2026

Formulary

(List of Covered Drugs or "Drug List")

Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP)

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

HPMS Approved Formulary File Submission ID 26330

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact us, Wellcare Member Services at the telephone number or website for your plan listed on the inside front and back covers of this formulary, between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

Y0020_WCM_4685107_ENG_CV00_C Internal Approved 07302025 Final 12
5096917_NA6WCMFORENG_M_CV12
10/01/2025

Arkansas

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Arizona

HMO D-SNP

1-833-998-5082 (TTY: 711)
go.wellcare.com/AZ

Connecticut

HMO-POS D-SNP

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Delaware

HMO-POS D-SNP

1-844-536-2167 (TTY: 711)
go.wellcare.com/DE

Florida

HMO D-SNP

1-855-445-3578 (TTY: 711)
go.wellcare.com/Medicare

Georgia

HMO-POS

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Iowa

HMO-POS D-SNP

1-855-445-3561 (TTY: 711)
go.wellcare.com/IA

Kansas

HMO-POS D-SNP, PPO D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/KS

Kentucky

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

Louisiana

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Maine

PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Michigan

HMO-POS

1-800-977-7522 (TTY: 711)
go.wellcare.com/Medicare

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/Medicare

PPO D-SNP

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Missouri

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/AllwellMO

PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Nevada

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/NV

New Jersey

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

New York

HMO-POS, PPO

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

North Carolina

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Ohio

HMO-POS

1-800-977-7522 (TTY: 711)
go.wellcare.com/OH

HMO-POS D-SNP

1-833-998-4953 (TTY: 711)
go.wellcare.com/OH

Oregon

HMO-POS D-SNP

1-844-867-1156 (TTY: 711)
go.wellcare.com/OR

Pennsylvania

HMO-POS

1-800-977-7522 (TTY: 711)
go.wellcare.com/PA

South Carolina

PPO

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Tennessee

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Texas

Wellcare Assist (HMO) H5294013000 H5294016000

1-800-977-7522 (TTY: 711)
go.wellcare.com/AllwellTX

Wellcare Assist (HMO) H0174009000

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

Wellcare Dual Access (HMO D-SNP) H0174004000,
Wellcare Dual Liberty (HMO D-SNP) H0174006000,
Wellcare Dual Reserve (HMO D-SNP),
Wellcare Dual Liberty Sync (HMO D-SNP) H0174023000 H0174024000

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Wellcare Dual Access (HMO D-SNP) H5294015000,
Wellcare Dual Liberty (HMO D-SNP) H5294010000,
Wellcare Dual Liberty Sync (HMO D-SNP) H5294022000 H5294023000 H5294024000 H5294025000

1-855-445-3556 (TTY: 711)
go.wellcare.com/AllwellTX

Washington

HMO-POS D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Wisconsin

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/WI

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

When this Drug List (formulary) refers to "we," "us" or "our," it means Wellcare. When it refers to "plan" or "our plan," it means Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the inside front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP) 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 our 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website which appears on the inside front and back cover pages.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to 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 Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP)'s formulary?"

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

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP)'s formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the inside front and back cover pages.

The formulary will be updated monthly and posted on our website. To get an updated printed formulary or to get information about the drugs covered by our plan, please visit our website or call Member Services at our contact information on the inside front and back cover pages.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page INDEX-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per prescription for rizatriptan 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the inside front and back cover pages.

You can ask our 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 Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP)'s formulary?" on page X for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Wellcare Assist (HMO), Wellcare Assist (HMO-POS), Wellcare Assist Open (PPO), Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Access Sync (HMO D-SNP), Wellcare Dual Access Sync (HMO-POS D-SNP), Wellcare Dual Access Sync Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Sync (HMO D-SNP), Wellcare Dual Liberty Sync (HMO-POS D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Dual Select Sync (HMO-POS D-SNP)'s formulary?

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 30-day supply (unless you have a prescription written for fewer days).

For more information

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

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

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

Our plan's formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page INDEX-1.

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

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

- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Requirements/ Limits column of your formulary. You may be able to receive more than one month's supply of most of the drugs on your formulary via mail service at a reduced cost share. Please see Chapter 5 of your Evidence of Coverage for more information.
- **PA** stands for Prior Authorization: Please see page VIII for details.
- **PA-NS** stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits: Please see page VIII for details.

- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the telephone number listed on the inside front and back covers of this formulary, between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- **ST** stands for Step Therapy: Please see page VIII for details.
- **^** stands for Drug may be available for up to a 30-day supply only.

Drug tier copayment/coinsurance amounts

Prescription drugs are grouped into one of six tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your Evidence of Coverage and other plan materials.

- **Tier 1 (Preferred Generic)** includes preferred generic drugs and may include some brand drugs.
  - **Preferred** Copayment range: $0 - $18
  - **Standard** Copayment range: $0 - $19
- **Tier 2 (Generic)** includes generic drugs and may include some brand drugs.
  - **Preferred** Copayment range: $0 - $19
  - **Standard** Copayment range: $0 - $20
- **Tier 3 (Preferred Brand)** includes preferred brand drugs and may include some generic drugs.

  You won't pay more than $35 for a one-month supply of each covered insulin product on this tier. If the tier cost-sharing is lower than $35, you will pay the lower cost for your insulin.
  - **Preferred** Copayment/Coinsurance range: $0 - $47 / 20% - 25%
  - **Standard** Copayment/Coinsurance range: $0 - $47 / 20% - 25%

- **Tier 4 (Non-Preferred Drug)** includes non-preferred brand and non-preferred generic drugs.

  You won't pay more than $35 for a one-month supply of each covered insulin product on this tier. If the tier cost-sharing is lower than $35, you will pay the lower cost for your insulin.

  - **Preferred** Copayment/Coinsurance range: $0 - $100 / 30% - 44%
  - **Standard** Copayment/Coinsurance range: $0 - $100 / 30% - 44%
- **Tier 5 (Specialty Tier)** includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.
  - **Preferred** Coinsurance: 25%
  - **Standard** Coinsurance: 25%
- **Tier 6 (Select Care Drugs)** includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).
  - **Preferred** Copayment: $0
  - **Standard** Copayment range: $0 - $10

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and amounts.

Table of Contents

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
amphotericin b injection recon soln 50 mg	2	B/D
amphotericin b liposome intravenous suspension for reconstitution 50 mg	5^	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	4	
clotrimazole mucous membrane troche 10 mg	4	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5^	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	4	
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5^	PA
griseofulvin microsize oral suspension 125 mg/5 ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	PA; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
micafungin intravenous recon soln 100 mg, 50 mg	4	
nystatin oral suspension 100,000 unit/ml	4	
nystatin oral tablet 500,000 unit	4	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	5^	PA; QL (96 EA per 30 days)
terbinafine hcl oral tablet 250 mg	1	
voriconazole intravenous recon soln 200 mg	5^	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	5^	PA
voriconazole oral tablet 200 mg, 50 mg	4	PA
ANTIVIRALS		
abacavir oral solution 20 mg/ml	4	
abacavir oral tablet 300 mg	4	
abacavir-lamivudine oral tablet 600-300 mg	4	
acyclovir oral capsule 200 mg	4	
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet 400 mg, 800 mg	4	
acyclovir sodium intravenous solution 50 mg/ml	4	B/D
adefovir oral tablet 10 mg	4	
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5 ml	2	
amantadine hcl oral tablet 100 mg	4	
APTIVUS ORAL CAPSULE 250 MG	5^	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
darunavir oral tablet 600 mg	4	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	5^	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5^	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5^	
EDURANT ORAL TABLET 25 MG	5^	
efavirenz oral tablet 600 mg	4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	5^	
emtricitabine oral capsule 200 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30 EA per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	5^	QL (30 EA per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	5^	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
entecavir oral tablet 0.5 mg, 1 mg	4	
etravirine oral tablet 100 mg, 200 mg	4	
EVOTAZ ORAL TABLET 300-150 MG	5^	

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

Drug Name	Drug Tier	Requirements / Limits
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
fosamprenavir oral tablet 700 mg	4	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	5^	
ISENTRESS ORAL POWDER IN PACKET 100 MG	5^	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5^	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	
lamivudine oral solution 10 mg/ml	4	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	4	
lamivudine-zidovudine oral tablet 150-300 mg	4	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	5^	PA; QL (28 EA per 28 days)
LIVTENCITY ORAL TABLET 200 MG	5^	PA; LA; QL (120 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	4	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	4	
maraviroc oral tablet 150 mg, 300 mg	5^	

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

Drug Name	Drug Tier	Requirements / Limits
nevirapine oral suspension 50 mg/5 ml	2	
nevirapine oral tablet 200 mg	2	
nevirapine oral tablet extended release 24 hr 400 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
oseltamivir oral capsule 30 mg	4	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	4	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	4	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	5^	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5^	PA; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5^	
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	3	
rimantadine oral tablet 100 mg	4	
ritonavir oral tablet 100 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5^	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5^	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5^	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5^	
tenofovir disoproxil fumarate oral tablet 300 mg	2	
TIVICAY ORAL TABLET 50 MG	5^	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
valacyclovir oral tablet 1 gram, 500 mg	2	
valganciclovir oral recon soln 50 mg/ml	5^	
valganciclovir oral tablet 450 mg	3	
VEMLIDY ORAL TABLET 25 MG	5^	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5^	
VIREAD ORAL TABLET 150 MG, 250 MG	5^	
VIREAD ORAL TABLET 200 MG	3	
zidovudine oral capsule 100 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Drug Name	Drug Tier	Requirements / Limits
zidovudine oral syrup 10 mg/ml	4	
zidovudine oral tablet 300 mg	2	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	4	
cefaclor oral suspension for reconstitution 250 mg/5 ml	4	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml	4	
cefadroxil oral suspension for reconstitution 500 mg/5 ml	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	4	
cefdinir oral capsule 300 mg	4	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	
cefepime injection recon soln 1 gram, 2 gram	3	
cefixime oral capsule 400 mg	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	

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

Drug Name	Drug Tier	Requirements / Limits
cefprozil oral tablet 250 mg, 500 mg	4	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	4	
cefuroxime sodium intravenous recon soln 1.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5^	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	4	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	
clarithromycin oral tablet 250 mg, 500 mg	4	
clarithromycin oral tablet extended release 24 hr 500 mg	4	
DIFICID ORAL TABLET 200 MG	5^	QL (20 EA per 10 days)

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

Drug Name	Drug Tier	Requirements / Limits
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	2	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	4	
amikacin injection solution 500 mg/2 ml	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5^	PA; LA
atovaquone oral suspension 750 mg/5 ml	3	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	4	
aztreonam injection recon soln 1 gram, 2 gram	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5^	PA; LA; QL (84 ML per 56 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	4	
COARTEM ORAL TABLET 20-120 MG	4	
colistin (colistimethate na) injection recon soln 150 mg	5^	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	2	
daptomycin intravenous recon soln 500 mg	5^	
EMVERM ORAL TABLET,CHEWABLE 100 MG	5^	
ertapenem injection recon soln 1 gram	4	QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	4	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	4	
gentamicin injection solution 40 mg/ml	4	
hydroxychloroquine oral tablet 200 mg	2	
imipenem-cilastatin intravenous recon soln 250 mg	3	
imipenem-cilastatin intravenous recon soln 500 mg	4	
IMPAVIDO ORAL CAPSULE 50 MG	5^	PA
isoniazid oral solution 50 mg/5 ml	2	
isoniazid oral tablet 100 mg, 300 mg	2	
ivermectin oral tablet 3 mg	3	PA; QL (20 EA per 30 days)
ivermectin oral tablet 6 mg	3	PA; QL (8 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	4	

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

Drug Name	Drug Tier	Requirements / Limits
linezolid oral suspension for reconstitution 100 mg/5 ml	5^	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	4	QL (60 EA per 30 days)
mefloquine oral tablet 250 mg	2	
meropenem intravenous recon soln 1 gram	3	QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	3	QL (10 EA per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	4	
metronidazole oral tablet 250 mg, 500 mg	2	
neomycin oral tablet 500 mg	2	
nitazoxanide oral tablet 500 mg	5^	QL (12 EA per 30 days)
pentamidine inhalation recon soln 300 mg	4	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	4	
praziquantel oral tablet 600 mg	4	
PRIFTIN ORAL TABLET 150 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
pyrazinamide oral tablet 500 mg	4	
pyrimethamine oral tablet 25 mg	5^	PA
quinine sulfate oral capsule 324 mg	4	PA
rifabutin oral capsule 150 mg	4	
rifampin intravenous recon soln 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5^	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	5^	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
tigecycline intravenous recon soln 50 mg	4	
tinidazole oral tablet 250 mg, 500 mg	4	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	5^	PA; QL (280 ML per 28 days)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	4	
TRECATOR ORAL TABLET 250 MG	4	
vancomycin intravenous recon soln 1,000 mg	4	QL (20 EA per 10 days)
vancomycin intravenous recon soln 10 gram	4	QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	4	QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	4	QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	4	QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	4	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	5^	PA; QL (90 EA per 30 days)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	

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Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	4	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	4	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 10 gram	4	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
dicloxacillin oral capsule 250 mg, 500 mg	4	
nafcillin injection recon soln 1 gram, 2 gram	4	
nafcillin injection recon soln 10 gram	5^	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
penicillin g potassium injection recon soln 20 million unit	4	
penicillin g sodium injection recon soln 5 million unit	4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	4	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	2	
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	4	
doxy-100 intravenous recon soln 100 mg	4	
doxycycline hyclate intravenous recon soln 100 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	4	
minocycline oral tablet 100 mg, 50 mg, 75 mg	4	
tetracycline oral capsule 250 mg, 500 mg	4	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	4	
methenamine hippurate oral tablet 1 gram	4	
nitrofurantoin macrocrystal oral capsule 100 mg	4	
nitrofurantoin macrocrystal oral capsule 50 mg	2	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	4	
trimethoprim oral tablet 100 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	4	
mesna oral tablet 400 mg	5^	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5^	B/D
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	5^	PA-NS; QL (120 EA per 30 days)
abirtega oral tablet 250 mg	4	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5^	PA-NS; LA; QL (30 EA per 180 days)
anastrozole oral tablet 1 mg	2	
AUGTYRO ORAL CAPSULE 160 MG	5^	PA-NS; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
AUGTYRO ORAL CAPSULE 40 MG	5^	PA-NS; QL (240 EA per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5^	PA-NS; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
azathioprine oral tablet 50 mg	2	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA
bexarotene oral capsule 75 mg	5^	PA-NS
bexarotene topical gel 1 %	5^	PA-NS; QL (60 GM per 30 days)
bicalutamide oral tablet 50 mg	2	
BOSULIF ORAL CAPSULE 100 MG	5^	PA-NS; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5^	PA-NS; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5^	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5^	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
CAPRELSA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5^	PA-NS; LA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5^	PA-NS; LA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5^	PA-NS; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5^	PA-NS; LA; QL (63 EA per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	B/D
cyclosporine modified oral solution 100 mg/ml	4	B/D
cyclosporine oral capsule 100 mg, 25 mg	4	B/D
DANZITEN ORAL TABLET 71 MG, 95 MG	5^	PA-NS; QL (112 EA per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	5^	PA-NS; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	5^	PA-NS; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
dasatinib oral tablet 70 mg	5^	PA-NS; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA-NS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	B/D
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5^	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
erlotinib oral tablet 100 mg, 150 mg	5^	PA-NS; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	5^	PA-NS; QL (60 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	5^	

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

Drug Name	Drug Tier	Requirements / Limits
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5^	PA-NS; QL (30 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	5^	PA-NS; QL (150 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5^	PA-NS; QL (90 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	5^	PA-NS; QL (60 EA per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	3	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5^	B/D
exemestane oral tablet 25 mg	4	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5^	PA-NS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5^	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5^	PA-NS; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	5^	PA-NS; QL (30 EA per 30 days)
gengraf oral capsule 100 mg, 25 mg	4	B/D

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

Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5^	
GOMEKLI ORAL CAPSULE 1 MG	5^	PA-NS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5^	PA-NS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5^	PA-NS; QL (168 EA per 28 days)
hydroxyurea oral capsule 500 mg	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	4	PA-NS; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5^	PA-NS; LA; QL (28 EA per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5^	PA-NS; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	5^	PA-NS; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5^	PA-NS; QL (280 ML per 28 days)
INLYTA ORAL TABLET 1 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5^	PA-NS; LA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	5^	PA-NS; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5^	PA-NS; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5^	PA-NS; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5^	PA-NS; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
JYLAMVO ORAL SOLUTION 2 MG/ML	3	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5^	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5^	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5^	PA-NS; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5^	PA-NS
KRAZATI ORAL TABLET 200 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
lapatinib oral tablet 250 mg	5^	PA-NS; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	5^	PA-NS; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5^	PA-NS; LA; QL (60 EA per 30 days)
letrozole oral tablet 2.5 mg	4	
LEUKERAN ORAL TABLET 2 MG	5^	

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

Drug Name	Drug Tier	Requirements / Limits
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS; LA
LORBRENA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5^	PA-NS; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5^	PA-NS; QL (90 EA per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5^	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5^	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5^	PA-NS; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5^	PA-NS; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5^	PA-NS; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	5^	LA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	4	PA
megestrol oral tablet 20 mg, 40 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5^	PA-NS; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
mercaptopurine oral suspension 20 mg/ml	5^	
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection solution 25 mg/ml	2	B/D
methotrexate sodium injection solution 25 mg/ml	2	B/D
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	2	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	5^	B/D
mycophenolate mofetil oral tablet 500 mg	2	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	B/D
mycophenolic acid dr 180 mg tb	4	mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	4	mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
nilutamide oral tablet 150 mg	5^	

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

Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5^	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5^	PA-NS; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	5^	PA-NS; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5^	PA-NS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5^	PA-NS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5^	PA-NS; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5^	PA-NS; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5^	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5^	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5^	PA-NS; LA; QL (30 EA per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ORSERDU ORAL TABLET 345 MG	5^	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5^	PA-NS; QL (90 EA per 30 days)
pazopanib oral tablet 200 mg	5^	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5^	PA-NS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5^	PA-NS; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	5^	PA-NS; QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
REVUFORJ ORAL TABLET 160 MG	5^	PA-NS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	5^	PA-NS; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5^	PA-NS; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5^	PA-NS; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5^	PA-NS; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5^	PA-NS; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5^	PA-NS; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5^	PA; LA
sirolimus oral solution 1 mg/ml	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Drug Name	Drug Tier	Requirements / Limits
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5^	
sorafenib oral tablet 200 mg	5^	PA-NS; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5^	PA-NS; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5^	PA-NS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5^	PA-NS; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5^	PA-NS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5^	PA-NS; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5^	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements / Limits
THALOMID ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS; LA
toremifene oral tablet 60 mg	5^	
tretinoin (antineoplastic) oral capsule 10 mg	5^	
TRUQAP ORAL TABLET 160 MG, 200 MG	5^	PA-NS; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5^	PA-NS; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5^	PA-NS; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5^	PA-NS; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5^	PA-NS; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
XALKORI ORAL PELLET 150 MG	5^	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	5^	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	
XERMELO ORAL TABLET 250 MG	5^	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5^	PA-NS; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5^	PA-NS
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	5^	QL (600 ML per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5^	QL (60 EA per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	4	
carbamazepine oral suspension 100 mg/5 ml	4	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	4	
carbamazepine oral tablet,chewable 100 mg	2	
clobazam oral suspension 2.5 mg/ml	4	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	4	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	4	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
divalproex oral capsule, delayed rel sprinkle 125 mg	4	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	4	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5^	PA-NS; LA
epitol oral tablet 200 mg	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA-NS
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	5^	QL (60 EA per 30 days)
ethosuximide oral capsule 250 mg	3	
ethosuximide oral solution 250 mg/5 ml	3	
felbamate oral suspension 600 mg/5 ml	4	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5^	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5^	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5^	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
gabapentin oral capsule 100 mg, 400 mg	2	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	2	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml	2	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	4	PA; QL (180 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	4	PA; QL (90 EA per 30 days)
lacosamide oral solution 10 mg/ml	4	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	4	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	4	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	4	
levetiracetam oral solution 100 mg/ml	4	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	4	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	4	
methsuximide oral capsule 300 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA-NS; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	4	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	4	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	PA-NS
phenytoin oral suspension 125 mg/5 ml	4	
phenytoin oral tablet,chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg	2	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	4	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	4	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	4	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	
primidone oral tablet 250 mg, 50 mg	2	
roweepra oral tablet 500 mg	2	
rufinamide oral suspension 40 mg/ml	5^	PA-NS; QL (2760 ML per 30 days)
rufinamide oral tablet 200 mg	4	PA-NS; QL (480 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
rufinamide oral tablet 400 mg	5^	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5^	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
valproic acid oral capsule 250 mg	2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA-NS; QL (10 EA per 30 days)
vigabatrin oral powder in packet 500 mg	5^	PA-NS; LA; QL (150 EA per 25 days)
vigabatrin oral tablet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral powder in packet 500 mg	5^	PA-NS; LA; QL (150 EA per 25 days)
vigadrone oral tablet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5^	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5^	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	5^	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (1100 ML per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	4	PA
bromocriptine oral capsule 5 mg	4	
bromocriptine oral tablet 2.5 mg	4	
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone oral tablet 200 mg	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5^	PA; QL (300 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	4	
rasagiline oral tablet 0.5 mg, 1 mg	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
selegiline hcl oral capsule 5 mg	3	
selegiline hcl oral tablet 5 mg	3	
trihexyphenidyl oral tablet 2 mg, 5 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	5^	QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	2	QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	4	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	5^	PA; QL (16 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	2	QL (18 EA per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	2	QL (18 EA per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	4	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	4	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	2	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	2	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	2	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	4	QL (18 EA per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	4	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine oral tablet extended release 12 hr 10 mg	3	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	4	PA; QL (56 EA per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; QL (120 EA per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5^	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg, 5 mg	2	
donepezil oral tablet 23 mg	4	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	
fingolimod oral capsule 0.5 mg	5^	PA; QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	4	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	4	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	4	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	5^	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5^	PA; QL (12 ML per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5^	PA; QL (30 ML per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5^	PA; QL (12 ML per 28 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5^	PA; LA; QL (28 EA per 180 days)

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

Drug Name	Drug Tier	Requirements / Limits
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5^	PA; LA; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	4	PA
memantine oral solution 2 mg/ml	4	PA
memantine oral tablet 10 mg, 5 mg	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5^	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	4	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	4	QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	5^	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	5^	PA; QL (120 EA per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	4	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
pyridostigmine bromide oral tablet 60 mg	2	
tizanidine oral tablet 2 mg, 4 mg	2	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	
endocet oral tablet 10-325 mg	4	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	4	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	4	QL (240 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	4	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	4	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	2	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	2	QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	4	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	2	PA; QL (90 EA per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	QL (180 ML per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	2	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	2	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	4	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	2	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	2	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	2	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	4	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	4	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	4	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	4	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	
butorphanol nasal spray,non-aerosol 10 mg/ml	4	QL (10 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	4	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium oral tablet extended release 24 hr 100 mg	4	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	2	
diclofenac sodium topical drops 1.5 %	2	QL (300 ML per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	4	
diflunisal oral tablet 500 mg	4	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	4	
flurbiprofen oral tablet 100 mg	4	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	4	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	
naloxone injection solution 0.4 mg/ml	2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	2	

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

Drug Name	Drug Tier	Requirements / Limits
naltrexone oral tablet 50 mg	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	4	
oxaprozin oral tablet 600 mg	4	
piroxicam oral capsule 10 mg, 20 mg	2	
sulindac oral tablet 150 mg, 200 mg	2	
tramadol oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (240 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5^	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5^	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5^	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5^	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	QL (150 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	4	
aripiprazole oral solution 1 mg/ml	4	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5^	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5^	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	4	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	4	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg	2	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5^	QL (30 EA per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
citalopram oral solution 10 mg/5 ml	4	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	4	PA-NS

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

Drug Name	Drug Tier	Requirements / Limits
clorazepate dipotassium oral tablet 15 mg	4	PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	4	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	4	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg	4	
clozapine oral tablet 25 mg, 50 mg	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5^	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5^	QL (56 EA per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	4	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine sulfate oral tablet 15 mg	2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	2	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	4	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	4	QL (90 EA per 30 days)
diazepam intensol oral concentrate 5 mg/ml	4	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	4	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	4	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
doxepin oral concentrate 10 mg/ml	4	
doxepin oral tablet 3 mg, 6 mg	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5^	QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	2	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	4	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	4	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
guanfacine oral tablet extended release 24 hr 3 mg	4	QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	4	
haloperidol lactate injection solution 5 mg/ml	4	
haloperidol lactate oral concentrate 2 mg/ml	4	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5^	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5^	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5^	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5^	QL (0.88 ML per 90 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5^	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5^	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (30 EA per 30 days)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	2	
lithium carbonate oral tablet extended release 300 mg, 450 mg	2	
lithium citrate oral solution 8 meq/5 ml	2	
lorazepam intensol oral concentrate 2 mg/ml	4	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	4	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
methylphenidate hcl oral solution 10 mg/5 ml	4	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	4	QL (1800 ML per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	4	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	2	QL (30 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	4	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	
mirtazapine oral tablet 7.5 mg	4	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	2	
modafinil oral tablet 100 mg	2	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	2	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	4	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline oral solution 10 mg/5 ml	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	3	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	4	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	4	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	4	QL (180 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	4	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	2	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	2	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	4	
phenelzine oral tablet 15 mg	3	
pimozide oral tablet 1 mg, 2 mg	4	
protriptyline oral tablet 10 mg, 5 mg	4	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	4	
QUETIAPINE ORAL TABLET 150 MG	4	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	4	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	4	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	5^	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5^	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5^	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	4	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5^	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	4	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5^	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	5^	PA; LA; QL (540 ML per 30 days)
temazepam oral capsule 15 mg	4	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	4	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	4	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
tranylcypromine oral tablet 10 mg	4	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	4	
zolpidem oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5^	PA-NS; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5^	PA-NS; QL (14 EA per 365 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	4	
MULTAQ ORAL TABLET 400 MG	3	
pacerone oral tablet 100 mg, 400 mg	4	
pacerone oral tablet 200 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine sulfate oral tablet 200 mg	2	
quinidine sulfate oral tablet 300 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
sotalol af oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	2	
aliskiren oral tablet 150 mg, 300 mg	4	
amiloride oral tablet 5 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	6	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	6	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	6	QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	6	

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

Drug Name	Drug Tier	Requirements / Limits
betaxolol oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
bumetanide injection solution 0.25 mg/ml	4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	4	
candesartan oral tablet 16 mg, 4 mg, 8 mg	6	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	6	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	6	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	6	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	6	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	4	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	6	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	6	
eplerenone oral tablet 25 mg, 50 mg	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	6	
furosemide injection solution 10 mg/ml	2	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	6	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	6	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	6	QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	4	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
losartan oral tablet 100 mg	6	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	6	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	6	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	6	QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine oral capsule 250 mg	5^	PA
minoxidil oral tablet 10 mg, 2.5 mg	2	
moexipril oral tablet 15 mg, 7.5 mg	6	
nadolol oral tablet 20 mg, 40 mg, 80 mg	4	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	4	
nicardipine oral capsule 20 mg, 30 mg	4	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	
nimodipine oral capsule 30 mg	4	
olmesartan oral tablet 20 mg, 40 mg	6	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	6	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	6	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	6	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	6	

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

Drug Name	Drug Tier	Requirements / Limits
pindolol oral tablet 10 mg, 5 mg	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	4	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	6	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	6	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	6	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	6	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	6	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5^	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5^	PA; LA; QL (200 EA per 180 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	6	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	6	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	6	QL (30 EA per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	4	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	
COAGULATION THERAPY		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	4	
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	2	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	4	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5^	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5^	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5^	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	3	

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

Drug Name	Drug Tier	Requirements / Limits
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
pentoxifylline oral tablet extended release 400 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5^	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5^	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^	PA; LA; QL (60 EA per 30 days)
rivaroxaban oral tablet 2.5 mg	3	QL (60 EA per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	3	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	6	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	6	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	4	
cholestyramine light oral powder in packet 4 gram	4	
colesevelam oral powder in packet 3.75 gram	4	
colesevelam oral tablet 625 mg	4	
colestipol oral packet 5 gram	4	
colestipol oral tablet 1 gram	4	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	6	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	
fenofibrate oral tablet 160 mg, 54 mg	2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	2	
fluvastatin oral capsule 20 mg, 40 mg	6	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	6	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	4	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	6	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
NEXLETOL ORAL TABLET 180 MG	3	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	4	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	4	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	6	QL (30 EA per 30 days)
prevalite oral powder in packet 4 gram	4	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	6	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (450 ML per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	2	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	3	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5^	PA
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	4	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
calcipotriene scalp solution 0.005 %	4	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	4	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5^	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5^	PA; QL (2.5 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5^	PA; QL (10 ML per 28 days)
selenium sulfide topical lotion 2.5 %	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5^	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5^	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5^	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5^	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5^	PA; QL (2 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate topical cream 12 %	2	
ammonium lactate topical lotion 12 %	4	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5^	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5^	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	4	PA; QL (120 GM per 30 days)
fluorouracil topical cream 5 %	4	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	4	QL (10 ML per 30 days)
imiquimod topical cream in packet 5 %	2	QL (24 EA per 28 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	4	QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	4	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	2	
lidocaine-prilocaine topical cream 2.5-2.5 %	2	QL (30 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
lidocan iii topical adhesive patch,medicated 5 %	3	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5^	PA-NS; QL (60 GM per 30 days)
pimecrolimus topical cream 1 %	4	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	4	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	2	
ssd topical cream 1 %	2	
tacrolimus topical ointment 0.03 %, 0.1 %	4	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5^	PA-NS; LA; QL (60 GM per 30 days)
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 40 mg	4	
adapalene topical cream 0.1 %	4	QL (45 GM per 30 days)
adapalene topical gel 0.3 %	4	QL (45 GM per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
azelaic acid topical gel 15 %	4	QL (50 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
clindamycin phosphate topical gel 1 %	4	QL (120 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	4	QL (75 ML per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate topical lotion 1 %	4	QL (120 ML per 30 days)
clindamycin phosphate topical solution 1 %	4	QL (120 ML per 30 days)
clindamycin phosphate topical swab 1 %	2	QL (120 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	2	QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	2	QL (50 GM per 30 days)
ery pads topical swab 2 %	4	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	2	QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	
metronidazole topical cream 0.75 %	4	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	4	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	4	QL (59 ML per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	2	QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	3	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	4	PA; QL (100 GM per 30 days)
tretinoin microspheres topical gel 0.04 %, 0.1 %	4	PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	4	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	4	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	

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Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	4	QL (60 GM per 30 days)
gentamicin topical ointment 0.1 %	4	QL (60 GM per 30 days)
mupirocin topical ointment 2 %	2	QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	4	
TOPICAL ANTIFUNGALS		
ciclopirox topical cream 0.77 %	4	QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	4	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	4	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	4	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	2	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	4	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	4	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	2	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	2	QL (120 ML per 28 days)
naftifine topical cream 1 %	4	QL (90 GM per 28 days)
naftifine topical cream 2 %	4	QL (60 GM per 28 days)
naftifine topical gel 2 %	4	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	4	QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	2	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	2	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	2	QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	4	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
alclometasone topical cream 0.05 %	4	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	4	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	4	QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	4	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	4	QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	4	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	4	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	4	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	2	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	4	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	4	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	4	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	4	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	4	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	4	QL (120 GM per 28 days)
clobetasol topical ointment 0.05 %	4	QL (120 GM per 28 days)
clobetasol topical shampoo 0.05 %	4	QL (236 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
clobetasol-emollient topical cream 0.05 %	4	QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	4	QL (236 ML per 28 days)
desonide topical cream 0.05 %	4	QL (120 GM per 30 days)
desonide topical lotion 0.05 %	4	QL (118 ML per 30 days)
desonide topical ointment 0.05 %	4	QL (120 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	4	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	4	QL (120 GM per 30 days)
fluocinolone topical ointment 0.025 %	4	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	4	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	4	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	4	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	4	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	4	QL (120 ML per 30 days)
fluocinonide-emollient topical cream 0.05 %	4	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	2	
halobetasol propionate topical cream 0.05 %	4	QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	4	QL (100 GM per 30 days)
hydrocortisone topical cream 1 %	2	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 2.5 %	2	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	2	

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Drug Name	Drug Tier	Requirements / Limits
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm topical cream 0.5 %	2	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion topical lotion 0.5 %	4	
permethrin topical cream 5 %	2	QL (60 GM per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	4	
anagrelide oral capsule 0.5 mg, 1 mg	4	
carglumic acid oral tablet, dispersible 200 mg	5^	PA; LA
cevimeline oral capsule 30 mg	4	
CHEMET ORAL CAPSULE 100 MG	3	
d10 %-0.45 % sodium chloride intravenous parenteral solution	2	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution	2	
deferasirox oral tablet 180 mg, 360 mg	4	PA
deferasirox oral tablet 90 mg	3	PA

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Drug Name	Drug Tier	Requirements / Limits
deferasirox oral tablet, dispersible 125 mg	4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	5^	PA
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	4	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	2	
disulfiram oral tablet 250 mg, 500 mg	3	
glutamine (sickle cell) oral powder in packet 5 gram	5^	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5^	PA; LA
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	4	
levocarnitine (with sugar) oral solution 100 mg/ml	4	
levocarnitine oral tablet 330 mg	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	4	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5^	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	

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Drug Name	Drug Tier	Requirements / Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5^	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5^	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5^	PA; QL (30 EA per 30 days)
riluzole oral tablet 50 mg	4	
risedronate oral tablet 30 mg	4	QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride irrigation solution 0.9 %	2	
sodium phenylbutyrate oral powder 0.94 gram/gram	5^	PA
sodium phenylbutyrate oral tablet 500 mg	5^	PA
sodium polystyrene sulfonate oral powder 15 gram	4	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	3	
trientine oral capsule 250 mg	5^	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	4	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	4	

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Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	4	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	QL (30 ML per 20 days)
kourzeq dental paste 0.1 %	3	
olopatadine nasal spray,non-aerosol 0.6 %	4	
periogard mucous membrane mouthwash 0.12 %	1	
triamcinolone acetonide dental paste 0.1 %	4	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	2	
flac otic oil otic (ear) drops 0.01 %	2	
fluocinolone acetonide oil otic (ear) drops 0.01 %	2	
ofloxacin otic (ear) drops 0.3 %	4	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	4	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	4	

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Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone oral solution 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
fludrocortisone oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	B/D
methylprednisolone oral tablets,dose pack 4 mg	2	
prednisolone oral solution 15 mg/5 ml	4	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	4	
prednisone intensol oral concentrate 5 mg/ml	4	
prednisone oral solution 5 mg/5 ml	4	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	2	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
DIABETES THERAPY		
acarbose oral tablet 100 mg	6	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	6	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	6	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	2	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
diazoxide oral suspension 50 mg/ml	5^	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
glimepiride oral tablet 1 mg	6	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	6	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	6	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	6	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	6	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	6	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	6	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
glipizide oral tablet extended release 24hr 5 mg	6	QL (120 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	6	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	3	PA; QL (9 ML per 30 days)
metformin oral tablet 1,000 mg	6	QL (75 EA per 30 days)
metformin oral tablet 500 mg	6	QL (150 EA per 30 days)
metformin oral tablet 850 mg	6	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
metformin oral tablet extended release 24 hr 500 mg	6	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	6	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	6	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	6	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	6	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	6	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	6	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	6	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	6	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	3	QL (30 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	3	QL (60 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days)
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	2	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	4	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	2	
cinacalcet oral tablet 30 mg	2	QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
cinacalcet oral tablet 90 mg	4	QL (120 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg	2	
desmopressin oral tablet 0.2 mg	4	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5^	PA; LA
mifepristone oral tablet 300 mg	5^	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	
sapropterin oral powder in packet 100 mg	5^	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	
testosterone enanthate intramuscular oil 200 mg/ml	4	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	4	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	4	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	4	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	5^	PA

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

Drug Name	Drug Tier	Requirements / Limits
THYROID HORMONES		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine oral capsule 10 mg	4	
dicyclomine oral solution 10 mg/5 ml	4	
dicyclomine oral tablet 20 mg	4	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
glycopyrrolate oral tablet 1 mg, 2 mg	2	
loperamide oral capsule 2 mg	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	4	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	5^	PA; QL (60 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	4	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	4	B/D
balsalazide oral capsule 750 mg	4	
betaine oral powder 1 gram/scoop	5^	LA
budesonide oral capsule,delayed,extend.release 3 mg	4	
budesonide oral tablet,delayed and ext.release 9 mg	5^	PA; QL (30 EA per 30 days)
compro rectal suppository 25 mg	4	
constulose oral solution 10 gram/15 ml	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
cromolyn oral concentrate 100 mg/5 ml	4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	2	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	2	

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

Drug Name	Drug Tier	Requirements / Limits
gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram	2	
generlac oral solution 10 gram/15 ml	2	
granisetron hcl oral tablet 1 mg	4	B/D
hydrocortisone rectal enema 100 mg/60 ml	2	
hydrocortisone topical cream with perineal applicator 2.5 %	2	
lactulose oral solution 10 gram/15 ml	4	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	4	QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	2	
mesalamine oral capsule (with del rel tablets) 400 mg	4	
mesalamine oral capsule,extended release 24hr 0.375 gram	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	4	
mesalamine rectal enema 4 gram/60 ml	4	
mesalamine rectal suppository 1,000 mg	4	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	3	QL (30 GM per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	2	
ondansetron hcl oral tablet 4 mg, 8 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	
peg-electrolyte soln oral recon soln 420 gram	2	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	4	
procto-med hc topical cream with perineal applicator 2.5 %	2	
proctosol hc topical cream with perineal applicator 2.5 %	4	
proctozone-hc topical cream with perineal applicator 2.5 %	2	
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5^	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5^	PA; QL (2.4 ML per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	3	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	4	
VOWST ORAL CAPSULE	5^	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT	3	
ULCER THERAPY		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	4	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	4	QL (60 EA per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	2	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	2	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	QL (60 EA per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	2	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
sucralfate oral suspension 100 mg/ml	4	
sucralfate oral tablet 1 gram	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5^	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5^	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5^	PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA; QL (14 EA per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5^	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5^	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5^	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5^	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5^	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5^	PA; QL (2 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5^	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	6	NM; IRA $0 for age 19 and older
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	6	NM; IRA $0 for age 50 and older only
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	NM
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	NM

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

Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	B/D; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5^	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	NM; IRA $0 up to age 45
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	NM; IRA $0 up to age 45
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	6	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	NM

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Drug Name	Drug Tier	Requirements / Limits
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	6	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	6	B/D; NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	6	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	6	NM; IRA $0 for age 50 and older only
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	6	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	6	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	6	NM

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

Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	6	NM

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

Drug Name	Drug Tier	Requirements / Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	NM
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	NM
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	6	NM
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	6	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	6	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	

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

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Drug Name	Drug Tier	Requirements / Limits
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	BD or Embecta preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	BD or Embecta preferred
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	4	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	4	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	4	
probenecid oral tablet 500 mg	4	
probenecid-colchicine oral tablet 500-0.5 mg	4	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	2	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	1	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5^	PA; QL (2.48 ML per 28 days)
ibandronate oral tablet 150 mg	2	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	2	
risedronate oral tablet 150 mg	2	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	QL (4 EA per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
risedronate oral tablet 5 mg	2	QL (30 EA per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	4	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5^	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5^	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5^	PA; QL (8 ML per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5^	PA; QL (6 EA per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5^	PA; QL (4 EA per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5^	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5^	PA; QL (20.1 ML per 30 days)
leflunomide oral tablet 10 mg, 20 mg	4	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5^	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5^	PA; QL (55 EA per 180 days)
penicillamine oral tablet 250 mg	5^	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5^	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5^	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5^	PA; QL (84 EA per 180 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 EA per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5^	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5^	PA; QL (3.6 ML per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	4	
camila oral tablet 0.35 mg	2	
deblitane oral tablet 0.35 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	QL (8 EA per 28 days)
errin oral tablet 0.35 mg	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	4	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	4	
estradiol vaginal tablet 10 mcg	4	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	4	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
gallifrey oral tablet 5 mg	2	
heather oral tablet 0.35 mg	2	
incassia oral tablet 0.35 mg	2	
jinteli oral tablet 1-5 mg-mcg	4	
lyleq oral tablet 0.35 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	QL (8 EA per 28 days)
lyza oral tablet 0.35 mg	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
meleya oral tablet 0.35 mg	2	
mimvey oral tablet 1-0.5 mg	4	
nora-be oral tablet 0.35 mg	2	
norethindrone (contraceptive) oral tablet 0.35 mg	2	
norethindrone acetate oral tablet 5 mg	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
progesterone micronized oral capsule 100 mg, 200 mg	2	
sharobel oral tablet 0.35 mg	2	
yuvafem vaginal tablet 10 mcg	4	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream 2 %	4	
eluryng vaginal ring 0.12-0.015 mg/24 hr	3	

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Drug Name	Drug Tier	Requirements / Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	3	
haloette vaginal ring 0.12-0.015 mg/24 hr	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	4	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	3	
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	4	
tranexamic acid oral tablet 650 mg	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	3	
zafemy transdermal patch weekly 150-35 mcg/24 hr	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	2	
apri oral tablet 0.15-0.03 mg	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	4	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
aubra eq oral tablet 0.1-20 mg-mcg	2	
aviane oral tablet 0.1-20 mg-mcg	2	

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Drug Name	Drug Tier	Requirements / Limits
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
balziva (28) oral tablet 0.4-35 mg-mcg	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
briellyn oral tablet 0.4-35 mg-mcg	2	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	2	
cyred eq oral tablet 0.15-0.03 mg	2	
dolishale oral tablet 90-20 mcg (28)	2	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
enskyce oral tablet 0.15-0.03 mg	2	
estarylla oral tablet 0.25-0.035 mg	2	
falmina (28) oral tablet 0.1-20 mg-mcg	2	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	2	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	2	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	

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

Drug Name	Drug Tier	Requirements / Limits
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	3	
isibloom oral tablet 0.15-0.03 mg	2	
jasmiel (28) oral tablet 3-0.02 mg	4	
juleber oral tablet 0.15-0.03 mg	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	4	
kurvelo (28) oral tablet 0.15-0.03 mg	2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	4	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	2	

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

Drug Name	Drug Tier	Requirements / Limits
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	4	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	4	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	2	
lessina oral tablet 0.1-20 mg-mcg	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
levora-28 oral tablet 0.15-0.03 mg	2	
loryna (28) oral tablet 3-0.02 mg	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	2	
marlissa (28) oral tablet 0.15-0.03 mg	2	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	

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

Drug Name	Drug Tier	Requirements / Limits
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
mili oral tablet 0.25-0.035 mg	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nikki (28) oral tablet 3-0.02 mg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	2	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	4	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	4	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	4	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	4	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	2	
ocella oral tablet 3-0.03 mg	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	4	
portia 28 oral tablet 0.15-0.03 mg	2	
reclipsen (28) oral tablet 0.15-0.03 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
sprintec (28) oral tablet 0.25-0.035 mg	2	
syeda oral tablet 3-0.03 mg	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	4	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	4	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	4	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	

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

Drug Name	Drug Tier	Requirements / Limits
turqoz (28) oral tablet 0.3-30 mg-mcg	3	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	4	
vestura (28) oral tablet 3-0.02 mg	2	
vienva oral tablet 0.1-20 mg-mcg	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg	2	
vylibra oral tablet 0.25-0.035 mg	2	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	4	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye) ointment 500 unit/gram	4	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	
gatifloxacin ophthalmic (eye) drops 0.5 %	2	
gentamicin ophthalmic (eye) drops 0.3 %	2	
moxifloxacin ophthalmic (eye) drops 0.5 %	4	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	

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

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	4	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	4	
ofloxacin ophthalmic (eye) drops 0.3 %	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	2	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	4	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	4	
carteolol ophthalmic (eye) drops 1 %	2	
levobunolol ophthalmic (eye) drops 0.5 %	2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	2	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	4	
azelastine ophthalmic (eye) drops 0.05 %	4	
cromolyn ophthalmic (eye) drops 4 %	2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	3	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5^	PA; LA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5^	PA
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	4	
sulfacetamide sodium ophthalmic (eye) drops 10 %	4	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	4	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	5^	PA; QL (10 ML per 42 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	4	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	4	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	4	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
acetazolamide oral tablet 125 mg, 250 mg	4	
methazolamide oral tablet 25 mg, 50 mg	4	
OTHER GLAUCOMA DRUGS		
brinzolamide ophthalmic (eye) drops,suspension 1 %	4	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
dorzolamide ophthalmic (eye) drops 2 %	2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	2	
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	
travoprost ophthalmic (eye) drops 0.004 %	4	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	4	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	4	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	4	
difluprednate ophthalmic (eye) drops 0.05 %	4	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	4	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	4	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	4	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
apraclonidine ophthalmic (eye) drops 0.5 %	4	
brimonidine ophthalmic (eye) drops 0.15 %	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	

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Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	1	
cyproheptadine oral tablet 4 mg	4	PA
desloratadine oral tablet 5 mg	2	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	3	Only Epinephrine NDCs starting with 00093 and 49502 are covered; QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	4	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	4	PA
levocetirizine oral solution 2.5 mg/5 ml	2	
levocetirizine oral tablet 5 mg	2	
promethazine oral syrup 6.25 mg/5 ml	4	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	4	PA
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	4	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA; LA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 GM per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	4	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	4	6.7 gm inhaler; QL (13.4 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	4	B/D
albuterol sulfate oral syrup 2 mg/5 ml	4	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
ambrisentan oral tablet 10 mg, 5 mg	5^	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	4	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	5^	PA; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	4	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	B/D
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	2	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	4	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	3	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5^	PA; LA; QL (20 EA per 30 days)
icatibant subcutaneous syringe 30 mg/3 ml	5^	PA; QL (27 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ipratropium bromide inhalation solution 0.02 %	2	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	4	B/D
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	4	B/D
mometasone nasal spray,non-aerosol 50 mcg/actuation	4	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	2	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	2	
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; LA; QL (60 EA per 30 days)
pirfenidone oral tablet 267 mg	5^	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 801 mg	5^	PA; QL (90 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5^	B/D
roflumilast oral tablet 250 mcg, 500 mcg	4	QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	2	PA; generic for Revatio; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	4	QL (4 GM per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; generic for Adcirca; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
terbutaline oral tablet 2.5 mg, 5 mg	4	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline oral solution 80 mg/15 ml	4	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5^	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5^	PA; LA; QL (84 EA per 28 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	18 gm inhaler; QL (36 GM per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5^	PA; QL (1 EA per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5^	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5^	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; LA; QL (8 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5^	PA; LA; QL (1 ML per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	4	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	3	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	2	QL (600 ML per 30 days)
oxybutynin chloride oral tablet 5 mg	2	QL (120 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	4	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	4	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	4	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	4	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	4	QL (60 EA per 30 days)
trospium oral capsule,extended release 24hr 60 mg	4	QL (30 EA per 30 days)
trospium oral tablet 20 mg	4	QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	2	
dutasteride oral capsule 0.5 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	4	
finasteride oral tablet 5 mg	1	
tamsulosin oral capsule 0.4 mg	2	
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
ELMIRON ORAL CAPSULE 100 MG	3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	4	
tadalafil oral tablet 2.5 mg	4	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	4	PA; QL (30 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
klor-con 10 oral tablet extended release 10 meq	2	
klor-con 8 oral tablet extended release 8 meq	2	
klor-con m10 oral tablet,er particles/crystals 10 meq	4	
klor-con m15 oral tablet,er particles/crystals 15 meq	4	
klor-con m20 oral tablet,er particles/crystals 20 meq	4	
klor-con oral packet 20 meq	4	

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

Drug Name	Drug Tier	Requirements / Limits
magnesium sulfate injection solution 500 mg/ml (50 %)	4	
magnesium sulfate injection syringe 500 mg/ml (50 %)	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	2	
potassium chloride oral capsule, extended release 10 meq, 8 meq	4	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	2	
potassium chloride oral packet 20 meq	2	
potassium chloride oral tablet extended release 10 meq, 20 meq	2	
potassium chloride oral tablet extended release 8 meq	4	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	2	
potassium chloride oral tablet,er particles/crystals 15 meq	4	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	4	

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

Drug Name	Drug Tier	Requirements / Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	2	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	2	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	2	
MISCELLANEOUS NUTRITION PRODUCTS		
electrolyte-148 intravenous parenteral solution	2	
electrolyte-a intravenous parenteral solution	2	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B/D
premasol 10 % intravenous parenteral solution 10 %	4	B/D
travasol 10 % intravenous parenteral solution 10 %	4	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B/D
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	2	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	2	

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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“Wellcare” is issued by Coordinated Care of Washington, Inc.

“Wellcare” is issued by WellCare Health Insurance Company of Washington, Inc.

Wellcare’s pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of Texas. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-977-7522 (TTY: 711) for Wellcare Simple (HMO) or call 1-855-445-3556 (TTY: 711) for Wellcare Dual Liberty Sync (HMO D-SNP), or consult the online pharmacy directory at go.wellcare.com/AllwellTX.

Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or https://www.louisianahealthconnect.com. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

Louisiana D-SNP prospective enrollees: For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid or https://www.louisianahealthconnect.com. To request a written copy of our Medicaid Provider Directory, please contact us.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits.

Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus. To request a written copy of our Medicaid Provider Directory, please contact us.

Texas D-SNP prospective enrollees: For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus. To request a written copy of our Medicaid Provider Directory, please contact us.

Discrimination Is Against the Law

Wellcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Wellcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Wellcare:

- Provides aids and services, at no cost, to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, at no cost, to people whose primary language is not English, such as:
  - Qualified interpreters and
  - Information written in other languages.

If you need these services, contact Member Services at:

Wellcare: **1-833-998-5082** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

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

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1557 Coordinator
PO Box 31384, Tampa, FL 33631
1-855-577-8234
TTY/TDD: 711
Fax: 1-866-388-1769
Email: SM_Section1557Coord@centene.com

You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. If you need help filing a grievance, our 1557 Coordinator is available to help you.

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

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

La discriminación es un delito

Wellcare cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Wellcare no excluye a las personas ni las trata de manera diferente por su raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Wellcare proporciona:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lengua de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
  - Intérpretes calificados e
  - Información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al:

Wellcare: **1-833-998-5082** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante la siguiente entidad:

1557 Coordinator
PO Box 31384, Tampa, FL 33631
1-855-577-8234
TTY/TDD: 711
Fax: 1-866-388-1769
Email: SM_Section1557Coord@centene.com

Puede presentar una queja en persona, o por correo, fax o correo electrónico. La queja debe presentarse por escrito en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja advierta lo que considera discriminación. Si necesita ayuda para presentar una queja, nuestro Coordinador 1557 está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Office for Civil Rights, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en https://www.hhs.gov/ocr/complaints/index.html.

English: Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call 1-833-998-5082 (TTY/TDD 711).

Spanish: Servicios de asistencia lingüística, ayudas y servicios auxiliares, letra más grande, traducción oral y otros formatos alternativos se encuentran disponibles para usted de manera gratuita. Para obtenerlos, llame al 1-833-998-5082 (TTY/TDD 711).

Navajo: Saad ‘ahiilka ‘ana’alwo’ biniit’aa, t’aala’i bi’aa yilts’ilgo bika ‘iishyeed ‘aadoo biniit’aa, ‘aniltso na’ach’aah, saal saad bee ‘andaalne’, ‘aadoo la’igii ‘alnaaheesht’ash ‘akooh bineesh’a bil hadlee’ goo ni gi adin t’aa niik’e. Goo shoosht’eeh dii, t’aa shoodi bika ‘adishni 1-833-998-5082 (TTY/TDD 711).

Chinese - Simplified: 您可以免费使用语言协助服务、辅助设施与服务、较大的字型、口译服务，以及其他替代格式。如需获取，请致电 1-833-998-5082 (TTY/TDD 711)。

Chinese - Traditional: 您可以免費使用語言協助服務、輔助工具和服務、較大的字型、口譯服務，以及其他替代格式。若要取得這些服務，請致電 1-833-998-5082 (TTY/TDD 711)。

Vietnamese: Chúng tôi cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ, dịch vụ và trợ giúp bổ trợ, phông chữ lớn, phiên dịch và các định dạng thay thế khác. Để nhận dịch vụ, vui lòng gọi 1-833-998-5082 (TTY/TDD 711).

Arabic: تتوفر لك خدمات مساعدة لغوية ومساعِدات وخدمات إضافية وخط أكبر وترجمة شفهية وغيرها من التنسيقات البديلة مجانًا. للحصول على ذلك، يرجى الاتصال على الرقم 1-833-998-5082 (711 TTY/TDD).

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Tagalog: May mga serbisyo ng tulong sa wika, mga karagdagang tulong at serbisyo, malalaking font, pasalitang pagsasalin, at iba pang alternatibong format na available para sa inyo nang libre. Para makuha ito, tumawag sa 1-833-998-5082 (TTY/TDD 711).

Korean: 언어 지원 서비스, 보조 도구 및 서비스, 큰 글씨, 구두 번역 및 기타 대체 형식을 무료로 이용하실 수 있습니다. 이러한 서비스를 받으려면 1-833-998-5082(TTY/TDD 711)번으로 전화해 주십시오.

French: des services d'assistance linguistique, des aides et services supplémentaires, ainsi que l'accès à une traduction orale et à des informations dans une police plus grande ou dans d'autres formats sont à votre disposition gratuitement. Pour en bénéficier, appelez le 1-833-998-5082 (TTY/TDD 711).

German: Sprachdienstleistungen, zusätzliche Unterstützung und Dienstleistungen wie Großdruck, Verdolmetschung und andere alternative Formate stehen Ihnen kostenlos zur Verfügung. Rufen Sie hierfür folgende Nummer an: 1-833-998-5082 (TTY/TDD 711).

Russian: Вы можете бесплатно получить услуги языковой поддержки, вспомогательные средства и услуги, включая услуги устного перевода, а также материалы крупным шрифтом и в других альтернативных форматах. Для получения данных услуг позвоните по номеру 1-833-998-5082 (TTY/TDD 711).

Japanese: 言語支援サービス、補助支援およびサービス、大活字、通訳、その他の代替形式を無料でご利用いただけます。ご利用するには、1-833-998-5082 (TTY/TDD 711)までお電話ください。

Persian (Farsi): خدمات کمک زبانی، ابزارها و خدمات کمکی، فونت بزرگ‌تر، ترجمه شفاهی و سایر قالب‌های جایگزین به‌صورت رایگان برای شما دردسترس است. برای دریافت این خدمات، لطفاً با شماره 1-833-998-5082 (TTY/TDD 711) تماس بگیرید.

Syriac: ܐܝܬ ܠܟ ܒܚܕܡܬ ܕܠܫܢܐ ܕܡܬܪܓܡܢܐ ܕܡܬܪܓܡܢܐ ܘܫܘܪܝܬܐ ܕܡܬܪܓܡܢܐ ܒܦܘܡ ܐܘ ܒܟܬܒ ܐܚܪܢܐ ܕܡܬܐܡܡܢ ܠܟ ܒܠܐ ܡܚܣܐ. ܠܡܬܢ ܕܫܪܝ ܠܝ ܒܪ ܐܝܬ ܠܟ ܠ 1-833-998-5082 (TTY/TDD 711).

Serbian: Dostupne su vam usluge jezičke pomoći, pomagala i pomoćne usluge, tekst veće veličine, usmeno prevođenje i drugi alternativni formati, i to besplatno. Da biste dobili ove usluge, pozovite broj 1-833-998-5082 (TTY/TDD 711).

Thai: พร้อมให้บริการความช่วยเหลือทางภาษา ความช่วยเหลือและบริการเสริม แบบอักษรขนาดใหญ่ การแปลโดยการอ่านออกเสียง และรูปแบบที่เป็นทางเลือกอื่นๆ แก่คุณโดยไม่มีค่าใช้จ่าย โปรดโทร 1-833-998-5082 (TTY/TDD 711) **เพื่อรับบริการนี้**

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-415-0010 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-415-0010 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-415-0010（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-415-0010 (TTY：711)。

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-844-415-0010 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-844-415-0010 (TTY: 711).

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-844-415-0010 (TTY: 711).

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Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n’efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n’ụdị ndị dị mfe inweta dikrawa n’akwụghị ụgwọ. Kpọọ 1-844-415-0010 (TTY: 711).

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-415-0010 (TTY : 711).

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-415-0010 (TTY : 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-415-0010 (TTY: 711) पर कॉल करें.

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-415-0010 (TTY: 711).

ગુજરાતી ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-844-415-0010 (TTY: 711) પર કૉલ કરો.

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-415-0010 (TTY: 711).

ייִדיש אויפֿמערקזאַמקייט: פרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פּאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פריי פֿון אָפּצאָל. רופֿט 1-844-415-0010 (TTY: 711).

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-844-415-0010 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-844-415-0010 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-415-0010 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-415-0010 (TTY: 711) నంబర్‌కి కాల్ చేయండి.

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-415-0010(TTY: 711)번으로 전화해 주십시오.

English: You can get this communication in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 1-844-867-1156 or TTY 711. We accept relay calls.

You can get help from a certified and qualified health care interpreter.

Spanish: Puede obtener esta información en otros idiomas, en letra de imprenta grande, en braille o en un formato de su preferencia. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 1-844-867-1156; los usuarios de TTY deben llamar al 711. Aceptamos llamadas del servicio de retransmisión.

Puede obtener la asistencia de un intérprete certificado y calificado en atención médica.

Russian: Вы можете получить данное сообщение на других языках, крупным шрифтом, шрифтом Брайля или в предпочтительном формате. Вы также можете запросить услуги переводчика. Такая помощь предоставляется бесплатно. Позвоните по номеру 1-844-867-1156 или TTY 711. Мы принимаем звонки через коммутаторную службу.

Вам может оказать помощь дипломированный переводчик с квалификацией в области здравоохранения.

Vietnamese: Quý vị có thể lấy thông tin này bằng các ngôn ngữ khác, bản in cỡ chữ lớn, chữ nổi hoặc định dạng yêu thích. Quý vị cũng có thể yêu cầu thông dịch viên. Trợ giúp này miễn phí. Gọi số 1-844-867-1156 hoặc TTY 711. Chúng tôi chấp nhận cuộc gọi chuyển tiếp.

Quý vị có thể được thông dịch viên chăm sóc sức khỏe có chứng nhận và đủ năng lực trợ giúp.

Arabic: يمكنك الحصول على هذه المعلومات بلغات أخرى أو بطباعة بأحرف كبيرة أو بطريقة برايل أو بتنسيق آخر تفضّله. يمكنك أيضًا طلب خدمات مترجم فوري. وهذه المساعدة مجانية. اتصل على الرقم 1-844-867-1156 أو TTY 711. نقبل مكالمات الترحيل.

يمكنك الحصول على مساعدة من مترجم فوري معتمد ومؤهل لشؤون الرعاية الصحية.

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Somali: Waxaad ku heli kartaa ee isgaarsiintan luqado kale, far waaweyn, farta indhoolaha ama qaabka aad doorbideyso. Waxaad ee sidoo kale codsan kartaa turjumaan. Caawimadani waa bilaash. Wac 1-844-867-1156 ama TTY 711. Waxaan aqbalnaa wicitaanada gudbinta.

Waxaad caawimo ka heli kartaa turjumaan daryeel caafimaad oo shahaado haysta oo aqoon leh.

Simplified Chinese: 您可以使用其他　言、大号字体、盲文或您喜欢的方式　行交流。您也可以要求提供口　服　。此服　免　。　致 1-844-867-1156 或　打免　　TTY 711。我　接受　接来　。

您可以从　过　　的有　　的医　口　　处获得帮助。

Traditional Chinese: 您可以選擇以其他語言、大字版、點字版或您偏好的格式獲取此通訊。您也可以要求口譯員服務。此服務為免費提供。請撥打 1-844-867-1156 或 TTY 711。我們接受轉接來電。

您可以獲得經認證之合格健康照護口譯員的協助。

Korean: 가입자는 이 문서를 다른 언어, 대형 인쇄체, 점자 또는 선호하는 형식으로 받을 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료입니다. 1-844-867-1156 또는 TTY 711 번으로 전화해 주십시오. 릴레이 통화도 가능합니다.

인증 및 유자격 의료 통역사의 도움을 받을 수 있습니다.

Chuukese: Ka tongeni kuna ei pwan non ekoch kapasen fanu, awattei mak, kewe tikitik faniten chuun ika met sokkun format (ititin om mak ka mochen) en mi mochen. Ka tongeni eis emon chon chiaku epwe anisuk. Mi free ei aninis. Kori ei nampa 1-844-867-1156 ika TTY 711. Am mi etiwa aninisin kewe mi ter rese tongeni koko.

Ka tongeni kuna aninis seni ekewe mi tufich chon health care chiaku.

Ukrainian: Ви можете отримати це повідомлення іншими мовами, великим шрифтом, шрифтом Брайля або іншому форматі за вашим бажанням. Ви також можете отримати допомогу перекладача. Ця допомога безкоштовна. Телефонуйте за номером 1-844-867-1156 або TTY 711. Ми приймаємо перенаправлені дзвінки.

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Farsi: می‌توانید این مطلب را به زبان‌های دیگر، چاپ درشت، خط بریل یا با فرمتی که ترجیح می‌دهید دریافت کنید. همچنین می‌توانید درخواست مترجم کنید. این کمک رایگان است. با شماره 1-844-867-1156 یا TTY 711 تماس بگیرید. ما تماس‌های رله مخصوص ناشنوایان را می‌پذیریم.

می‌توانید از یک مترجم کادر درمانی مجرب و دارای مجوز کمک بگیرید.

Romanian: Puteți obține această comunicare în alte limbi, cu scris mare, în Braille sau într-un format preferat de dvs. De asemenea, puteți solicita asistența unui interpret. Această asistență este oferită gratuit. Sunați la 1-844-867-1156 sau TTY 711. Acceptăm și servicii de apeluri pentru persoane cu dizabilități de auz și/sau de vorbire.

Puteți primi asistență din partea unui interpret certificat și calificat în domeniul medical.

Dari: شما می توانید این ارتباط را به زبان های دیگر، چاپ بزرگ، بریل یا فارمت مورد نظر خود دریافت کنید. شما همچنین میتوانید درخواست ترجمان کنید. این کمک رایگان است. با شماره 1-844-867-1156 یا TTY 711 تماس بگیرید. ما تماس های رله را می پذیریم.

شما می توانید از یک ترجمان مراقبت های صحی معتبر و واجد شرایط کمک بگیرید.

Khmer/Cambodian: អ្នកអាចទទួលបានការជ្រាបស្រ័យទាក់ទងនេះជាភាសាផ្សេងៗ ជាអក្សរពុម្ពធំ អក្សរស្ទាបសម្រាប់ជនពិការភ្នែក ឬជាទម្រង់មួយដែលអ្នកចង់ទទួលបាន។ អ្នកក៏អាចស្នើសុំអ្នកបកប្រែផ្ទាល់មាត់បានផងដែរ។ ជំនួយនេះគឺឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ 1-844-867-1156 ឬ TTY 711។ យើងទទួលយកសេវាទូរសព្ទបញ្ជូនបន្ត។

អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាពដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ និងមានការបញ្ជាក់។

Amharic: ይህን መልዕክት በሌሎች ቋንቋዎች፣ በትልልቅ ፊደላት፣ በብሬል ወይም እርስዎ በሚመርጡት ቅርጸት ማግኘት ይችላሉ። አስተርጓሚ እንዲቀርብልዎ መጠየቅ ይችላሉ። ይህ እገዛ የሚቀርበው በነጻ ነው። ወደ 1-844-867-1156 ወይም TTY 711 ይደውሉ። የማዘሪያ ጥሪዎችንም እንቀበላለን።

ከተመሰከረለት እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ።

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-428-2224 (TTY: 711).

አማርኛ ይነበብ፦ ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-844-428-2224 (TTY: 711) ይደውሉ።

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-428-2224 (TTY: 711).

Հայերեն ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Դուք կարող եք օգտվել անվճար լեզվական ծառայություններից: Անվճար հասանելի են նաև համապատասխան օժանդակ միջոցներ և ծառայություններ՝ մատչելի ձևաչափերով տեղեկություններ տրամադրելու համար: Զանգահարեք 1-844-428-2224 (TTY՝ 711):

বাংলা খেয়াল করুন: আপনার জন্য বিনামূল্যে ভাষা পরিষেবার সুবিধা রয়েছে। বিনামূল্যে অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য দিতে উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও উপলব্ধ রয়েছে। এখানে কল করুন 1-844-428-2224 (TTY: 711)।

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-428-2224 (TTY : 711).

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简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-428-2224（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-428-2224 (TTY：711)。

دری توجه: خدمات رایگان کمک زبانی برای شما فراهم است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات به شکل قابل دسترس نیز به طور رایگان در دسترس می‌باشند. لطفاً با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید.

فارسی توجه: خدمات کمک زبانی رایگان برای شما دردسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل‌دسترس نیز به‌صورت رایگان ارائه می‌شوند. لطفاً با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید.

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-428-2224 (TTY : 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-428-2224 (TTY: 711).

ગુજરાતી ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-844-428-2224 (TTY: 711) પર કૉલ કરો.

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-844-428-2224 (TTY: 711).

ʻŌlelo Hawaiʻi HOʻĀKAKA: Loaʻa iā ʻoe ke kōkua manuahi no ka unuhi ʻōlelo. Loaʻa pū kekahi mau pono kōkua kūpono a me nā lawelawe e hāʻawi ai i ka ʻike i nā ʻano ʻano hiki ke kiʻi ʻia, me ka uku ʻole. Kelepona i 1-844-428-2224 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें.

Lus Hmoob TSEEM CEEB: Muaj cov kev pab txhais lus pub dawb rau koj. Tsis tas li ntawd, kuj tseem yuav muaj cov kev pab thiab cov kev pab cuam tsim nyog los ua hom ntaub ntawv uas siv tau pub dawb rau koj thiab. Hu rau 1-844-428-2224 (TTY: 711).

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n’efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n’ụdị ndị dị mfe inweta dikrawa n’akwụghị ụgwọ. Kpọọ 1-844-428-2224 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-844-428-2224 (TTY: 711).

Italiano ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili supporti e servizi ausiliari gratuiti adatti a fornire le informazioni in formati accessibili. Chiamare il numero 1-844-428-2224 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-844-428-2224 (TTY: 711) にお電話ください。

ಕನ್ನಡ ನಿಮ್ಮ ಗಮನಕ್ಕೆ: ನಿಮಗೆ ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ಲಭ್ಯವಿದೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತು ಸೇವೆಗಳು ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿದೆ. ಕರೆ ಮಾಡಿ 1-844-428-2224 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-428-2224 (TTY: 711)번으로 전화해 주십시오.

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສຳລັບທ່ານ ນອກຈາກນີ້ຍັງມີ ບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍ ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-844-428-2224 (TTY: 711).

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-844-428-2224 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-844-428-2224 (TTY: 711) वर कॉल करा.

Diné Bizaad BAA NAANISH’AGHA: T’aadoo baabhilinigoo saad ‘ahiilka ‘ana’alwo’ biniit’aa bineesh’a bil hadlee’ goo ni. Ch’idi’nishaah t’aala’i bi’aa yilts’ilgo bika ‘iishyeed ‘aadoo biniit’aa goo bik’inaasdzil bil ch’idaash’a di baa honit’l’ ya’akogoo bineesh’a aldo’ bil hadlee’ t’aadoo baabhilinigoo ‘at’e yeel. Bika ‘adishni 1-844-428-2224 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्।
1-844-428-2224 (TTY: 711) मा कल गर्नुहोस्।

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-844-428-2224 (TTY: 711).

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-844-428-2224 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-844-428-2224 (TTY: 711).

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-844-428-2224 (TTY: 711).

Gagana Sāmoa FA‘AALIGA: O lo’o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo‘i fua fesoasoani ma meafaigaluega talafeagai e tu’uina atu ai fa’amatalaga i auala faigofie ona malamalama ai. Vala’au 1-844-428-2224 (TTY: 711).

Srpski PAŽNJA: Dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomagala i pomoćne usluge koje nude informacije o pristupačnim formatima takođe su besplatne. Pozovite broj 1-844-428-2224 (TTY: 711).

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-844-428-2224 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-428-2224 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-844-428-2224 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-428-2224 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-844-428-2224 (TTY: 711) **என்ற எண்ணை அழைத்திடுங்கள்.**

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-428-2224 (TTY: 711) **నంబర్‌కి కాల్ చేయండి.**

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-844-428-2224 (TTY: 711)

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-844-428-2224 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-428-2224 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابلِ رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔
1-844-428-2224 (TTY: 711) پر کال کریں۔

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-844-428-2224 (TTY: 711).

ייִדיש אויפֿמערקזאַמקייט: פרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פּאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פריי פֿון אָפּצאָל.
רופֿט 1-844-428-2224 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-844-428-2224 (TTY: 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-374-4056 (TTY: 711).

አማርኛ ይነበብ፦ ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-877-374-4056 (TTY: 711) ይደውሉ።

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-877-374-4056 (TTY: 711).

Հայերեն ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Դուք կարող եք օգտվել անվճար լեզվական ծառայություններից: Անվճար հասանելի են նաև համապատասխան օժանդակ միջոցներ և ծառայություններ՝ մատչելի ձևաչափերով տեղեկություններ տրամադրելու համար: Զանգահարեք 1-877-374-4056 (TTY՝ 711):

বাংলা খেয়াল করুন: আপনার জন্য বিনামূল্যে ভাষা পরিষেবার সুবিধা রয়েছে। বিনামূল্যে অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য দিতে উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও উপলব্ধ রয়েছে। এখানে কল করুন 1-877-374-4056 (TTY: 711)।

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-877-374-4056 (TTY : 711).

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ភាសាខ្មែរ ចូរចាប់អារម្មណ៍៖ សេវាជំនួយភាសាដោយឥតគិតថ្លៃមាន
សម្រាប់អ្នក។ ជំនួយនិងសេវាជំនួយសមស្របដើម្បីផ្តល់ជូនព័ត៌មានជា
ទម្រង់ដែលអាចប្រើបាន ក៏មានដោយមិនគិតថ្លៃដងដែរ។ សូមទូរសព្ទទៅ
លេខ 1-877-374-4056 (TTY: 711)។

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-877-374-4056（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-877-374-4056 (TTY：711)。

دری توجه: خدمات رایگان کمک زبانی برای شما فراهم است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات به شکل قابل دسترس نیز به طور رایگان در دسترس می‌باشند. لطفاً با شماره 1-877-374-4056 (TTY: 711) تماس بگیرید.

فارسی توجه: خدمات کمک زبانی رایگان برای شما دردسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل‌دسترس نیز به‌صورت رایگان ارائه می‌شوند. لطفاً با شماره 1-877-374-4056 (TTY: 711) تماس بگیرید.

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-374-4056 (TTY : 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-877-374-4056 (TTY: 711).

Ελληνικά ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-877-374-4056 (TTY: 711).

ગુજરાતી ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-877-374-4056 (TTY: 711) પર કૉલ કરો.

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-877-374-4056 (TTY: 711).

ʻŌlelo Hawaiʻi HOʻĀKAKA: Loaʻa iā ʻoe ke kōkua manuahi no ka unuhi ʻōlelo. Loaʻa pū kekahi mau pono kōkua kūpono a me nā lawelawe e hāʻawi ai i ka ʻike i nā ʻano ʻano hiki ke kiʻi ʻia, me ka uku ʻole. Kelepona i 1-877-374-4056 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-877-374-4056 (TTY: 711) पर कॉल करें.

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n’efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n’ụdị ndị dị mfe inweta dikrawa n’akwụghị ụgwọ. Kpọọ 1-877-374-4056 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-877-374-4056 (TTY: 711).

Italiano ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili supporti e servizi ausiliari gratuiti adatti a fornire le informazioni in formati accessibili. Chiamare il numero 1-877-374-4056 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-877-374-4056 (TTY: 711) にお電話ください。

ಕನ್ನಡ ನಿಮ್ಮ ಗಮನಕ್ಕೆ: ನಿಮಗೆ ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ಲಭ್ಯವಿದೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತು ಸೇವೆಗಳು ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿದೆ. ಕರೆ ಮಾಡಿ 1-877-374-4056 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-877-374-4056 (TTY: 711)번으로 전화해 주십시오.

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສຳລັບທ່ານ ນອກຈາກນີ້ຍັງມີ ບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍ ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-877-374-4056 (TTY: 711).

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-877-374-4056 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-877-374-4056 (TTY: 711) वर कॉल करा.

Diné Bizaad BAA NAANISH’AGHA: T’aadoo baabhilinigoo saad ‘ahiilka ‘ana’alwo’ biniit’aa bineesh’a bil hadlee’ goo ni. Ch’idi’nishaah t’aala’i bi’aa yilts’ilgo bika ‘iishyeed ‘aadoo biniit’aa goo bik’inaasdzil bil ch’idaash’a di baa honit’I’ ya’akogoo bineesh’a aldo’ bil hadlee’ t’aadoo baabhilinigoo ‘at’e yeel. Bika ‘adishni 1-877-374-4056 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-877-374-4056 (TTY: 711) मा कल गर्नुहोस्।

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-877-374-4056 (TTY: 711).

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-877-374-4056 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-877-374-4056 (TTY: 711).

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-877-374-4056 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-877-374-4056 (TTY: 711).

Gagana Sāmoa FA‘AALIGA: O lo’o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo‘i fua fesoasoani ma meafaigaluega talafeagai e tu’uina atu ai fa’amatalaga i auala faigofie ona malamalama ai. Vala’au 1-877-374-4056 (TTY: 711).

Srpski PAŽNJA: Dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomagala i pomoćne usluge koje nude informacije o pristupačnim formatima takođe su besplatne. Pozovite broj 1-877-374-4056 (TTY: 711).

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-877-374-4056 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-374-4056 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-877-374-4056 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-877-374-4056 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-877-374-4056 (TTY: 711) **என்ற எண்ணை அழைத்திடுங்கள்.**

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-877-374-4056 (TTY: 711) **నంబర్‌కి కాల్ చేయండి.**

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-877-374-4056 (TTY: 711)

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-877-374-4056 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-374-4056 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابلِ رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-877-374-4056 (TTY: 711) پر کال کریں۔

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-877-374-4056 (TTY: 711).

ייִדיש אויפֿמערקזאַמקייט: פרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פריי פֿון אָפּצאָל. רופֿט 1-877-374-4056 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-877-374-4056 (TTY: 711).

Arkansas

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Arizona

HMO D-SNP

1-833-998-5082 (TTY: 711)
go.wellcare.com/AZ

Connecticut

HMO-POS D-SNP

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Delaware

HMO-POS D-SNP

1-844-536-2167 (TTY: 711)
go.wellcare.com/DE

Florida

HMO D-SNP

1-855-445-3578 (TTY: 711)
go.wellcare.com/Medicare

Georgia

HMO-POS

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Iowa

HMO-POS D-SNP

1-855-445-3561 (TTY: 711)
go.wellcare.com/IA

Kansas

HMO-POS D-SNP, PPO D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/KS

Kentucky

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

Louisiana

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Maine

PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Michigan

HMO-POS

1-800-977-7522 (TTY: 711)
go.wellcare.com/Medicare

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/Medicare

PPO D-SNP

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Missouri

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/AllwellMO

PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Nevada

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/NV

New Jersey

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

New York

HMO-POS, PPO

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

North Carolina

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Ohio

HMO-POS

1-800-977-7522 (TTY: 711)
go.wellcare.com/OH

HMO-POS D-SNP

1-833-998-4953 (TTY: 711)
go.wellcare.com/OH

Oregon

HMO-POS D-SNP

1-844-867-1156 (TTY: 711)
go.wellcare.com/OR

Pennsylvania

HMO-POS

1-800-977-7522 (TTY: 711)
go.wellcare.com/PA

South Carolina

PPO

1-866-892-8340 (TTY: 711)
go.wellcare.com/Medicare

Tennessee

HMO-POS

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

HMO-POS D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Texas

Wellcare Assist (HMO) H5294013000 H5294016000

1-800-977-7522 (TTY: 711)
go.wellcare.com/AllwellTX

Wellcare Assist (HMO) H0174009000

1-833-444-9088 (TTY: 711)
go.wellcare.com/Medicare

Wellcare Dual Access (HMO D-SNP) H0174004000,
Wellcare Dual Liberty (HMO D-SNP) H0174006000,
Wellcare Dual Reserve (HMO D-SNP),
Wellcare Dual Liberty Sync (HMO D-SNP) H0174023000 H0174024000

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Wellcare Dual Access (HMO D-SNP) H5294015000,
Wellcare Dual Liberty (HMO D-SNP) H5294010000,
Wellcare Dual Liberty Sync (HMO D-SNP) H5294022000 H5294023000 H5294024000 H5294025000

1-855-445-3556 (TTY: 711)
go.wellcare.com/AllwellTX

Washington

HMO-POS D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
go.wellcare.com/Medicare

Wisconsin

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
go.wellcare.com/WI

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This formulary was updated on 10/01/2025.

For more recent information or other questions, please contact us, Wellcare Member Services at the telephone number or website for your plan listed on the inside front and back covers of this formulary, between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

10/01/2025

MedicareRx
Prescription Drug Coverage