PD TAB	3	SP

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TAB	3	NDS, SP
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	NDS
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	3	
isoniazid TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg	2	
rifampin SOLR 600mg	3	
SIRTURO TABS 20mg, 100mg	3	NDS, SP, PA
TRECATOR TABS 250mg	3	
ANTIVIRALS		
acyclovir CAPS 200mg	1	
acyclovir SUSP 200mg/5ml	2	
acyclovir TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	PA
adefovir dipivoxil TABS 10mg	3	SP
BARACLUDE SOLN .05mg/ml	3	NDS, SP
entecavir TABS .5mg, 1mg	2	SP
EPCLUSIA PAK 150-37.5	3	NDS, SP, PA
EPCLUSIA PAK 200-50MG	3	NDS, SP, PA
EPCLUSIA TAB 200-50MG	3	NDS, SP, PA
EPCLUSIA TAB 400-100	3	NDS, SP, PA
famciclovir TABS 125mg, 250mg, 500mg	2	
HARVONI PAK 33.75-150MG	3	NDS, SP, PA
HARVONI PAK 45-200MG	3	NDS, SP, PA
HARVONI TAB 45-200MG	3	NDS, SP, PA
HARVONI TAB 90-400MG	3	NDS, SP, PA
lamivudine (hbv) TABS 100mg	2	SP
LEDIP-SOFOSB TAB 90-400MG	3	NDS, SP, PA
LIVTENCITY TABS 200mg	3	NDS, SP, PA
MAVYRET PAK 50-20MG	3	NDS, SP, PA
MAVYRET TAB 100-40MG	3	NDS, SP, PA
oseltamivir phosphate CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PAXLOVID PAK	1	QL (11 tabs / 5 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 23 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 23 days)
PREVYMIS PACK 20mg, 120mg	3	NDS, QL (120 packets / 30 days), PA

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240mg, 480mg	3	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	SP
<i>rimantadine hydrochloride</i> TABS 100mg	2	
SOFOS/VELPAT TAB 400-100	3	NDS, SP, PA
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	3	NDS, SP
VOSEVI TAB	3	NDS, SP, PA
XOFLUZA TBPK 40mg, 80mg	3	QL (1 tab / 7 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefaclor</i> SUSR 250mg/5ml	2	
CEFACLOR ER TB12 500mg	2	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOL/DEX SOL 3GM	2	
CEFAZOLIN SOLR 2gm, 3gm	2	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOL	2	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	2	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	2	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	2	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm	2	
<i>cefepime hcl for iv soln</i> SOLR 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>cephalexin</i> TABS 250mg, 500mg	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	2	
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml	1	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>azithromycin</i> pack TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
e.e.s. 400 TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
FLUOROQUINOLONES		
BAXDELA TABS 450mg	3	NDS, PA
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
CLEOCIN PHOSPHATE SOLN 600mg/4ml	2	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	2	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	2	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	2	
<i>levofloxacin</i> iv soln SOLN 25mg/ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	3	

Drug Name	Drug Tier Requirements/Limits
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1
<i>ofloxacin TABS 400mg</i>	1
PENICILLINS	
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2
<i>ampicillin CAPS 500mg</i>	1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	2
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	3
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2
<i>nafcillin sodium SOLR 10gm</i>	3 NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2
<i>PEN GK/DEXTR INJ 40000/ML</i>	2
<i>PEN GK/DEXTR INJ 60000/ML</i>	2

Drug Name	Drug Tier Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2
<i>penicillin g sodium</i> SOLR 5000000unit	2
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	1
<i>penicillin v potassium</i> TABS 250mg, 500mg	1
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	2
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	2
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	2
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	2
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	2

TETRACYCLINES

<i>demeclacycline hcl</i> TABS 150mg, 300mg	3
<i>doxy 100</i> SOLR 100mg	2
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	1
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg, 150mg	1
<i>doxycycline hyclate</i> CAPS 50mg	1
<i>doxycycline hyclate</i> CAPS 100mg; TABS 20mg, 100mg	1
<i>doxycycline hyclate</i> SOLR 100mg; TBEC 50mg, 75mg, 100mg, 150mg, 200mg	2
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1
<i>minocycline hcl</i> TABS 50mg, 75mg, 100mg	3
<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	2
<i>monodoxyne nl</i> CAPS 100mg	1
<i>NUZYRA</i> SOLR 100mg; TABS 150mg	3
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2
<i>tigecycline</i> SOLR 50mg	3
	NDS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>BENDEKA</i> SOLN 100mg/4ml	3	NDS, B/D, SP
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D

Drug Name		Drug Tier	Requirements/Limits
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml		2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg		2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml		3	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg		3	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg		2	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml		2	B/D
GLEOSTINE CAPS 10mg, 40mg		3	SP
GLEOSTINE CAPS 100mg		3	NDS, SP
LEUKERAN TABS 2mg		3	
<i>paraplatin</i> SOLN 1000mg/100ml		2	B/D
VALCHLOR GEL .016%		3	NDS, QL (60 gm / 30 days), SP, PA
VIVIMUSTA SOLN 100mg/4ml		3	NDS, B/D, SP
ANTIMETABOLITES			
INQOVI TAB 35-100MG		3	NDS, SP, PA
JYLAMVO SOLN 2mg/ml		3	NDS, B/D
LONSURF TAB 15-6.14		3	NDS, SP, PA
LONSURF TAB 20-8.19		3	NDS, SP, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml		3	NDS, SP
<i>mercaptopurine</i> TABS 50mg		1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml		2	B/D
ONUREG TABS 200mg, 300mg		3	NDS, SP, PA
PURIXAN SUSP 2000mg/100ml		3	NDS, SP
TABLOID TABS 40mg		3	
HORMONAL ANTINEOPLASTIC AGENTS			
<i>abiraterone acetate</i> TABS 250mg		3	NDS, SP
<i>abiraterone acetate</i> TABS 500mg		3	NDS, SP, PA
<i>abirtega</i> TABS 250mg		3	SP
<i>anastrozole</i> TABS 1mg		1	
<i>bicalutamide</i> TABS 50mg		1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg		2	SP, PA
ERLEADA TABS 60mg, 240mg		3	NDS, SP, PA
EULEXIN CAPS 125mg		3	NDS
<i>exemestane</i> TABS 25mg		2	
FIRMAGON SOLR 80mg, 120mg/vial		2	SP, PA
<i>letrozole</i> TABS 2.5mg		1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml		1	SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name		Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH)	KIT 3.75mg	3	NDS, SP, PA
LUPRON DEPOT (3-MONTH)	KIT 11.25mg	3	NDS, SP, PA
LUPRON DEPOT (4-MONTH)	KIT 30mg	3	NDS, SP, PA
LUPRON DEPOT (6-MONTH)	KIT 45mg	3	NDS, SP, PA
LYSODREN TABS 500mg		3	NDS, SP
<i>megestrol acetate</i> TABS 20mg, 40mg		2	
<i>nilutamide</i> TABS 150mg		3	NDS
NUBEQA TABS 300mg		3	NDS, SP, PA
ORGOVYX TABS 120mg		3	NDS, SP, PA
ORSERDU TABS 86mg, 345mg		3	NDS, SP
SOLTAMOX SOLN 10mg/5ml		3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg		1	
<i>toremifene citrate</i> TABS 60mg		3	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg		3	SP, PA
XTANDI CAPS 40mg		3	NDS, QL (120 caps / 30 days), SP, PA
XTANDI TABS 40mg, 80mg		3	NDS, QL (120 tabs / 30 days), SP, PA
YONSA TABS 125mg		3	NDS, SP, PA
IMMUNOMODULATORS			
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg		3	NDS, QL (28 caps / 28 days), SP, PA
<i>lenalidomide</i> CAPS 20mg, 25mg		3	NDS, QL (21 caps / 28 days), SP, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg		3	NDS, QL (21 caps / 28 days), SP, PA
THALOMID CAPS 50mg, 100mg		3	NDS, QL (28 caps / 28 days), SP, PA
MISCELLANEOUS			
BESREMI SOSY 500mcg/ml		3	NDS, SP, PA
<i>bexarotene</i> CAPS 75mg		3	NDS, SP
HERCEP HYLEC SOL 60-10000		3	NDS, SP, PA
HERCEPTIN SOLR 150mg		3	NDS, SP, PA
HERZUMA SOLR 150mg, 420mg		3	NDS, SP, PA
<i>hydroxyurea</i> CAPS 500mg		1	
KANJINTI SOLR 150mg, 420mg		3	NDS, SP, PA
KISQALI 400 PAK FEMARA		3	NDS, QL (70 tabs / 28 days), SP, PA
KISQALI 600 PAK FEMARA		3	NDS, QL (91 tabs / 28 days), SP, PA
MATULANE CAPS 50mg		3	NDS, SP
OGIVRI SOLR 150mg, 420mg		3	NDS, SP, PA
TRAZIMERA SOLR 150mg, 420mg		3	NDS, SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
tretinoin (chemotherapy) CAPS 10mg	3	NDS
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS, SP, PA
WELIREG TABS 40mg	3	NDS, SP, PA

MOLECULAR TARGET AGENTS

AKEEGA TAB 50/500MG	3	NDS, SP, PA
AKEEGA TAB 100/500	3	NDS, SP, PA
ALECensa CAPS 150mg	3	NDS, SP, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS, SP, PA
ALUNBRIG PAK	3	NDS, SP, PA
AUGTYRO CAPS 40mg, 160mg	3	NDS, SP, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS, QL (30 tabs / 30 days), SP, PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS, SP, PA
BORUZU SOLN 3.5mg/1.4ml	3	NDS, SP, PA
BOSULIF CAPS 50mg	3	NDS, QL (300 caps / 30 days), SP, PA
BOSULIF CAPS 100mg	3	NDS, QL (150 caps / 30 days), SP, PA
BOSULIF TABS 100mg	3	NDS, QL (120 tabs / 30 days), SP, PA
BOSULIF TABS 400mg, 500mg	3	NDS, QL (30 tabs / 30 days), SP, PA
BRAFTOVI CAPS 75mg	3	NDS, SP, PA
BRUKINSA CAPS 80mg	3	NDS, SP, PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS, QL (30 tabs / 30 days), SP, PA
CALQUENCE CAPS 100mg	3	NDS, QL (60 caps / 30 days), SP, PA
CALQUENCE TABS 100mg	3	NDS, QL (60 tabs / 30 days), SP, PA
CAPRELSA TABS 100mg	3	NDS, QL (60 tabs / 30 days), SP, PA
CAPRELSA TABS 300mg	3	NDS, QL (30 tabs / 30 days), SP, PA
COMETRIQ KIT 20mg	3	NDS, SP, PA
COMETRIQ KIT 100MG	3	NDS, SP, PA
COMETRIQ KIT 140MG	3	NDS, SP, PA
COPIKTRA CAPS 15mg, 25mg	3	NDS, SP, PA
COTELLIC TABS 20mg	3	NDS, SP, PA
DANZITEN TABS 71mg, 95mg	3	NDS, QL (112 tabs / 28 days), SP, PA
dasatinib TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS, SP, PA

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 25mg, 100mg	3	NDS, SP, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	2	B/D
ERIVEDGE CAPS 150mg	3	NDS, SP, PA
<i>erlotinib hcl</i> TABS 25mg, 100mg	3	NDS, QL (90 tabs / 30 days), SP, PA
<i>erlotinib hcl</i> TABS 150mg	3	NDS, QL (30 tabs / 30 days), SP, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS, QL (30 tabs / 30 days), SP, PA
<i>everolimus</i> TBSO 2mg	3	NDS, QL (150 tabs / 30 days), SP, PA
<i>everolimus</i> TBSO 3mg	3	NDS, QL (90 tabs / 30 days), SP, PA
<i>everolimus</i> TBSO 5mg	3	NDS, QL (60 tabs / 30 days), SP, PA
FOTIVDA CAPS .89mg, 1.34mg	3	NDS, QL (21 caps / 28 days), SP, PA
FRUZAQLA CAPS 1mg, 5mg	3	NDS, SP, PA
GAVRETO CAPS 100mg	3	NDS, SP, PA
<i>gefitinib</i> TABS 250mg	3	NDS, SP, PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS, SP, PA
GOMEKLI CAPS 1mg	3	NDS, QL (126 caps / 28 days), SP, PA
GOMEKLI CAPS 2mg	3	NDS, QL (84 caps / 28 days), SP, PA
GOMEKLI TBSO 1mg	3	NDS, QL (126 tabs / 28 days), SP, PA
IBRANCE CAPS 75mg, 100mg, 125mg	3	NDS, QL (21 caps / 28 days), SP, PA
IBRANCE TABS 75mg, 100mg, 125mg	3	NDS, QL (21 tabs / 28 days), SP, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS, QL (30 tabs / 30 days), SP, PA
IDHIFA TABS 50mg, 100mg	3	NDS, QL (30 tabs / 30 days), SP, PA
<i>imatinib mesylate</i> TABS 100mg	3	NDS, QL (90 tabs / 30 days), SP, PA
<i>imatinib mesylate</i> TABS 400mg	3	NDS, QL (60 tabs / 30 days), SP, PA
IMBRUVICA CAPS 70mg	3	NDS, QL (30 caps / 30 days), SP, PA
IMBRUVICA CAPS 140mg	3	NDS, QL (120 caps / 30 days), SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
IMBRUICA SUSP 70mg/ml	3	NDS, QL (216 mL / 27 days), SP, PA
IMBRUICA TABS 140mg, 280mg, 420mg	3	NDS, QL (30 tabs / 30 days), SP, PA
IMKELDI SOLN 80mg/ml	3	NDS, QL (300 mL / 30 days), SP, PA
INLYTA TABS 1mg	3	NDS, QL (180 tabs / 30 days), SP, PA
INLYTA TABS 5mg	3	NDS, QL (120 tabs / 30 days), SP, PA
INREBIC CAPS 100mg	3	NDS, SP, PA
ITOVEBI TABS 3mg, 9mg	3	NDS, QL (28 tabs / 28 days), SP, PA
IWLIFIN TABS 192mg	3	NDS, SP, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS, QL (60 tabs / 30 days), SP, PA
JAYPIRCA TABS 50mg	3	NDS, QL (30 tabs / 30 days), SP
JAYPIRCA TABS 100mg	3	NDS, QL (60 tabs / 30 days), SP
KISQALI TAB 200DOSE TBPK 200mg	3	NDS, QL (21 tabs / 28 days), SP, PA
KISQALI TAB 400DOSE TBPK 200mg	3	NDS, QL (42 tabs / 28 days), SP, PA
KISQALI TAB 600DOSE TBPK 200mg	3	NDS, QL (63 tabs / 28 days), SP, PA
KOSELUGO CAPS 10mg, 25mg	3	NDS, SP, PA
KRAZATI TABS 200mg	3	NDS, SP, PA
<i>lapatinib ditosylate</i> TABS 250mg	3	NDS, QL (180 tabs / 30 days), SP, PA
LAZCLUZE TABS 80mg, 240mg	3	NDS, SP, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS, QL (30 caps / 30 days), SP, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS, QL (60 caps / 30 days), SP, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS, QL (30 caps / 30 days), SP, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS, QL (90 caps / 30 days), SP, PA
LENVIMA 14 MG DAILY DOSE THERAPY PACK	3	NDS, QL (60 caps / 30 days), SP, PA
LENVIMA 18 MG DAILY DOSE THERAPY PACK	3	NDS, QL (90 caps / 30 days), SP, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS, QL (60 caps / 30 days), SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE THERAPY PACK	3	NDS, QL (90 caps / 30 days), SP, PA
LORBRENA TABS 25mg, 100mg	3	NDS, SP, PA
LUMAKRAS TABS 120mg, 240mg, 320mg	3	NDS, SP, PA
LYNPARZA TABS 100mg, 150mg	3	NDS, QL (120 tabs / 30 days), SP, PA
LYTGOBI TAB (12 MG DAILY DOSE) TBPK 4mg	3	NDS, SP
LYTGOBI TAB (16 MG DAILY DOSE) TBPK 4mg	3	NDS, SP
LYTGOBI TAB (20 MG DAILY DOSE) TBPK 4mg	3	NDS, SP
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS, SP, PA
MEKTOVI TABS 15mg	3	NDS, SP, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS, SP, PA
NERLYNX TABS 40mg	3	NDS, SP, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS, QL (3 caps / 28 days), SP, PA
ODOMZO CAPS 200mg	3	NDS, SP, PA
OGSIVEO TABS 50mg, 100mg, 150mg	3	NDS, SP, PA
OJEMDA SUSR 25mg/ml; TABS 100mg	3	NDS, SP, PA
OJJAARA TABS 100mg, 150mg, 200mg	3	NDS, QL (30 tabs / 30 days), SP, PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	2	B/D
<i>pazopanib hcl</i> TABS 200mg	3	NDS, QL (120 tabs / 30 days), SP, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS, SP, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS, SP, PA
PIQRAY 250MG TAB DOSE	3	NDS, SP, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS, SP, PA
QINLOCK TABS 50mg	3	NDS, SP, PA
RETEVMO CAPS 40mg, 80mg; TABS 40mg, 80mg, 120mg, 160mg	3	NDS, SP, PA
REVUFORJ TABS 25mg, 110mg, 160mg	3	NDS, SP, PA
REZLIDHIA CAPS 150mg	3	NDS, SP
ROMVIMZA CAPS 14mg, 20mg, 30mg	3	NDS, QL (8 caps / 28 days), SP, PA
ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NDS, SP, PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS, QL (120 tabs / 30 days), SP, PA
RYDAPT CAPS 25mg	3	NDS, SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 20mg	3	NDS, QL (60 tabs / 30 days), SP, PA
SCEMBLIX TABS 40mg	3	NDS, QL (300 tabs / 30 days), SP, PA
SCEMBLIX TABS 100mg	3	NDS, QL (120 tabs / 30 days), SP, PA
<i>sorafenib tosylate</i> TABS 200mg	3	NDS, QL (220 tabs / 30 days), SP, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS, SP, PA
STIVARGA TABS 40mg	3	NDS, SP, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS, QL (30 caps / 30 days), SP, PA
TABRECTA TABS 150mg, 200mg	3	NDS, SP, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS, SP, PA
TAGRISSO TABS 40mg, 80mg	3	NDS, QL (30 tabs / 30 days), SP, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	3	NDS, QL (30 caps / 30 days), SP, PA
TALZENNA CAPS .25mg	3	NDS, QL (90 caps / 30 days), SP, PA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS, SP, PA
TAZVERIK TABS 200mg	3	NDS, SP, PA
TEPMETKO TABS 225mg	3	NDS, SP, PA
TIBSOVO TABS 250mg	3	NDS, SP, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS, QL (30 tabs / 30 days), SP, PA
TRUQAP TABS 160mg, 200mg	3	NDS, SP, PA
TUKYSA TABS 50mg, 150mg	3	NDS, SP, PA
TURALIO CAPS 125mg	3	NDS, SP, PA
VANFLYTA TABS 17.7mg, 26.5mg	3	NDS, SP, PA
VENCLEXTA TABS 10mg	2	QL (112 tabs / 28 days), SP, PA
VENCLEXTA TABS 50mg	3	NDS, QL (112 tabs / 28 days), SP, PA
VENCLEXTA TABS 100mg	3	NDS, QL (180 tabs / 30 days), SP, PA
VENCLEXTA TAB START PK	3	NDS, QL (42 tabs / 28 days), SP, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS, QL (56 tabs / 28 days), SP, PA
VIJOICE PACK 50mg	3	NDS, QL (140 packets / 28 days), SP, PA
VIJOICE TBPK 50mg, 125mg	3	NDS, QL (28 tabs / 28 days), SP, PA

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
VIJOICE 250MG DAILY DOSE	3	NDS, QL (56 tabs / 28 days), SP, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS, SP, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS, SP, PA
VONJO CAPS 100mg	3	NDS, QL (120 caps / 30 days), SP, PA
VORANIGO TABS 10mg, 40mg	3	NDS, SP, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	3	NDS, SP, PA
XOSPATA TABS 40mg	3	NDS, SP, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	3	NDS, QL (16 tabs / 28 days), SP, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	3	NDS, QL (4 tabs / 28 days), SP, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	3	NDS, QL (8 tabs / 28 days), SP, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	3	NDS, QL (4 tabs / 28 days), SP, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	3	NDS, QL (24 tabs / 28 days), SP, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	3	NDS, QL (8 tabs / 28 days), SP, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	3	NDS, QL (32 tabs / 28 days), SP, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	3	NDS, QL (8 tabs / 28 days), SP, PA
ZEJULA TABS 100mg	3	NDS, QL (90 tabs / 30 days), SP, PA
ZEJULA TABS 200mg, 300mg	3	NDS, QL (30 tabs / 30 days), SP, PA
ZELBORAF TABS 240mg	3	NDS, SP, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS, SP, PA
ZOLINZA CAPS 100mg	3	NDS, SP, PA
ZYDELIG TABS 100mg, 150mg	3	NDS, SP, PA
ZYKADIA TABS 150mg	3	NDS, SP, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2
<i>mesna</i> TABS 400mg	3
MESNEX TABS 400mg	3

Drug Name	Drug Tier Requirements/Limits
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
<i>KERENDIA</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>spironolactone</i> SUSP 25mg/5ml	1	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg	1	
<i>prazosin hcl</i> CAPS 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320</i> <i>mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160</i> <i>mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1
<i>ENTRESTO CAP 6-6MG</i>	2
<i>ENTRESTO CAP 15-16MG</i>	2
<i>ENTRESTO TAB 24-26MG</i>	2
<i>ENTRESTO TAB 49-51MG</i>	2
<i>ENTRESTO TAB 97-103MG</i>	2
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1
<i>telmisartan-amlodipine tab 40-5 mg</i>	1
<i>telmisartan-amlodipine tab 40-10 mg</i>	1
<i>telmisartan-amlodipine tab 80-5 mg</i>	1
<i>telmisartan-amlodipine tab 80-10 mg</i>	1
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	1	
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	
<i>valsartan SOLN 4mg/ml; TABS 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>digoxin TABS 62.5mcg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	3	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	3	SP
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>mexiletine hcl CAPS 150mg, 200mg, 250mg</i>	1	
<i>MULTAQ TABS 400mg</i>	2	
<i>NORPACE CR CP12 100mg, 150mg</i>	3	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	3	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	2	
fenofibrate CAPS 50mg, 150mg; TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 43mg, 67mg, 130mg, 134mg, 200mg	2	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	
fluvastatin sodium CAPS 20mg, 40mg; TB24 80mg	1	
lovastatin TABS 10mg, 20mg, 40mg	1	
pitavastatin calcium TABS 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	
ZYPITAMAG TABS 2mg, 4mg	3	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	
colesevelam hcl PACK 3.75gm; TABS 625mg	3	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
icosapent ethyl CAPS .5gm, 1gm	2	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS, SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
niacin (antihyperlipidemic) TABS 500mg	1	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	2	
niacor TABS 500mg	1	
omega-3-acid ethyl esters cap 1 gm	2	
prevalite PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	2	SP, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	SP, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	SP, PA

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol & chlorthalidone tab 50-25 mg	1
atenolol & chlorthalidone tab 100-25 mg	1
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	1
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	1
metoprolol & hydrochlorothiazide tab 50- 25 mg	2
metoprolol & hydrochlorothiazide tab 100- 25 mg	2
metoprolol & hydrochlorothiazide tab 100- 50 mg	2

BETA-BLOCKERS

acebutolol hcl CAPS 200mg, 400mg	1
atenolol TABS 25mg, 50mg, 100mg	1
betaxolol hcl TABS 10mg, 20mg	1
bisoprolol fumarate TABS 2.5mg, 5mg, 10mg	1
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg	2
labetalol hcl TABS 100mg, 200mg, 300mg	1
labetalol hcl TABS 400mg	2
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1
metoprolol tartrate TABS 25mg, 50mg, 100mg	1
metoprolol tartrate TABS 37.5mg, 75mg	2
nadolol TABS 20mg, 40mg, 80mg	2

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg	2	
<i>pindolol</i> TABS 5mg, 10mg	2	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	2	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>diltiazem hcl coated beads</i> CP24 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	3	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	3	
<i>nifedipine</i> CAPS 10mg, 20mg; TB24 30mg, 60mg, 90mg	1	
<i>nifedipine tab er 24hr osmotic release</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	3	
<i>nimodipine</i> SOLN 60mg/20ml	3	NDS
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	3	
<i>NYMALIZE</i> SOLN 6mg/ml	3	NDS
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg	3	
<i>verapamil hcl</i> CP24 180mg, 240mg	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier Requirements/Limits
<i>verapamil hcl TBCR 120mg, 180mg, 240mg</i>	1
DIURETICS	
<i>acetazolamide CP12 500mg</i>	2
<i>acetazolamide TABS 125mg, 250mg</i>	1
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<i>amiloride hcl TABS 5mg</i>	1
<i>bumetanide SOLN .25mg/ml</i>	2
<i>bumetanide TABS .5mg, 1mg, 2mg</i>	1
<i>chlorthalidone TABS 25mg, 50mg</i>	1
<i>ethacrynic acid TABS 25mg</i>	3
<i>furosemide SOLN 10mg/ml, 40mg/5ml</i>	1
<i>furosemide TABS 20mg, 40mg, 80mg</i>	1
<i>furosemide inj SOLN 10mg/ml</i>	2
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1
<i>indapamide TABS 1.25mg, 2.5mg</i>	1
<i>methazolamide TABS 25mg, 50mg</i>	3
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	2
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1
MISCELLANEOUS	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
ATTRUBY TBPK 356mg	3	NDS, QL (112 tabs / 28 days), SP, PA
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS, QL (30 caps / 30 days), SP, PA
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
clonidine TB24 .17mg	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
digoxin SOLN .05mg/ml	1	
digoxin SOLN .25mg/ml	2	
digoxin TABS 125mcg, 250mcg	1	
droxidopa CAPS 100mg, 200mg, 300mg	3	NDS, SP, PA
FILSPARI TABS 200mg, 400mg	3	NDS, SP, PA
guanfacine hcl TABS 1mg, 2mg	2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	
ivabradine hcl TABS 5mg, 7.5mg	3	
metyrosine CAPS 250mg	3	NDS, SP
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	1	
NEXLETOL TABS 180mg	2	PA
NEXLIZET TAB 180/10MG	2	PA
ORLADEYO CAPS 110mg, 150mg	3	NDS, QL (30 caps / 30 days), SP, PA
ranolazine TB12 500mg, 1000mg	3	
TRACLEER TBSO 32mg	3	NDS, SP, PA
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
TRYNGOLZA SOAJ 80mg/0.8ml	3	NDS, QL (1 pen / 28 days), SP, PA
TRYVIO TABS 12.5mg	3	PA
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	1	
<i>nitroglycerin</i> SOLN .4mg/spray	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS, QL (90 tabs / 30 days), SP, PA
alyq TABS 20mg	3	NDS, QL (60 tabs / 30 days), SP, PA
<i>ambrisentan</i> TABS 5mg, 10mg	3	NDS, SP, PA
<i>bosentan</i> TABS 62.5mg, 125mg	3	NDS, SP, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS, SP, PA
ORENITRAM TBCR .125mg	3	SP, PA
ORENITRAM TAB MONTH 1	3	NDS, SP, PA
ORENITRAM TAB MONTH 2	3	NDS, SP, PA
ORENITRAM TAB MONTH 3	3	NDS, SP, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml	3	NDS, SP, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), SP, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	3	NDS, QL (60 tabs / 30 days), SP, PA
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS, SP, PA
UPTRAVI PACK TAB 200/800	3	NDS, SP, PA
WINREVAIR KIT 45mg, 60mg	3	NDS, SP, PA
WINREVAIR INJ 45MG	3	NDS, SP, PA
WINREVAIR INJ 60MG	3	NDS, SP, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam</i> TB24 2mg, 3mg	1	QL (90 tabs / 30 days)
<i>alprazolam</i> TB24 .5mg, 1mg	1	QL (60 tabs / 30 days)
<i>alprazolam</i> TBDP .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	1	QL (300 mL / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	2	

ANTICONVULSANTS

APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS, PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	1	
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; TB12 100mg, 200mg, 400mg	2	
<i>carbamazepine</i> SUSP 100mg/5ml	3	
<i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg	2	PA
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	3	QL (180 tabs / 30 days)
DIACOMIT CAPS 250mg	3	NDS, QL (360 caps / 30 days), SP, PA
DIACOMIT CAPS 500mg	3	NDS, QL (180 caps / 30 days), SP, PA
DIACOMIT PACK 250mg	3	NDS, QL (360 packets / 30 days), SP, PA
DIACOMIT PACK 500mg	3	NDS, QL (180 packets / 30 days), SP, PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days)
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days)
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days)
DILANTIN CAPS 30mg, 100mg	2	
DILANTIN INFATABS CHEW 50mg	2	

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	3	
<i>topiramate</i> CP24 200mg	3	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	QL (10 sprays / 30 days), PA
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	QL (10 sprays / 30 days), PA
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	QL (10 packs / 30 days), PA
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	QL (10 packs / 30 days), PA
<i>vigabatrin</i> PACK 500mg	3	NDS, QL (180 packets / 30 days), SP, PA
<i>vigabatrin</i> TABS 500mg	3	NDS, QL (180 tabs / 30 days), SP, PA
<i>vigadron</i> PACK 500mg	3	NDS, QL (180 packets / 30 days), SP, PA
<i>vigadron</i> TABS 500mg	3	NDS, QL (180 tabs / 30 days), SP, PA
VIGAFYDE SOLN 100mg/ml	3	NDS, QL (900 mL / 30 days), SP, PA
<i>vigpoder</i> PACK 500mg	3	NDS, QL (180 packets / 30 days), SP, PA
XCOPRI TABS 25mg, 50mg, 100mg	3	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	3	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	3	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	3	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200 (MAINTENANCE)	3	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200 (TITRATION)	3	NDS, QL (28 tabs / 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	1	
<i>CITALOPRAM HYDROBROMIDE</i> CAPS 30mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
<i>doxepin hcl</i> CAPS 150mg	3	
<i>DRIZALMA SPRINKLE</i> CSDR 20mg, 30mg, 40mg, 60mg	3	QL (90 caps / 30 days)
<i>duloxetine hcl</i> CPEP 20mg, 60mg	2	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg, 40mg	2	QL (90 caps / 30 days)
<i>EMSAM</i> PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS, ST
<i>escitalopram oxalate</i> SOLN 5mg/5ml	3	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
<i>FETZIMA</i> CP24 20mg, 40mg, 80mg, 120mg	3	ST
<i>FETZIMA CAP TITRATIO</i>	3	ST
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; CPDR 90mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg, 60mg	3	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
<i>MARPLAN</i> TABS 10mg	3	
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>olanzapine-fluoxetine hcl cap</i> 3-25 mg	1	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 6-25 mg	1	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 6-50 mg	1	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 12-25 mg	1	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 12-50 mg	1	QL (30 caps / 30 days)
<i>paroxetine hcl</i> SUSP 10mg/5ml	2	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	3	
<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	
<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	
<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	
<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	
<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>RALDESY</i> SOLN 10mg/ml	3	
<i>sertraline hcl</i> CONC 20mg/ml	1	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	3	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
<i>TRINTELLIX</i> TABS 5mg, 10mg, 20mg	3	
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TB24 37.5mg, 75mg, 150mg, 225mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	
<i>ZURZUVAE</i> CAPS 20mg, 25mg, 30mg	3	NDS, SP, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carbidopa</i> TABS 25mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>CREXONT CAP 35-140MG</i>	3	
<i>CREXONT CAP 52.5-210</i>	3	
<i>CREXONT CAP 70-280MG</i>	3	
<i>CREXONT CAP 87.5-350</i>	3	
<i>DUOPA SUS 4.63-20</i>	3	SP
<i>entacapone TABS 200mg</i>	2	
<i>GOCOVRI CP24 68.5mg, 137mg</i>	3	SP, PA
<i>INBRIJA CAPS 42mg</i>	3	NDS, SP
<i>NOURIANZ TABS 20mg, 40mg</i>	3	NDS, QL (30 tabs / 30 days), SP
<i>ONGENTYS CAPS 25mg, 50mg</i>	3	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	3	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	3	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	
<i>RYTARY CAP 95MG</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>tolcapone</i> TABS 100mg	3	NDS
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	2	
VYALEV INJ 12-240MG	3	NDS, SP, PA
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3	NDS, QL (1 injection / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	3	NDS, QL (1 injection / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	3	NDS, QL (1 vial / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg	2	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	3	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	3	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS, QL (1 injection / 42 days)
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days), ST
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	3	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	3	
COBENFY CAP 50-20MG	3	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	3	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	3	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	3	NDS, QL (56 caps / 28 days), PA
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml, 351mg/2.25ml	3	NDS, QL (1 syringe / 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	QL (60 tabs / 30 days), ST
FANAPT PAK	3	ST
<i>fluphenazine decanoate</i> SOLN 25mg/ml	3	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	2	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	3	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	3	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	3	
NUPLAZID CAPS 34mg	3	NDS, QL (60 caps / 30 days), SP, PA
NUPLAZID TABS 10mg	3	NDS, QL (60 tabs / 30 days), SP, PA
<i>olanzapine</i> SOLR 10mg	3	QL (3 injections / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days)
OPIPZA FILM 2mg	3	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 5mg, 10mg	3	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg	3	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	3	NDS, QL (1 syringe / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
pimozide TABS 1mg, 2mg	3	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; TB24 50mg, 150mg, 200mg, 300mg, 400mg	2	
REXULTI TABS 3mg, 4mg	3	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	3	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone microspheres SRER 12.5mg	2	QL (2 vials / 28 days)
risperidone microspheres SRER 25mg	3	QL (2 vials / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	3	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	3	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	NDS, QL (1 syringe / 28 days)
VERSACLOZ SUSP 50mg/ml	3	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	3	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	3	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 300mg	3	NDS, QL (2 injections / 28 days), SP, PA
ZYPREXA RELPREVV SUSR 405mg	3	NDS, QL (1 injection / 28 days), SP, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	2	QL (120 caps / 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	2	QL (60 caps / 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	2	QL (30 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days)
atomoxetine hcl CAPS 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg, 60mg	2	QL (60 caps / 30 days)
atomoxetine hcl CAPS 80mg, 100mg	2	QL (30 caps / 30 days)
clonidine hcl (adhd) TB12 .1mg	1	
dexamethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days)
dexamethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days)
dextroamphetamine sulfate SOLN 5mg/5ml	2	QL (1800 mL / 30 days)
dextroamphetamine sulfate TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days)
dextroamphetamine sulfate TABS 15mg, 20mg	1	QL (90 tabs / 30 days)
dextroamphetamine sulfate TABS 30mg	1	QL (60 tabs / 30 days)
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days)
guanfacine hcl (adhd) TB24 3mg	2	QL (60 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name		Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg		2	QL (60 caps / 30 days)
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg		2	QL (30 caps / 30 days)
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg		2	QL (60 tabs / 30 days)
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg		2	QL (30 tabs / 30 days)
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg		2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml, 10mg/5ml		2	QL (900 mL / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg		1	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg		1	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg		2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg		2	QL (30 tabs / 30 days)
ONYDA XR SUER .1mg/ml		3	
<i>procenutra</i> SOLN 5mg/5ml		2	QL (1800 mL / 30 days)
QUELBREE CP24 100mg		3	QL (180 caps / 30 days)
QUELBREE CP24 150mg		3	QL (120 caps / 30 days)
QUELBREE CP24 200mg		3	QL (90 caps / 30 days)
RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg		2	QL (30 tabs / 30 days)
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr		3	QL (30 patches / 30 days)
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg		1	QL (180 tabs / 30 days)
<i>zenzedi</i> TABS 15mg, 20mg		1	QL (90 tabs / 30 days)
<i>zenzedi</i> TABS 30mg		1	QL (60 tabs / 30 days)

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg		3	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg		3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg		2	QL (30 tabs / 30 days)
<i>estazolam</i> TABS 1mg, 2mg		1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg		2	QL (30 tabs / 30 days)
<i>flurazepam hcl</i> CAPS 15mg, 30mg		1	QL (30 caps / 30 days)
HETLIOZ LQ SUSP 4mg/ml		3	NDS, QL (150 mL / 30 days), SP, PA
<i>ramelteon</i> TABS 8mg		2	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg		3	NDS, QL (30 caps / 30 days), SP, PA
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg		2	QL (30 caps / 30 days)
<i>temazepam</i> CAPS 15mg		2	QL (60 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i> TABS .125mg, .25mg	1	QL (30 tabs / 30 days)
<i>zaleplon</i> CAPS 5mg, 10mg	1	QL (30 caps / 30 days)
<i>ZOLPIDEM TARTRATE</i> CAPS 7.5mg	3	QL (30 caps / 30 days)
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	2	QL (30 tabs / 30 days)
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	3	QL (30 tabs / 30 days)
MIGRAINE		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), SP, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	3	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	3	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	2	
<i>EMGALITY</i> SOAJ 120mg/ml	2	QL (2 pens / 30 days), SP, PA
<i>EMGALITY</i> SOSY 100mg/ml	2	QL (3 syringes / 30 days), SP, PA
<i>EMGALITY</i> SOSY 120mg/ml	2	QL (2 syringes / 30 days), SP, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>frovatriptan succinate</i> TABS 2.5mg	3	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	
<i>NURTEC</i> TBDP 75mg	2	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	
<i>sumatriptan</i> SOLN 5mg/act, 20mg/act	2	
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml, 6mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml	2	
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	
<i>sumatriptan succinate cartridge</i> SOAJ 6mg/0.5ml	2	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	
<i>UBRELVY</i> TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	2	
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS, SP, PA
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg	3	NDS, SP, PA
AUSTEDO XR TAB TITR KIT	3	NDS, SP, PA
<i>cevimeline hcl</i> CAPS 30mg	2	
DAYBUE SOLN 200mg/ml	3	NDS, SP, PA
<i>edaravone</i> SOLN 30mg/100ml, 60mg/100ml	3	NDS, SP, PA
EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NDS, SP, PA
<i>gabapentin (once-daily)</i> TABS 300mg	3	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	3	QL (90 tabs / 30 days), PA
GRALISE TABS 450mg	3	QL (120 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	3	QL (60 tabs / 30 days), PA
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
<i>lithium</i> SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	3	PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml	2	
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>pyridostigmine bromide</i> TBCR 180mg	3	
RADICAVA SOLN 30mg/100ml	3	NDS, SP, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS, SP, PA
<i>riluzole</i> TABS 50mg	3	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	3	PA
SKYCLARYS CAPS 50mg	3	NDS, SP, PA
<i>tetrabenazine</i> TABS 12.5mg	3	NDS, QL (90 tabs / 30 days), SP, PA
<i>tetrabenazine</i> TABS 25mg	3	NDS, QL (120 tabs / 30 days), SP, PA
TIGLUTIK SUSP 50mg/10ml	3	NDS, SP
VYVGART INJ HYTRULO	3	NDS, SP, PA

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	3	NDS, SP, PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml	3	NDS, SP
AVONEX PEN AJKT 30mcg/0.5ml	3	NDS, SP
BAFIERTAM CPDR 95mg	3	NDS, QL (120 caps / 30 days), SP, PA
BETASERON KIT .3mg	3	NDS, QL (14 injections / 28 days), SP, PA
COPAXONE SOSY 20mg/ml	3	NDS, QL (30 injections / 30 days), SP, PA
COPAXONE SOSY 40mg/ml	3	NDS, QL (12 injections / 28 days), SP, PA
<i>dalfampridine</i> TB12 10mg	2	SP, PA
<i>dimethyl fumarate</i> CPDR 120mg	3	NDS, QL (14 caps / 7 days), SP, PA
<i>dimethyl fumarate</i> CPDR 240mg	3	NDS, QL (60 caps / 30 days), SP, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	3	NDS, SP, PA
<i>fingolimod hcl</i> CAPS .5mg	3	NDS, QL (28 caps / 28 days), SP, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	3	NDS, QL (30 injections / 30 days), SP, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	3	NDS, QL (12 injections / 28 days), SP, PA
<i>glatopa</i> SOSY 20mg/ml	3	NDS, QL (30 injections / 30 days), SP, PA
<i>glatopa</i> SOSY 40mg/ml	3	NDS, QL (12 injections / 28 days), SP, PA
KESIMPTA SOAJ 20mg/0.4ml	3	NDS, SP, PA
MAVENCLAD TBPK 10mg	3	NDS, SP
MAYZENT TABS .25mg, 1mg, 2mg	3	NDS, SP
MAYZENT STARTER PACK (7) TBPK TBPK .25mg	2	SP
MAYZENT STARTER PACK (12) TBPK TBPK .25mg	3	NDS, SP
PLEGRIDY SOAJ 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS, SP
PLEGRIDY INJ STARTER	3	NDS, SP
PLEGRIDY PEN INJ STARTER	3	NDS, SP
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	3	NDS, SP
REBIF REBIDO INJ TITRATN	3	NDS, SP
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	3	NDS, SP

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name		Drug Tier	Requirements/Limits
REBIF TITRTN INJ PACK		3	NDS, SP
teriflunomide TABS 7mg, 14mg		3	NDS, SP
MUSCULOSKELETAL THERAPY AGENTS			
baclofen SOLN 5mg/5ml, 10mg/5ml; SUSP 25mg/5ml; TABS 15mg		2	
baclofen TABS 5mg, 10mg, 20mg		1	
cyclobenzaprine hcl TABS 5mg, 10mg		2	
dantrolene sodium CAPS 25mg, 50mg, 100mg		2	
SOHONOS CAPS 1mg, 1.5mg, 2.5mg, 5mg, 10mg		3	NDS, SP, PA
tizanidine hcl CAPS 2mg, 4mg, 6mg		2	
tizanidine hcl TABS 2mg, 4mg		1	
NARCOLEPSY/CATAPLEXY			
armodafinil TABS 50mg		2	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg		2	QL (30 tabs / 30 days), PA
modafinil TABS 100mg		3	QL (30 tabs / 30 days), PA
modafinil TABS 200mg		3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml		3	NDS, QL (540 mL / 30 days), SP, PA
SUNOSI TABS 75mg, 150mg		2	PA
PSYCHOTHERAPEUTIC-MISC			
acamprosate calcium TBEC 333mg		1	
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg		3	QL (60 films / 30 days)
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr		2	QL (4 patches / 28 days)
buprenorphine hcl SUBL 2mg, 8mg		1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)		1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)		1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)		1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)		1	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2- 0.5 mg (base equiv)		1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)		1	QL (90 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl (smoking deterrent) TB12 150mg	1	
disulfiram TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
lofexidine hcl TABS .18mg	3	NDS, QL (224 tabs / 14 days)
LUCEMYRA TABS .18mg	3	NDS, QL (224 tabs / 14 days)
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	2	
varenicline tartrate TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
varenicline tartrate pack TABS 1mg	2	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	
VIVITROL SUSR 380mg	3	NDS, SP

ENDOCRINE AND METABOLIC

ANDROGENS

depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
INTRAROSA INST 6.5mg	3	
methyltestosterone CAPS 10mg	3	NDS
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	2	PA
testosterone packet GEL 20.25mg/1.25gm, 40.5mg/2.5gm	2	QL (300 gm / 30 days), PA
testosterone packet GEL 25mg/2.5gm, 50mg/5gm	3	QL (300 gm / 30 days), PA
testosterone pump GEL 1%, 1.62%	3	QL (300 gm / 30 days), PA
testosterone pump GEL 10mg/act	2	QL (300 gm / 30 days), PA
testosterone pump SOLN 30mg/act	3	QL (180 mL / 30 days), PA
UNDECATREX CAPS 200mg	3	NDS, PA

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	1
BAQSIMI ONE PACK POWD 3mg/dose	2
FARXIGA TABS 5mg, 10mg	2

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
glimepiride TABS 1mg, 2mg, 3mg, 4mg	1	
glipizide TABS 2.5mg, 5mg, 10mg; TB24 2.5mg, 5mg, 10mg	1	
glipizide xl TB24 2.5mg	1	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide TABS 1.25mg, 2.5mg, 5mg	1	
glyburide micronized TABS 1.5mg, 3mg, 6mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	2	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO XR 5-1000MG	2	QL (30 tabs / 30 days)
liraglutide SOPN 6mg/ml	2	QL (3 pens / 30 days), PA
metformin hcl SOLN 500mg/5ml; TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg	1	
miglitol TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	
OZEMPIC SOPN 2mg/3ml, 4mg/3ml, 8mg/3ml	2	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
repaglinide TABS .5mg, 1mg, 2mg	1	
RYBELSUS TABS 1.5mg, 3mg, 4mg, 7mg, 9mg, 14mg	2	QL (30 tabs / 30 days), PA
saxagliptin hcl TABS 2.5mg, 5mg	2	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2	
saxagliptin-metformin hcl tab er 24hr 5-500 mg	2	
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	2	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	2	
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (30 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	2	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	2
ADMELOG SOLOSTAR SOPN 100unit/ml	2
BASAGLAR KWIKPEN SOPN 100unit/ml	2
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	2

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	2	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	2	
HUMALOG MIX INJ 50/50KWP	2	
HUMALOG MIX INJ 75/25KWP	2	
HUMALOG MIX SUS 75/25	2	
HUMALOG TEMPO PEN SOPN 100unit/ml	2	
HUMULIN INJ 70/30	2	
HUMULIN INJ 70/30KWP	2	
HUMULIN N SUSP 100unit/ml	2	
HUMULIN N KWIKPEN SUPN 100unit/ml	2	
HUMULIN R SOLN 100unit/ml	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	2	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	2	
LYUMJEV TEMPO PEN SOPN 100unit/ml	2	
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	

ANTIDIABETICS, MISCELLANEOUS

DEXCOM G6 MIS RECEIVER	2	Part B
DEXCOM G6 MIS SENSOR	2	Part B
DEXCOM G6 MIS TRANSMIT	2	Part B
DEXCOM G7 MIS RECEIVER	2	Part B
DEXCOM G7 MIS SENSOR	2	Part B
FREE LIBRE3 KIT PLUS/SEN	2	Part B
FREESTY LIBR KIT 2 SENSOR	2	Part B
FREESTY LIBR KIT 3 SENSOR	2	Part B
FREESTY LIBR KIT SENSOR	2	Part B
FREESTY LIBR MIS 2 READER	2	Part B
FREESTY LIBR MIS 3 READER	2	Part B
FREESTY LIBR MIS READER	2	Part B
FREESTYLE MIS READER	2	Part B
GAUZE PADS & DRESSINGS - PADS 2 X 2	2	PA

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Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLE: BD PREFERRED	2	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML: BD PREFERRED	2	PA
INSULIN SYRINGE (DISP) U-100 1 ML: BD PREFERRED	2	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML: BD PREFERRED	2	PA
ISOPROPYL ALCOHOL 0.7 ML/ML	2	PA
LANCETS	2	Part B
NEEDLES, INSULIN DISP., SAFETY: BD PREFERRED	2	PA
OMNIPOD 5 DX KIT INT G7G6	3	QL (1 kit / 365 days), PA
OMNIPOD 5 DX MIS POD G7G6	3	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	3	QL (1 kit / 365 days), PA
OMNIPOD DASH KIT PDM	3	QL (1 kit / 365 days), PA
OMNIPOD DASH MIS PODS	3	QL (15 pods / 30 days), PA
ONETOUCH KIT ULTRA 2	2	Part B
ONETOUCH KIT VERIO FL	2	Part B
ONETOUCH KIT VERIO RE	2	Part B
ONETOUCH TES ULT BLUE	2	Part B
ONETOUCH TES ULTRA	2	Part B
ONETOUCH TES VERIO	2	Part B
V-GO 20 KIT	3	QL (1 kit / 30 days), PA
V-GO 30 KIT	3	QL (1 kit / 30 days), PA
V-GO 40 KIT	3	QL (1 kit / 30 days), PA

CALCIUM REGULATORS

alendronate sodium SOLN 70mg/75ml	1
alendronate sodium TABS 10mg, 35mg, 70mg	1
calcitonin (salmon) SOLN 200unit/act	1
calcitonin (salmon) SOLN 200unit/ml	2
FOSAMAX + D TAB 70-2800	3
FOSAMAX + D TAB 70-5600	3
ibandronate sodium TABS 150mg	1
PROLIA SOSY 60mg/ml	3 SP, PA
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2
teriparatide SOPN 560mcg/2.24ml	3 NDS, SP, PA
TERIPARATIDE SOPN 620mcg/2.48ml	3 NDS, SP, PA

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Drug Name	Drug Tier	Requirements/Limits
XGEVA SOLN 120mg/1.7ml	3	NDS, SP, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	3	B/D, SP
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D, SP

CHELATING AGENTS

CHEMET CAPS 100mg	3
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	3
deferasirox TABS 90mg	2
deferasirox TABS 180mg, 360mg; TBSO 125mg	3
kionex SUSP 15gm/60ml	1
LOKELMA PACK 5gm, 10gm	2
penicillamine CAPS 250mg; TABS 250mg	3
sodium polystyrene sulfonate powder	1
sps SUSP 15gm/60ml	1
trientine hcl CAPS 250mg, 500mg	3
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2

CONTRACEPTIVES

altavera	1
alyacen 1/35	1
ANNOVERA MIS	1
apri	1
aranelle	1
ashlyna	1
aubra eq	1
aviane	1
balziva	1
blisovi fe 1.5/30	1
briellyn	1
camila TABS .35mg	1
cryselle-28	1
cyred eq	1
deblitane TABS .35mg	1
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1
drospirenone-ethinyl estradiol tab 3-0.02 mg	1
drospirenone-ethinyl estradiol tab 3-0.03 mg	1
eluryng	1
enpresse-28	1
enskyce	1

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>errin TABS .35mg</i>	1	
<i>estarrylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>FEMLYV TAB 1/0.02MG</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>KYLEENA IUD 19.5mg</i>	2	SP
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	2	SP
<i>LO LOESTRIN TAB 1-10-10</i>	1	
<i>loestrin 1.5/30-21</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna	1	
low-ogestrel	1	
lutera	1	
lyeq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
MIRENA IUD 20mcg/day	2	SP
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	SP
NEXTSTELLIS TAB 3-14.2MG	1	
nikki	1	
nora-be TABS .35mg	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>ocella</i>	1	
<i>pimtreia</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>SKYLA IUD 13.5mg</i>	2	SP
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienna</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylitra</i>	1	
<i>wera</i>	1	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	

ENDOMETRIOSIS

<i>danazol CAPS 50mg, 100mg, 200mg</i>	3	
<i>SYNAREL SOLN 2mg/ml</i>	3	NDS

ESTROGENS

<i>azurette</i>	1	
<i>BIJUVA CAP 0.5-100</i>	3	
<i>COMBIPATCH DIS</i>	3	
<i>DEPO-ESTRADIOL OIL 5mg/ml</i>	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL .06%	3	
<i>estradiol</i> GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	2	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
ESTRING RING 7.5mcg/24hr	2	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	2	
<i>fyavolv</i>	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	2	
IMVEXXY STARTER PACK INST 4mcg, 10mcg	2	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i>	1	
MYFEMBREE TAB	3	NDS, QL (28 tabs / 28 days), PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	3	NDS, QL (56 caps / 28 days), PA
OSPHENA TABS 60mg	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
 Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
 the IRA

Drug Name	Drug Tier	Requirements/Limits
PREMARIN CREA .625mg/gm	2	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPHASE TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-2.5	3	
PREMPRO TAB 0.625-5	3	
<i>yuvafem</i> TABS 10mcg	2	

GLUCOCORTICOIDS

<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml	2	
<i>dexamethasone</i> TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
<i>dexamethasone</i> TBPK 1.5mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
MEDROL TABS 2mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	
<i>methylprednisolone</i> TBPK 4mg	1	
<i>prednisolone</i> SOLN 15mg/5ml	1	
<i>prednisolone</i> TABS 5mg	2	
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml	3	
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml; TBDP 10mg, 15mg, 30mg	1	
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	2	
<i>prednisone</i> SOLN 5mg/5ml	3	
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	3	

GLUCOSE ELEVATING AGENTS

<i>diazoxide</i> SUSP 50mg/ml	3	NDS
<i>glucagon (rdna)</i> KIT 1mg	2	
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
AGAMREE SUSP 40mg/ml	3	NDS, SP, PA
AQNEURSA PACK 1gm	3	NDS, QL (112 packets / 28 days), SP, PA
<i>betaine powder for oral solution</i>	3	NDS, SP
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	3	NDS, SP, PA
CERDELGA CAPS 84mg	3	NDS, SP, PA
CEREZYME SOLR 400unit	3	NDS, SP, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	3	SP
<i>cinacalcet hcl</i> TABS 90mg	3	NDS, SP
CORTROPHIN GEL 80unit/ml; PRSY 40unit/0.5ml, 80unit/ml	3	NDS, SP, PA
CRENESSITY CAPS 50mg, 100mg; SOLN 50mg/ml	3	NDS, SP, PA
CYSTAGON CAPS 50mg, 150mg	3	SP, PA
<i>deflazacort</i> SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg	3	NDS, SP, PA
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
<i>dichlorphenamide</i> TABS 50mg	3	NDS, SP, PA
EGRIFTA SV SOLR 2mg	3	NDS, SP, PA
EMFLAZA SUSP 22.75mg/ml	3	NDS, SP, PA
EVENITY SOSY 105mg/1.17ml	3	NDS, SP, PA
FABRAZyme SOLR 5mg, 35mg	3	NDS, SP, PA
GENOTROPIN CART 5mg, 12mg	3	NDS, SP, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	SP, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS, SP, PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NDS, SP, PA
INCRELEX SOLN 40mg/4ml	3	NDS, SP, PA
ISTURISA TABS 1mg, 5mg	3	NDS, SP, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	3	NDS, SP, PA
JOENJA TABS 70mg	3	NDS, QL (60 tabs / 30 days), SP, PA
KEVEYIS TABS 50mg	3	NDS, SP, PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	NDS, SP, PA

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Drug Name	Drug Tier	Requirements/Limits
famotidine SUSR 40mg/5ml	3	
famotidine TABS 20mg, 40mg	1	
nizatidine CAPS 150mg, 300mg	3	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	2	
budesonide TB24 9mg	3	NDS
budesonide (intrarectal) FOAM 2mg	3	
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm; CPCR 500mg; CPDR 400mg; ENEM 4gm; SUPP 1000mg; TBEC 1.2gm, 800mg	3	
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
kristalose PACK 10gm, 20gm	2	
lactulose PACK 10gm, 20gm	2	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
lubiprostone CAPS 8mcg, 24mcg	2	
MYTESI TBEC 125mg	2	SP, PA
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
alosetron hcl TABS 1mg	3	NDS
alosetron hcl TABS .5mg	3	
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	2	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS, SP, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS, SP, PA
CHOLBAM CAPS 50mg, 250mg	3	NDS, SP, PA

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the IRA

Drug Name	Drug Tier	Requirements/Limits
CLENPIQ SOL	2	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	3	
CTEXLI TABS 250mg	3	NDS, QL (90 tabs / 30 days), SP, PA
EOHILIA SUSP 2mg/10ml	3	NDS, PA
GATTEX KIT 5mg	3	NDS, SP, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LIVDELZI CAPS 10mg	3	NDS, QL (30 caps / 30 days), SP, PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml	3	NDS, SP, PA
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days), PA
OCALIVA TABS 5mg, 10mg	3	NDS, QL (30 tabs / 30 days), SP, PA
ORFADIN SUSP 4mg/ml	3	NDS, SP, PA
RELISTOR SOLN 12mg/0.6ml	3	NDS, QL (30 injections / 30 days), PA
RELISTOR TABS 150mg	2	QL (90 tabs / 30 days), PA
RELISTOR PREFILLED SYRINGE SOLN 8mg/0.4ml, 12mg/0.6ml	3	NDS, QL (30 syringes / 30 days), PA
REZDIFFRA TABS 60mg, 80mg, 100mg	3	NDS, QL (30 tabs / 30 days), SP, PA
SUCRAID SOLN 8500unit/ml	3	NDS, SP
<i>sucralfate</i> SUSP 1gm/10ml; TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg	2	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
VOWST CAP	3	NDS, SP, PA
XERMELO TABS 250mg	3	NDS, QL (90 tabs / 30 days), SP, PA
XIFAXAN TABS 200mg	2	PA
XIFAXAN TABS 550mg	3	NDS, PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2
CREON CAP 24000UNT	2
CREON CAP 36000UNT	2
VIOKACE TAB 10440	3
VIOKACE TAB 20880	3

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	

PROTON PUMP INHIBITORS

<i>dexlansoprazole</i> CPDR 30mg, 60mg	2	
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3	
<i>lansoprazole</i> CPDR 15mg, 30mg	1	
<i>lansoprazole</i> TBDD 15mg, 30mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	3	
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	3	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	3	NDS
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	3	NDS
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	2	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	
<i>dutasteride</i> CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i> CAPS 4mg, 8mg	2	
<i>tadalafil</i> TABS 2.5mg, 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>ELMIRON</i> CAPS 100mg	3	
<i>RIVFLOZA</i> SOLN 80mg/0.5ml	3	NDS, QL (2 vials / 28 days), SP, PA

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA SOSY 128mg/0.8ml	3	NDS, QL (2 syringes / 28 days), SP, PA
RIVFLOZA SOSY 160mg/ml	3	NDS, QL (1 syringe / 28 days), SP, PA
THIOLA EC TBEC 100mg, 300mg	3	NDS, SP
tiopronin TABS 100mg; TBEC 100mg, 300mg	3	NDS, SP
venxxiva TBEC 100mg, 300mg	3	NDS, SP

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>flavoxate hcl</i> TABS 100mg	1	
GEMTESA TABS 75mg	3	
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	
<i>oxybutynin chloride</i> TABS 5mg; TB24 5mg, 10mg, 15mg	1	
<i>solifenacina succinate</i> TABS 5mg, 10mg	2	
<i>tolterodine tartrate</i> CP24 2mg, 4mg	3	
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	2	

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>miconazole</i> 3 SUPP 200mg	1	
NUVESSA GEL 1.3%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 110mg, 150mg	2	QL (60 caps / 30 days)
<i>ELIQUIS</i> TABS 2.5mg, 5mg	2	
<i>ELIQUIS STARTER PACK</i> TBPK 5mg	2	
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	3	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name		Drug Tier	Requirements/Limits
FRAGMIN SOLN 95000unit/3.8ml; SOSY 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml		3	NDS
FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml		2	
HEP SOD/D5W INJ 25000UNT		1	
HEP SOD/NACL INJ 12500UNT		1	
HEPARIN SODIUM SOLN 5000unit/ml		1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml		1	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg		1	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg		1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg		2	
XARELTO STAR TAB 15/20MG		2	
HEMATOPOIETIC GROWTH FACTORS			
FULPHILA SOSY 6mg/0.6ml		3	NDS, SP, PA
NEULASTA SOSY 6mg/0.6ml		3	NDS, SP, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml		2	SP, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml		3	NDS, SP, PA
UDENYCA SOAJ 6mg/0.6ml; SOSY 6mg/0.6ml		3	NDS, SP, PA
UDENYCA ONBODY SOSY 6mg/0.6ml		3	NDS, SP, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml		3	NDS, SP, PA
MISCELLANEOUS			
ALVAIZ TABS 9mg		3	NDS, QL (360 tabs / 30 days), SP, PA
ALVAIZ TABS 18mg		3	NDS, QL (180 tabs / 30 days), SP, PA
ALVAIZ TABS 36mg		3	NDS, QL (90 tabs / 30 days), SP, PA
ALVAIZ TABS 54mg		3	NDS, QL (60 tabs / 30 days), SP, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg		2	
BERINERT KIT 500unit		3	NDS, QL (24 kits / 30 days), SP, PA
CABLIVI KIT 11mg		3	NDS, SP
<i>cilostazol</i> TABS 50mg, 100mg		1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
DOPTELET TABS 20mg	3	NDS, QL (60 tabs / 30 days), SP, PA
DOPTELET 40 MG DAILY DOSE CARTON TABS 20mg	3	NDS, QL (10 tabs / 5 days), SP, PA
DOPTELET 60 MG DAILY DOSE CARTON TABS 20mg	3	NDS, QL (15 tabs / 5 days), SP, PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	3	NDS, SP
FABHALTA CAPS 200mg	3	NDS, QL (60 caps / 30 days), SP, PA
<i>glutamine (sickle cell)</i> PACK 5gm	3	NDS, SP
HAEGARDA SOLR 2000unit	3	NDS, QL (30 vials / 30 days), SP, PA
HAEGARDA SOLR 3000unit	3	NDS, QL (20 vials / 30 days), SP, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	3	NDS, QL (9 syringes / 30 days), SP, PA
LEUKINE SOLR 250mcg	3	NDS, SP
<i>pentoxifylline</i> TBCR 400mg	1	
PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS, SP, PA
PYRUKYND TAB 20MGX5MG	3	NDS, SP, PA
PYRUKYND TAB 50MGX20M	3	NDS, SP, PA
PYRUKYND TAPER PACK TBPK 5mg	3	NDS, SP, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	2	SP, PA
RETACRIT SOLN 40000unit/ml	3	NDS, SP, PA
<i>sajazir</i> SOSY 30mg/3ml	3	NDS, QL (9 syringes / 30 days), SP, PA
<i>tranexamic acid</i> TABS 650mg	1	
VOYDEYA TABS 100mg	3	NDS, QL (180 tabs / 30 days), SP, PA
VOYDEYA TAB 50-100MG	3	NDS, QL (180 tabs / 30 days), SP, PA

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2
BRILINTA TABS 60mg, 90mg	2
<i>clopidogrel bisulfate</i> TABS 75mg	1
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2
<i>prasugrel hcl</i> TABS 5mg, 10mg	2
<i>ticagrelor</i> TABS 60mg, 90mg	2

Drug Name		Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS			
AUTOIMMUNE AGENTS			
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	3	NDS, QL (6 injections / 28 days), SP, PA	
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	3	NDS, QL (6 injections / 28 days), SP, PA	
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	3	NDS, QL (6 injections / 28 days), SP, PA	
CIBINQO TABS 50mg, 100mg, 200mg	2	QL (30 tabs / 30 days), SP, PA	
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	3	NDS, QL (4 pens / 28 days), SP, PA	
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	3	NDS, QL (4 syringes / 28 days), SP, PA	
EBGLYSS SOAJ 250mg/2ml	3	NDS, QL (2 pens / 28 days), SP, PA	
EBGLYSS SOSY 250mg/2ml	3	NDS, QL (2 syringes / 28 days), SP, PA	
ENBREL SOLN 25mg/0.5ml	3	NDS, QL (16 vials / 28 days), SP, PA	
ENBREL SOSY 25mg/0.5ml	3	NDS, QL (16 syringes / 28 days), SP, PA	
ENBREL SOSY 50mg/ml	3	NDS, QL (8 syringes / 28 days), SP, PA	
ENBREL MINI SOCT 50mg/ml	3	NDS, QL (8 injections / 28 days), SP, PA	
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS, QL (8 pens / 28 days), SP, PA	
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	3	NDS, QL (6 syringes / 28 days), SP, PA	
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	3	NDS, QL (6 pens / 28 days), SP, PA	
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS, QL (6 injections / 28 days), SP, PA	
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	3	NDS, QL (6 pens / 28 days), SP, PA	
HUMIRA PEN AJKT 80mg/0.8ml	3	NDS, QL (4 pens / 28 days), SP, PA	
HUMIRA PEN KIT PS/UV	3	NDS, QL (3 injections / 180 days), SP, PA	
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	3	NDS, QL (3 injections / 180 days), SP, PA	
IDACIO (2 PEN) AJKT 40mg/0.8ml	3	NDS, QL (6 injections / 28 days), SP, PA	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name		Drug Tier	Requirements/Limits
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml		3	NDS, QL (6 injections / 28 days), SP, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml		3	NDS, QL (6 injections / 180 days), SP, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml		3	NDS, QL (4 injections / 180 days), SP, PA
INFILIXIMAB SOLR 100mg		3	NDS, SP, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml		3	NDS, QL (2 pens / 28 days), SP, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml		3	NDS, QL (2 syringes / 28 days), SP, PA
NEMLUVIO AUIJ 30mg		3	NDS, QL (2 pens / 28 days), SP, PA
OTEZLA TABS 20mg		3	NDS, QL (60 tabs / 30 days), SP, PA
OTEZLA TAB 10/20/30		3	NDS, QL (110 tabs / year), SP, PA
REMICADE SOLR 100mg		3	NDS, SP, PA
RENFLEXIS SOLR 100mg		3	NDS, SP, PA
RINVOQ TB24 15mg, 30mg, 45mg		3	NDS, QL (30 tabs / 30 days), SP, PA
RINVOQ LQ SOLN 1mg/ml		3	NDS, QL (360 mL / 30 days), SP, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml		3	NDS, QL (1 cartridge / 56 days), SP, PA
SKYRIZI SOSY 150mg/ml		3	NDS, QL (1 syringe / 28 days), SP, PA
SKYRIZI PEN SOAJ 150mg/ml		3	NDS, QL (1 pen / 28 days), SP, PA
SPEVIGO SOSY 150mg/ml		3	NDS, SP, PA
STELARA SOLN 45mg/0.5ml		3	NDS, QL (2 vials / 28 days), SP, PA
STELARA SOSY 45mg/0.5ml		3	NDS, QL (2 syringes / 28 days), SP, PA
STELARA SOSY 90mg/ml		3	NDS, QL (1 syringe / 28 days), SP, PA
TALTZ SOAJ 80mg/ml		3	NDS, QL (4 pens / 28 days), SP, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml		3	NDS, QL (2 syringes / 28 days), SP, PA
TALTZ SOSY 80mg/ml		3	NDS, QL (4 syringes / 28 days), SP, PA
TREMFYA SOAJ 100mg/ml		3	NDS, QL (2 pens / 56 days), SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOAJ 200mg/2ml	3	NDS, QL (1 pen / 28 days), SP, PA
TREMFYA SOSY 100mg/ml	3	NDS, QL (2 syringes / 56 days), SP, PA
TREMFYA SOSY 200mg/2ml	3	NDS, QL (1 syringe / 28 days), SP, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	3	NDS, QL (2 pens / 28 days), SP, PA
XELJANZ SOLN 1mg/ml	3	NDS, QL (480 mL / 24 days), SP, PA
XELJANZ TABS 5mg, 10mg	3	NDS, QL (60 tabs / 30 days), SP, PA
XELJANZ XR TB24 11mg, 22mg	3	NDS, QL (30 tabs / 30 days), SP, PA
DERMATOLOGY, ANTIPSORIATICS		
methoxsalen rapid CAPS 10mg	3	NDS
OTEZLA TABS 30mg	3	NDS, QL (60 tabs / 30 days), SP, PA
OTEZLA TAB 10/20	3	NDS, QL (110 tabs / year), SP, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate TABS 200mg	1	
leflunomide TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS, B/D, SP
BIVIGAM SOLN 5gm/50ml	3	NDS, B/D, SP
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NDS, B/D, SP
GAMASTAN INJ	3	B/D, SP
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS, B/D, SP
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS, B/D, SP
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS, B/D, SP
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS, B/D, SP

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the IRA

Drug Name	Drug Tier	Requirements/Limits
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3	SP
PROGRAF PACK .2mg, 1mg	3	B/D, SP
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	SP
REZUROCK TABS 200mg	3	NDS, SP, PA
<i>sirolimus</i> SOLN 1mg/ml	3	NDS, B/D, SP
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	3	B/D, SP
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, SP
MISCELLANEOUS		
AURANOFIN CAPS 3mg	3	NDS
CINRYZE SOLR 500unit	3	NDS, SP, PA
REVCovi SOLN 2.4mg/1.5ml	3	NDS, SP
RIDAURA CAPS 3mg	3	NDS
RUCONEST SOLR 2100unit	3	NDS, SP
TAKHZYRO SOLN 300mg/2ml; SOSY 300mg/2ml	3	NDS, SP, PA
TAVNEOS CAPS 10mg	3	NDS, SP, PA
XOLREMDI CAPS 100mg	3	NDS, QL (120 caps / 30 days), SP, PA
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	2	IRA
ACTHIB INJ	2	
ADACEL INJ	2	IRA
AREXVY SUSR 120mcg/0.5ml	2	IRA
BCG VACCINE SOLR 50mg	2	IRA
BEXSERO SUSY .5ml	2	IRA
BOOSTRIX INJ	2	IRA
DAPTACEL INJ	2	
DENGVAXIA SUS	2	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	2	B/D; IRA
GARDASIL 9 SUSP .5ml; SUSY .5ml	2	IRA
HAVRIX SUSP 1440elu/ml	2	IRA
HAVRIX SUSY 720elu/0.5ml	2	
HEPLISAV-B SOSY 20mcg/0.5ml	2	B/D; IRA
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	2	B/D; IRA

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the IRA

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	2	
IPOP INJ INACTIVE	2	IRA
IXCHIQ INJ	2	IRA
IXIARO INJ	2	IRA
JYNNEOS SUSP .5ml	2	B/D; IRA
KINRIX INJ	2	
M-M-R II INJ	2	IRA
MENACTRA INJ	2	IRA
MENQUADFI SOLN .5ml	2	IRA
MENVEO INJ	2	IRA
MENVEO SOL	2	IRA
MRESVIA SUSY 50mcg/0.5ml	2	IRA
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENBRAYA INJ	2	IRA
PENTACEL INJ	2	
PRIORIX INJ	2	IRA
PROQUAD INJ	2	
QUADRACEL INJ 0.5ML	2	
RABAVERT INJ	2	B/D; IRA
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	2	B/D; IRA
ROTARIX SUS	2	
ROTAVERSE SOL	2	
SHINGRIX SUSR 50mcg/0.5ml	2	IRA
STAMARIL INJ	2	IRA
TDVAX INJ 2-2 LF	2	IRA
TENIVAC INJ 5-2LF	2	B/D; IRA
TICOVAC SUSY 1.2mcg/0.25ml	2	
TICOVAC SUSY 2.4mcg/0.5ml	2	IRA
TRUMENBA SUSY .5ml	2	IRA
TWINRIX INJ	2	IRA
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2	IRA
VAQTA SUSP 25unit/0.5ml	2	
VAQTA SUSP 50unit/ml	2	IRA
VARIVAX SUSR 1350pfu/0.5ml	2	IRA
VAXCHORA SUS	2	IRA
VIMKUNYA SUSY 40mcg/0.8ml	2	IRA
VIVOTIF CAP EC	2	IRA
YF-VAX INJ	2	IRA

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Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name	Drug Tier Requirements/Limits
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES/MINERALS, INJECTABLE	
D2.5W/NACL INJ 0.45%	2
D5W/LYTES INJ #48	3
D10W/NACL INJ 0.2%	2
<i>dextrose SOLN 50%, 70%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
GLUCOSE (DEXTROSE) 70% SOLN 70%	2
ISOLYTE-P INJ /D5W	2
ISOLYTE-S INJ	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2
KCL/D5W/LACT INJ 20MEQ/L	1
<i>lactated ringer's solution</i>	2
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	2
MAGNESIUM SULFATE SOLN 20gm/500ml, 40gm/1000ml	2
<i>multiple electrolytes inj</i>	3
<i>multiple electrolytes ph 5.5</i>	3
PLASMA-LYTE INJ 148	3
PLASMA-LYTE INJ -A	3

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride SOLN 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	
TPN ELECTROL INJ	3	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

CUVRIOR TABS 300mg	3	NDS, SP, PA
deferiprone TABS 500mg, 1000mg	3	NDS, SP
DOJOLVI LIQD 100%	3	NDS, SP
JYNARQUE TBPK 15mg	3	NDS, SP
JYNARQUE PAK 30-15MG	3	NDS, SP
JYNARQUE PAK 45-15MG	3	NDS, SP
JYNARQUE PAK 60-30MG	3	NDS, SP
JYNARQUE PAK 90-30MG	3	NDS, SP
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	1	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	1	
PRENATAL TAB PLUS	2	
<i>sodium fluoride CHEW .25mg, .5mg, 1mg; SOLN .5mg/ml; TABS .5mg</i>	1	
<i>sodium fluoride 2.2 mg</i>	1	
<i>tolvaptan TABS 15mg, 30mg</i>	3	NDS, SP
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	3	NDS, SP
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	3	NDS, SP
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	3	NDS, SP
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	3	NDS, SP

Drug Name	Drug Tier	Requirements/Limits
IV NUTRITION		
<i>aminosyn ii</i>	2	B/D
AMINOSYN-PF INJ 7%	2	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clisol sf 15%</i>	2	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	3	NDS, B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
<i>NATACYN SUSP 5%</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polmy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	3	
<i>ZIRGAN GEL .15%</i>	3	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neo-polycin oin op</i>	1	
<i>polycin ophth oint</i>	1	
<i>VERKAZIA EMUL .1%</i>	3	
<i>XDEMVY SOLN .25%</i>	3	NDS, SP
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%, .09%</i>	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	2	
<i>EYSUVIS SUSP .25%</i>	3	
<i>FLAREX SUSP .1%</i>	3	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>FML FORTE SUSP .25%</i>	3	
<i>ILEVRO SUSP .3%</i>	2	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	2	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	1	
<i>LOTEMAX OINT .5%</i>	2	
<i>LOTEMAX SM GEL .38%</i>	2	
<i>loteprednol etabonate GEL .5%; SUSP .2%, .5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth) SUSP 1%</i>	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>bepotastine besilate SOLN 1.5%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
<i>epinastine hcl (ophth) SOLN .05%</i>	3	
<i>olopatadine hcl SOLN .2%</i>	2	
<i>ZERVIATE SOLN .24%</i>	3	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	2	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>bimatoprost SOLN .03%</i>	1	
<i>brimonidine tartrate SOLN .1%</i>	2	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brimonidine tartrate SOLN .15%</i>	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide SUSP 1%</i>	2	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	2	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	1	
LUMIGAN SOLN .01%	2	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	2	
RHOPRESSA SOLN .02%	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol SOLN .5%</i>	3	
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	2	
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	1	
<i>travoprost SOLN .004%</i>	2	
VYZULTA SOLN .024%	3	
GLUCOCORTICOIDS		
MAXIDEX SUSP .1%	3	
PRED MILD SUSP .12%	2	
MISCELLANEOUS		
<i>apraclonidine hcl SOLN .5%</i>	1	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
cyclosporine (ophth) EMUL .05%	2	
CYSTADROPS SOLN .37%	3	NDS, SP, PA
CYSTARAN SOLN .44%	3	NDS, SP, PA
IOPIDINE SOLN 1%	3	
OXERVATE SOLN .002%	3	NDS, SP, PA
proparacaine hcl SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
ROCKLATAN DRO	3	
tafluprost SOLN .015mg/ml	2	
timolol maleate (ophth) pf SOLN .5%	2	
TYRVAYA SOLN .03mg/act	3	
XIIDRA SOLN 5%	2	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3- 0.1%	3	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln</i> 1- 2%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	2	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	2	
<i>ofloxacin (otic)</i> SOLN .3%	3	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER 100MCG	2	QL (1 inhaler / 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	2	QL (2 inhalers / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
INCRUNE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%	1	QL (60 mL / 30 days)
<i>ipratropium bromide (nasal)</i> SOLN .06%	1	QL (30 mL / 30 days)
<i>tiotropium bromide monohydrate</i> CAPS 18mcg	3	QL (30 caps / 30 days)
YUPELRI SOLN 175mcg/3ml	3	NDS, B/D
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	QL (2 bottles / 30 days)
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	
<i>desloratadine</i> TABS 5mg	1	
<i>desloratadine</i> TBDP 2.5mg, 5mg	3	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	QL (1 bottle / 30 days)
AUTOIMMUNE AGENTS		
FASENRA SOSY 10mg/0.5ml, 30mg/ml	3	NDS, QL (1 syringe / 28 days), SP, PA
FASENRA PEN SOAJ 30mg/ml	3	NDS, QL (1 pen / 28 days), SP, PA
XOLAIR SOAJ 75mg/0.5ml	3	NDS, QL (16 pens / 28 days), SP, PA
XOLAIR SOAJ 150mg/ml	3	NDS, QL (8 pens / 28 days), SP, PA
XOLAIR SOAJ 300mg/2ml	3	NDS, QL (4 pens / 28 days), SP, PA
XOLAIR SOLR 150mg	3	NDS, QL (8 vials / 28 days), SP, PA
XOLAIR SOSY 75mg/0.5ml	3	NDS, QL (16 syringes / 28 days), SP, PA
XOLAIR SOSY 150mg/ml	3	NDS, QL (8 syringes / 28 days), SP, PA
XOLAIR SOSY 300mg/2ml	3	NDS, QL (4 syringes / 28 days), SP, PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	1	
<i>albuterol sulfate</i> TABS 2mg, 4mg	2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	3	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	3	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
<i>zileuton</i> TB12 600mg	3	NDS

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB	3	NDS, QL (56 tabs / 28 days), SP, PA
ALYFTREK TAB 4-20-50	3	NDS, QL (84 tabs / 28 days), SP, PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS, SP, PA
BRONCHITOL CAPS 40mg	3	NDS, QL (560 caps / 28 days), SP
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	2	
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	3	
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	3	NDS, QL (56 packets / 28 days), SP, PA
KALYDECO TABS 150mg	3	NDS, QL (60 tabs / 30 days), SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS 100mg, 150mg	3	NDS, QL (60 caps / 30 days), SP, PA
OHTUVAYRE SUSP 3mg/2.5ml	3	NDS, B/D, QL (150 mL / 30 days), SP
ORALAIR SUB 300 IR	3	SP, PA
ORKAMBI GRA 75-94MG	3	NDS, QL (56 packets / 28 days), SP, PA
ORKAMBI GRA 100-125	3	NDS, QL (56 packets / 28 days), SP, PA
ORKAMBI GRA 150-188	3	NDS, QL (56 packets / 28 days), SP, PA
ORKAMBI TAB 100-125	3	NDS, QL (112 tabs / 28 days), SP, PA
ORKAMBI TAB 200-125	3	NDS, QL (112 tabs / 28 days), SP, PA
<i>pirfenidone</i> CAPS 267mg	3	NDS, QL (270 caps / 30 days), SP, PA
<i>pirfenidone</i> TABS 267mg	3	NDS, QL (270 tabs / 30 days), SP, PA
<i>pirfenidone</i> TABS 534mg, 801mg	3	NDS, QL (90 tabs / 30 days), SP, PA
PROLASTIN-C SOLN 1000mg/20ml	3	NDS, SP, PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS, B/D, SP
<i>roflumilast</i> TABS 250mcg, 500mcg	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (15 inhalers / 30 days)
SYMDEKO TAB 50-75MG	3	NDS, QL (56 tabs / 28 days), SP, PA
SYMDEKO TAB 100-150	3	NDS, QL (56 tabs / 28 days), SP, PA
<i>theophylline</i> ELIX 80mg/15ml	3	
<i>theophylline</i> SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	3	NDS, QL (84 packs / 28 days), SP, PA
TRIKAFTA PAK 75MG	3	NDS, QL (84 packs / 28 days), SP, PA
TRIKAFTA TAB	3	NDS, QL (84 tabs / 28 days), SP, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	3	NDS, SP, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name		Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act		1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act		3	QL (2 inhalers / 30 days)
XHANCE EXHU 93mcg/act		3	QL (32 mL / 30 days), PA

STEROID INHALANTS

<i>ARNUITY ELLIPTA</i> AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 blisters / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
<i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act	2	QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act	2	QL (240 inhalations / 30 days)
<i>PULMICORT FLEXHALER</i> AEPB 90mcg/act	3	QL (3 inhalers / 30 days)
<i>PULMICORT FLEXHALER</i> AEPB 180mcg/act	3	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

<i>ADVAIR HFA</i> AER 45/21	2	QL (1 inhaler / 30 days)
<i>ADVAIR HFA</i> AER 115/21	2	QL (1 inhaler / 30 days)
<i>ADVAIR HFA</i> AER 230/21	2	QL (1 inhaler / 30 days)
<i>BREO ELLIPTA</i> INH 50-25MCG	2	QL (60 blisters / 30 days)
<i>BREO ELLIPTA</i> INH 100-25	2	QL (60 blisters / 30 days)
<i>BREO ELLIPTA</i> INH 200-25	2	QL (60 blisters / 30 days)
<i>breyna</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act	2	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 55-14 mcg/act	1	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 113-14 mcg/act	1	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 232-14 mcg/act	1	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	1	QL (60 inhalations / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

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B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

ANTI-INFECTIVES - MISCELLANEOUS

<i>acyclovir topical CREA 5%; OINT 5%</i>	2
<i>mafenide acetate PACK 5%</i>	2
<i>WINLEVI CREA 1%</i>	3 PA

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 40mg</i>	3
<i>amnesteem CAPS 10mg, 20mg, 30mg, 40mg</i>	1
<i>AZELEX CREA 20%</i>	3
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	3
<i>clindacin etz pledges SWAB 1%</i>	1
<i>clindacin-p SWAB 1%</i>	1
<i>clindamycin phosphate (topical) FOAM 1%</i>	3 QL (100 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	3 QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2 QL (60 mL / 30 days)
<i>clindamycin phosphate (topical) SWAB 1%</i>	1
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	3
<i>ery PADS 2%</i>	1
<i>erythromycin (acne aid) SOLN 2%</i>	1
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	3
<i>sulfacetamide sodium (acne) LOTN 10%</i>	2
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	3 PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	3

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%</i>	3
<i>gentamicin sulfate (topical) OINT .1%</i>	2
<i>mupirocin OINT 2%</i>	1 QL (220 gm / 30 days)
<i>mupirocin calcium (topical) CREA 2%</i>	2 QL (180 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine CREA 1%</i>	1	
<i>ssd CREA 1%</i>	1	
<i>SULFAMYLYON CREA 85mg/gm</i>	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox SOLN 8%</i>	2	QL (6.6 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%; SOLN 1%</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>econazole nitrate CREA 1%</i>	2	
<i>ketoconazole (topical) CREA 2%; SHAM 2%</i>	1	
<i>ketoconazole (topical) FOAM 2%</i>	3	
<i>luliconazole CREA 1%</i>	2	
<i>naftifine hcl CREA 1%, 2%</i>	2	
<i>naftifine hcl GEL 2%</i>	3	
<i>nyamyc POWD 100000unit/gm</i>	1	
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm</i>	1	
<i>nystop POWD 100000unit/gm</i>	1	
<i>oxiconazole nitrate CREA 1%</i>	3	QL (90 gm / 30 days)
DERMATOLOGY, ANTI-PSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	3	
<i>calcipotriene OINT .005%</i>	3	QL (120 gm / 30 days)
<i>calcipotriene SOLN .005%</i>	3	QL (120 mL / 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	3	
<i>calcitriol (topical) OINT 3mcg/gm</i>	2	
<i>tazarotene CREA .1%; GEL .05%, .1%</i>	2	PA
<i>tazarotene CREA .05%</i>	3	PA
<i>TAZAROTENE FOAM .1%</i>	3	PA
<i>TAZORAC CREA .05%</i>	3	PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	
<i>ala-scalp LOTN 2%</i>	2	
<i>alclometasone dipropionate CREA .05%</i>	3	QL (60 gm / 30 days)
<i>alclometasone dipropionate OINT .05%</i>	1	QL (60 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs 100
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -
Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under
the IRA

Drug Name		Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical)</i>	CREA .05%	3	
<i>betamethasone dipropionate (topical)</i>	LOTN .05%	1	
<i>betamethasone dipropionate (topical)</i>	OINT .05%	2	
<i>betamethasone dipropionate augmented</i>	CREA .05%	1	
<i>betamethasone dipropionate augmented</i>	GEL .05%; LOTN .05%	3	
<i>betamethasone dipropionate augmented</i>	OINT .05%	2	
<i>betamethasone valerate</i>	CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i>	FOAM .12%	3	QL (100 gm / 30 days)
<i>betamethasone valerate</i>	LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i>	CREA .05%	2	QL (240 gm / 30 days)
<i>clobetasol propionate</i>	FOAM .05%	3	QL (200 gm / 30 days)
<i>clobetasol propionate</i>	GEL .05%; OINT .05%	3	QL (240 gm / 30 days)
<i>clobetasol propionate</i>	LIQD .05%	3	QL (250 mL / 30 days)
<i>clobetasol propionate</i>	LOTN .05%; SHAM .05%	3	QL (236 mL / 30 days)
<i>clobetasol propionate</i>	SOLN .05%	3	QL (200 mL / 30 days)
<i>clobetasol propionate e</i>	CREA .05%	3	QL (240 gm / 30 days)
<i>clobetasol propionate emulsion</i>	FOAM .05%	3	QL (200 gm / 30 days)
<i>fluocinolone acetonide</i>	CREA .01%, .025%; OIL .01%; OINT .025%	2	
<i>fluocinolone acetonide</i>	SOLN .01%	3	
<i>fluocinonide</i>	CREA .05%, .1%; SOLN .05%	2	
<i>fluocinonide</i>	GEL .05%; OINT .05%	3	
<i>fluocinonide emulsified base</i>	CREA .05%	2	
<i>fluticasone propionate</i>	CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i>	LOTN .05%	3	
<i>halobetasol propionate</i>	CREA .05%; OINT .05%	3	
<i>hydrocortisone (topical)</i>	CREA 1%; OINT 1%	1	
<i>hydrocortisone (topical)</i>	LOTN 2%	3	
<i>hydrocortisone (topical)</i>	LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone butyrate</i>	CREA .1%; OINT .1%; SOLN .1%	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name		Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate</i> LOTN .1%		1	
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%		3	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%		2	
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm		3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%, .5%		1	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .05%		2	
DERMATOLOGY, LOCAL ANESTHETICS			
<i>lidocaine</i> OINT 5%	3	QL (50 gm / 30 days)	
<i>lidocaine</i> PTCH 5%	3	QL (90 patches / 30 days), PA	
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days)	
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	QL (60 gm / 30 days)	
<i>lidocan</i> PTCH 5%	3	QL (90 patches / 30 days), PA	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE			
<i>azelaic acid</i> GEL 15%	2	QL (50 gm / 30 days)	
<i>bexarotene (topical)</i> GEL 1%	3	NDS, SP, PA	
<i>calcipotriene</i> CREA .005%	2	QL (120 gm / 30 days)	
<i>clocortolone pivalate</i> CREA .1%	3		
<i>clodan</i> SHAM .05%	3	QL (236 mL / 30 days)	
<i>CORDRAN</i> TAPE 4mcg/sqcm	3		
<i>desonide</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%	3		
<i>desoximetasone</i> CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	3		
<i>diclofenac sodium</i> GEL 3%	2	QL (200 gm / 30 days)	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 30 days)	
<i>diflorasone diacetate</i> CREA .05%; OINT .05%	3		
<i>doxepin hcl</i> CREA 5%	3	QL (90 gm / 30 days)	
<i>EUCRISA</i> OINT 2%	3	PA	
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)	
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)	
<i>flurandrenolide</i> CREA .05%	2	QL (120 gm / 30 days)	
<i>flurandrenolide</i> LOTN .05%	2	QL (120 mL / 30 days)	
<i>halcinonide</i> CREA .1%	2		
<i>hydrocortisone (rectal)</i> CREA 1%	1		
<i>hydrocortisone (rectal)</i> CREA 2.5%	1		

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name		Drug Tier	Requirements/Limits
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>		1	
<i>imiquimod CREA 3.75%</i>	3	QL (28 packets / 30 days)	
<i>imiquimod CREA 5%</i>	3	QL (24 packets / 30 days)	
<i>imiquimod pump cre CREA 3.75%</i>	3	QL (15 gm / 30 days)	
<i>KLISYRI OINT 1%</i>	3	NDS, PA	
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	1		
<i>metronidazole (topical) CREA .75%; LOTN .75%</i>	3		
<i>metronidazole (topical) GEL .75%, 1%</i>	2		
<i>nitroglycerin (intra-anal) OINT .4%</i>	3	QL (30 gm / 30 days)	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2		
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2		
<i>PANRETIN GEL .1%</i>	3	NDS, QL (60 gm / 30 days), PA	
<i>pimecrolimus CREA 1%</i>	2		
<i>podofilox GEL .5%</i>	3		
<i>podofilox SOLN .5%</i>	2		
<i>procto-med hc CREA 2.5%</i>	1		
<i>proctosol hc CREA 2.5%</i>	1		
<i>protozone-hc CREA 2.5%</i>	1		
<i>selenium sulfide LOTN 2.5%</i>	1		
<i>tacrolimus (topical) OINT .03%, .1%</i>	2		

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan LOTN 10%</i>	2	
<i>ivermectin (rosacea) CREA 1%</i>	3	
<i>malathion LOTN .5%</i>	3	
<i>permethrin CREA 5%</i>	2	

DERMATOLOGY, WOUND CARE AGENTS

<i>REGRANEX GEL .01%</i>	3	NDS, QL (30 gm / 30 days)
<i>SANTYL OINT 250unit/gm</i>	3	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	1	
<i>clinpro 5000 PSTE 1.1%</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs

B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply **EC** -

Enhanced Covered Drugs **Part B** - Part B Product **IRA** - Vaccine covered at \$0 under the IRA

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole TROC 10mg</i>	3	QL (150 lozenges / 30 days)
<i>dentagel GEL 1.1%</i>	1	
<i>fluoridex daily defense PSTE 1.1%</i>	1	
<i>fluoridex enhanced whiten PSTE 1.1%</i>	1	
<i>fluorimax 5000 PSTE 1.1%</i>	1	
<i>just right 5000 PSTE 1.1%</i>	1	
<i>kourzeq PSTE .1%</i>	1	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	1	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	1	
<i>oralone dental paste PSTE .1%</i>	1	
<i>periogard SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	2	
<i>PREVIDENT 5000 BOOSTER PL PSTE 1.1%</i>	2	
<i>PREVIDENT 5000 DRY MOUTH GEL 1.1%</i>	2	
<i>PREVIDENT 5000 ORTHO DEFE PSTE 1.1%</i>	2	
<i>PREVIDENT FLUORIDE GEL 1.1%</i>	2	
<i>sf GEL 1.1%</i>	1	
<i>sodium fluoride 5000 ppm GEL 1.1%; PSTE 1.1%</i>	1	
<i>sodium fluoride (dental) GEL 1.1%</i>	1	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	1	

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-833-3668. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-833-3668. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-833-3668。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-833-3668。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-833-3668. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-833-3668. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-833-3668 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-833-3668. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-833-3668 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-833-3668. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا.
للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-833-3668. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-833-3668 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-833-3668. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-833-3668. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-833-3668. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-833-3668. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするため、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-833-3668 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on July 1, 2025. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team.

For Medicare Advantage members:

855-833-3668 (TTY: 711)

October 1 – March 31, 8:00 a.m. to 8:00 p.m. ET, Monday through Sunday

April 1 – September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday

Visit **MGBAdvantage.org/Rx-information** for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

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Mass General Brigham Health Plan Medicare Advantage Part D Formulary