

# 2025 Cigna Healthcare Comprehensive Formulary (List of Covered Drugs or “Drug List”)

**Please read:**

**This document contains information about all  
the drugs we cover in this plan.**



HPMS Approved Formulary File Submission 00025271.

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Cigna Healthcare Customer Service at 1-800-668-3813 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit CignaMedicare.com. The Formulary, pharmacy network and/or provider network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.

**Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

**Important Message About What You Pay for Vaccines:** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

**Note to existing customers: 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 Cigna Healthcare. When it refers to “plan” or “our plan,” it means your Cigna Healthcare Medicare Advantage Plan.**

**This document includes a Drug List (formulary) for our plans, which is current as of 09/01/2025. For a complete updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.**

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

## **What is the Cigna Healthcare Comprehensive 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 Cigna Healthcare 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. Cigna Healthcare will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna Healthcare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

## **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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: CignaMedicare.com.

**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 for you and continue to cover for you the drug that is being changed. For more information, see the section titled “How do I request an exception to the Cigna Healthcare Drug List?”

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 drug list and later provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers 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 and/or studies. If we remove drugs from our drug list, 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 customers of the change at least 30 days before the change becomes effective. Alternatively, when a

customer 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 titled "How do I request an exception to the Cigna Healthcare Drug List?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those customers 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 drug list is current as of 09/01/2025. To get updated information about the drugs covered by Cigna Healthcare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

### **How do I use the Drug List?**

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

#### **Medical Condition**

The drug list begins on page 8. The drugs in this drug list 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 8. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drug Index that begins on page 91. The Covered Drug Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. 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 Covered Drug Index and find the name of your drug in the drug name column of the list.

### **What are generic drugs?**

Cigna Healthcare 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" to tell 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:** Cigna Healthcare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill these prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for a total quantity of 30 per 30 days) or three-month supply (for a total quantity of 90 per 90 days).

- **Step Therapy:** In some cases, Cigna Healthcare 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, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.

- **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high-cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 8. 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 drug list, appears on the front and back cover pages.

You can ask Cigna Healthcare 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 Cigna Healthcare drug list?” on page 3 for information about how to request an exception.

## Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health. We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

## How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna Healthcare coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Refer to your Evidence of Coverage (EOC) for your plan’s specific cost-sharing amounts.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna Healthcare drug list, talk with your doctor about alternative medications which are covered on the drug list.

## What if my drug is not on the Drug List?

If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered.

If you learn that Cigna Healthcare does not cover your drug, you have two options:

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

## How do I request an exception to the Cigna Healthcare Drug List?

You can ask Cigna Healthcare 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 drug list. 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, Cigna Healthcare 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. This applies to the following circumstances:

- If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost-sharing level.

Generally, Cigna Healthcare will only approve your request for an exception if the alternative drug is included in our drug list, 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 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 existing customer in our plan you may be taking drugs that are not in our drug list. Or you may be taking a drug that is on our drug list 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 drug list 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 up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list 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 without a drug list exception, even if you have been a customer 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 drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna Healthcare will allow a one-time 31-day supply (unless the prescription is written for fewer days).



### For more information

For more detailed information about your Cigna Healthcare prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your most recent EOC, go to [CignaMedicare.com/resources](http://CignaMedicare.com/resources).

If you have questions about Cigna Healthcare, please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

## Cigna Healthcare's Drug List

The drug list that begins on page 8, provides coverage information about all of the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 91.

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

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

We or your prescriber provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 8. (For example: atorvastatin 40mg QL (30/30); this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

Some Cigna Healthcare plans offer 100-day extended supplies for certain medications at tier 1 and tier 2. Please refer to your Evidence of Coverage (EOC) for more information about this coverage. To access a copy of your most recent EOC, go to [CignaMedicare.com/resources](http://CignaMedicare.com/resources).

## What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY 711), or you can visit [CignaMedicare.com](http://CignaMedicare.com) for the most current Pharmacy Directory.

## Drug Tier and Cost-Sharing

Cigna Healthcare covers both brand name drugs and generic drugs. The amount you pay for a prescription drug depends on which tier your drug is in. In general, the higher the tier number, the higher your cost for the drug.

For insulins that are covered by our plans, you will pay only \$35 for each 30-day script and \$0 for each covered adult vaccine. For long-term care (LTC) you can get up to a 31-day supply.

At an out-of-network pharmacy you will pay the in-network pharmacy copay or percentage of the cost plus the amount that the out of network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges. If you receive Extra Help, these costs do not apply. You typically pay only a low copay.

Cigna HealthCare's pharmacy network includes limited lower-cost, preferred pharmacies in Pennsylvania. 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 1-800-668-3813 (TTY 711) or consult the online pharmacy directory at [CignaMedicare.com/Resources](http://CignaMedicare.com/Resources).

**Tier 1 - Preferred Generic Drugs:** This tier includes commonly prescribed generic drugs. Drugs in Tier 1 will typically be your most affordable option.

**Tier 2 - Generic Drugs:** This tier includes generic drugs, but generally cost a little more than preferred generic drugs. Drugs in Tier 2 typically have low copayments.

**Tier 3 - Preferred Brand Drugs:** This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name "Preferred Brand Drugs" is just a description of the majority of the drugs in the tier. It does not mean that there are only brand-name drugs in this tier.

**Tier 4 - Non-Preferred Drugs:** This tier includes higher-priced brand name drugs and generic drugs not in a preferred tier. There may be lower-cost alternatives for you. Ask your doctor about switching to a covered drug on a lower tier.

**Tier 5 - Specialty Tier drugs:** This tier includes high-cost drugs. For most plans, you will pay a percentage of total drug costs in this tier, called coinsurance. Drugs in Tier 5 are the most expensive drugs on the drug list.

Cost-sharing amounts for each tier vary by Cigna Healthcare plan. Refer to your Evidence of Coverage (EOC) for your plan's specific cost- sharing amounts. To access a copy of your most recent EOC, visit [CignaMedicare.com/resources](http://CignaMedicare.com/resources).

Cigna Healthcare is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers. Some generic medications may be in Tier 3, Tier 4 or Tier 5.

**For customers receiving Extra Help:** Your Low-Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

## **Drug List Table of Contents:**

The drugs on the drug list are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list below. Then look under the category name within the drug list for your drug.

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**Drug List Key:**

**B/D** – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

**EX** – Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit [CignaMedicare.com/resources](http://CignaMedicare.com/resources).

**NDS** – Non-extended day supply medication. This drug is only available for a one-month supply.

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

**ST** – This drug has step therapy requirements

**V** – This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Generally all medications on the drug list are available through mail-order, except when special circumstances or situations prohibit mailing a particular medication to your home.

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>caspofungin</i>	4	PA
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	5	NDS
<i>ketoconazole oral</i>	2	
<i>micafungin</i>	4	

Drug Name	Drug Tier	Requirements /Limits
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 50 MG/50 ML	5	
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 150 MG/150 ML	5	NDS
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>acyclovir oral capsule</i>	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir oral suspension</i>	4		<i>efavirenz-emtricitabin-tenofovir</i>	5	QL (30/30); NDS
<i>acyclovir oral tablet</i>	2		<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>acyclovir sodium intravenous solution</i>	4	B/D PA	<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	5	NDS
<i>adefovir</i>	4		<i>emtricitabine</i>	3	QL (30/30)
<i>amantadine hcl</i>	3		<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
APTIVUS	5	QL (120/30); NDS	<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	3	QL (30/30)	<i>emtricita-rilpivirine-tenofdf</i>	5	QL (30/30); NDS
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)	EMTRIVA ORAL SOLUTION	4	QL (680/28)
BARACLUDE ORAL SOLUTION	5	QL (630/30); NDS	<i>entecavir</i>	4	QL (30/30)
BIKTARVY	5	NDS	<i>etravirine</i>	5	QL (60/30); NDS
CABENUVA	5	NDS	EVOTAZ	5	QL (30/30); NDS
CIMDUO	5	NDS	<i>famciclovir</i>	3	QL (60/30)
COMPLERA	5	QL (30/30); NDS	<i>fosamprenavir</i>	5	QL (120/30); NDS
<i>darunavir oral tablet 600 mg</i>	5	QL (60/30); NDS	FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS	GENVOYA	5	QL (30/30); NDS
DELSTRIGO	5	NDS			
DESCOVY	5	QL (30/30); NDS			
DOVATO	5	NDS			
EDURANT	5	QL (30/30); NDS			
EDURANT PED	5	QL (180/30); NDS			
<i>efavirenz oral tablet</i>	4	QL (30/30)			

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	4	QL (60/30)
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	QL (180/30)
JULUCA	5	NDS
KALETRA ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)
LIVTENCITY	5	PA; LA; QL (120/30); NDS
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (168/28); NDS
MAVYRET ORAL TABLET	5	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir</i>	3	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20/90)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11/90)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30/90)
PIFELTRO	5	NDS
PREVYMIS ORAL PELLETS IN PACKET	5	QL (120/30); NDS
PREVYMIS ORAL TABLET	5	QL (30/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PREZCOBIX	5	QL (30/30); NDS	TYBOST	3	
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS	<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)	<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)	<i>valganciclovir oral recon soln</i>	5	NDS
RETROVIR INTRAVENOUS	4		<i>valganciclovir oral tablet</i>	3	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS	VEKLURY	5	QL (4/180); NDS
<i>ribavirin oral capsule</i>	3		VEMLIDY	5	NDS
<i>ribavirin oral tablet 200 mg</i>	3		VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
<i>rimantadine</i>	2		VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
<i>ritonavir</i>	3	QL (360/30)	VIREAD ORAL POWDER	5	QL (240/30); NDS
RUKOBIA	5	NDS	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
SELZENTRY ORAL SOLUTION	5	NDS	VOSEVI	5	PA; QL (28/28); NDS
STRIBILD	5	QL (30/30); NDS	XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
SUNLENCA	5	NDS	<i>zidovudine oral capsule</i>	4	QL (180/30)
SYMTUZA	5	NDS	<i>zidovudine oral syrup</i>	3	QL (1680/28)
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)	<i>zidovudine oral tablet</i>	3	QL (60/30)
TIVICAY ORAL TABLET 50 MG	5	QL (60/30); NDS	<b>CEPHALOSPORINS</b>		
TIVICAY PD	4	QL (180/30)	<i>cefaclor oral capsule</i>	2	
TRIUMEQ	5	QL (30/30); NDS			
TRIUMEQ PD	4	QL (300/30)			
TROGARZO	5	NDS			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3		CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefaclor oral tablet extended release 12 hr</i>	3		<i>cefdinir oral capsule</i>	2	
<i>cefadroxil oral capsule</i>	3		<i>cefdinir oral suspension for reconstitution</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3		CEFEPIME IN DEXTROSE 5 %	4	
<i>cefadroxil oral tablet</i>	3		<i>cefepime in dextrose,iso-osm</i>	4	
<i>cefazin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4		<i>cefepime injection</i>	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	4		CEFEPIME INTRAVENOUS	4	PA
<i>cefazin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	4		<i>cefixime</i>	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4		<i>cefoxitin</i>	4	PA
<i>cefazin intravenous recon soln 1 gram</i>	4		<i>cefoxitin in dextrose, iso-osm</i>	4	PA
			<i>cefpodoxime</i>	2	
			<i>cefprozil</i>	2	
			<i>ceftazidime</i>	4	PA
			<i>ceftriaxone in dextrose,iso-osm</i>	4	
			<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
			CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	
			<i>ceftriaxone intravenous</i>	4	
			<i>cefuroxime axetil oral tablet</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	3	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS

Drug Name	Drug Tier	Requirements /Limits
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate</i>	4	PA
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>atovaquone-proguanil</i>	2		<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
<i>aztreonam injection recon soln 1 gram</i>	3	PA	<i>EMVERM</i>	5	NDS
<i>aztreonam injection recon soln 2 gram</i>	5	PA; NDS	<i>ertapenem</i>	4	
<b>CAYSTON</b>	5	PA; LA; QL (84/28); NDS	<i>ethambutol</i>	3	
<i>chloramphenicol sod succinate</i>	4		<b>FIRVANQ</b>	4	QL (450/10)
<i>chloroquine phosphate</i>	2		<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
<i>clindamycin hcl</i>	2		<b>GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML</b>	4	PA
<b>CLINDAMYCIN IN 0.9 % SOD CHLOR</b>	4	PA	<i>gentamicin injection</i>	4	PA
<b>CLINDAMYCIN IN 5 % DEXTROSE</b>	4	PA	<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>clindamycin palmitate hcl</i>	4		<i>hydroxychloroquine</i>	2	
<i>clindamycin pediatric</i>	4		<i>imipenem-cilastatin</i>	4	
<i>clindamycin phosphate injection</i>	4	PA	<i>isoniazid oral solution</i>	4	
<b>COARTEM</b>	4	QL (24/30)	<i>isoniazid oral tablet</i>	2	
<i>colistin (colistimethate na)</i>	5	PA; NDS	<i>ivermectin oral</i>	3	PA
<i>cycloserine</i>	5	NDS	<i>lincomycin</i>	4	PA
<i>dapsone oral</i>	3		<i>linezolid in dextrose 5%</i>	4	PA
<b>DAPTO MYCIN IN 0.9 % SOD CHLOR</b>	5	NDS	<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<b>DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG</b>	5	NDS	<i>linezolid oral tablet</i>	4	QL (60/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA	<i>rifampin oral</i>	2	
<i>mefloquine</i>	2		SIRTURO ORAL TABLET 100 MG	5	PA; LA; NDS
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	3		SIRTURO ORAL TABLET 20 MG	4	PA; LA
MEROPENEM-0.9% SODIUM CHLORIDE	3		SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
<i>metro i.v.</i>	4	PA	SIVEXTRO ORAL	5	QL (6/28); NDS
<i>metronidazole in nacl (iso-os)</i>	4	PA	STREPTOMYCIN	5	PA; NDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2		<i>tigecycline</i>	5	PA; NDS
<i>neomycin</i>	2		<i>tinidazole</i>	4	
<i>nitazoxanide</i>	5	QL (20/10); NDS	<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; QL (280/28); NDS
ORBACTIV	5	PA; QL (3/30); NDS	<i>tobramycin sulfate</i>	4	PA
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)	TRECATOR	3	
<i>pentamidine injection</i>	3		VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
<i>polymyxin b sulfate</i>	4	PA	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
<i>praziquantel</i>	4		VANCOMYCIN INJECTION	4	
PRIFTIN	4		<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	
PRIMAQUINE	3				
<i>pyrazinamide</i>	4				
<i>pyrimethamine</i>	5	PA; NDS			
<i>quinine sulfate</i>	4	PA; QL (42/30)			
<i>rifabutin</i>	4				
<i>rifampin intravenous</i>	4				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4	
<i>vancomycin oral capsule 125 mg</i>	3	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	3	PA; QL (80/10)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	NDS
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
EXTENCILLINE	4	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection</i>	4	PA
<i>oxacillin</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	2	
<i>pfiZerpen-g</i>	4	PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	4	PA
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	4	
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>monodoxine nl oral capsule 100 mg</i>	2	
NUZYRA INTRAVENOUS	5	PA; NDS
NUZYRA ORAL	5	NDS
<i>tetracycline oral capsule</i>	2	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	3	
<i>trimethoprim</i>	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral</i>	3	
<i>mesna intravenous</i>	4	B/D PA
<i>mesna oral</i>	5	NDS
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
ABRAXANE	5	PA; NDS
ADCETRIS	5	PA; NDS
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60/30); NDS
ALECensa	5	PA; QL (240/30); NDS
ALIQOPA	5	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (180/30); NDS
<i>anastrozole</i>	1	
ANKTIVA	5	PA; NDS
<i>arsenic trioxide</i>	5	B/D PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60/30); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240/30); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66/28); NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	5	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BIZENGRI	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA; NDS
BORUZU	5	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180/30); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330/30); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS

Drug Name	Drug Tier	Requirements /Limits
BRUKINSA	5	PA; LA; NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE	5	PA; LA; QL (60/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COLUMVI	5	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
COTELLIC	5	PA; LA; QL (63/28); NDS	DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS	DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS	<i>decitabine</i>	5	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	3	B/D PA	<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA	<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA	DOCIVYX	5	B/D PA; NDS
<i>cyclosporine oral capsule</i>	4	B/D PA	<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
CYRAMZA	5	PA; NDS	<i>doxorubicin intravenous solution</i>	4	B/D PA
<i>cytarabine</i>	4	B/D PA	<i>doxorubicin, peg-liposomal</i>	5	B/D PA; NDS
<i>cytarabine (pf)</i>	4	B/D PA	DROXIA	3	
<i>dacarbazine</i>	4	B/D PA	ELAHERE	5	PA; LA; NDS
<i>dactinomycin</i>	4	B/D PA	ELIGARD	4	PA
DANYELZA	5	PA; NDS	ELIGARD (3 MONTH)	4	PA
DANZITEN	5	PA; QL (112/28); NDS	ELIGARD (4 MONTH)	4	PA
DARZALEX	5	PA; NDS	ELIGARD (6 MONTH)	4	PA
DARZALEX FASPRO	5	PA; NDS	ELREXFIO	5	PA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30/30); NDS	ELZONRIS	5	PA; NDS
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; QL (60/30); NDS			
DATROWAY	5	PA; NDS			
<i>daunorubicin</i>	4	B/D PA			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
EMPLICITI	5	PA; NDS
EMRELIS	5	PA; NDS
ENHERTU	5	PA; NDS
ENVARSUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; NDS
<i>eribulin</i>	5	PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
EULEXIN	5	NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (330/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (240/30); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (180/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	4	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.75 mg, 1 mg</i>	5	B/D PA; NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	2	
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>flouxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	5	PA; LA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gefitinib</i>	5	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
<i>genraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
GLEOSTINE	4	
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126/28); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84/28); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168/28); NDS
GRAFAPEX	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
HALAVEN	5	PA; NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
IBTROZI	5	PA; QL (90/30); NDS
ICLUSIG	5	PA; QL (30/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
IMDELLTRA	5	PA; NDS
IMFINZI	5	PA; NDS
IMJUDO	5	PA; LA; NDS
IMKELDI	5	PA; QL (280/28); NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
INQOVI	5	PA; QL (5/28); NDS	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS	KLISYRI (250 MG)	4	ST; QL (5/30)
<i>irinotecan</i>	4	B/D PA	KLISYRI (350 MG)	4	ST; QL (5/30)
ITOVEBI	5	PA; QL (60/30); NDS	KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
IWLIFIN	5	PA; LA; QL (240/30); NDS	KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
IXEMPRA	5	B/D PA; NDS	KRAZATI	5	PA; QL (180/30); NDS
JAKAFI	5	PA; QL (60/30); NDS	KYPROLIS	5	B/D PA; NDS
JAYPIRCA	5	PA; NDS	<i>lapatinib</i>	5	PA; QL (180/30); NDS
JEMPERLI	5	PA; NDS	LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
JEVTANA	5	B/D PA; NDS	LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60/30); NDS
JYLAMVO	5	PA; NDS	<i>lenalidomide</i>	5	PA; QL (28/28); NDS
KADCYLA	5	PA; NDS	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
KEYTRUDA	5	PA; NDS	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; QL (90/30); NDS
KIMMTRAK	5	PA; NDS			
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70/28); NDS			
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS			
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS	LUPRON DEPOT (3 MONTH)	4	PA
<i>letrozole</i>	2		LUPRON DEPOT (4 MONTH)	4	PA
LEUKERAN	4		LUPRON DEPOT (6 MONTH)	4	PA
LEUPROLIDE (3 MONTH)	4	PA	LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA	LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LIBTAYO	5	PA; NDS	LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS	LUPRON DEPOT-PED	4	PA
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS	LYNPARZA	5	PA; QL (120/30); NDS
LOQTORZI	5	PA; NDS	LYSODREN	5	NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS	LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (90/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS	LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (120/30); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS			
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120/30); NDS			
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS			
LUNSUMIO	5	PA; LA; NDS			
LUPRON DEPOT	5	PA; NDS			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (150/30); NDS
MARGENZA	5	PA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	3	PA
<i>megestrol oral tablet</i>	3	PA
MEKINIST ORAL RECON SOLN	5	PA; QL (1200/30); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine oral suspension</i>	4	
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	1	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
<i>mitoxantrone</i>	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
MONJUVI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	5	B/D PA; NDS
NERLYNX	5	PA; LA; NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate</i>	4	PA
<i>octreotide,microspheres</i>	5	PA; NDS
ODOMZO	5	PA; LA; QL (30/30); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56/28); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96/28); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16/28); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24/28); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDIVO QVANTIG	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PACLITAXEL PROTEIN-BOUND	5	PA; NDS
PADCEV	5	PA; NDS
<i>pazopanib</i>	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements /Limits
PEMAZYRE	5	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	PA; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
POTELIGEO	5	PA; NDS
PRALATREXATE	5	B/D PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	4	
QINLOCK	5	PA; LA; QL (90/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120/30); NDS	SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
REVLIMID	5	PA; LA; QL (28/28); NDS	SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA; QL (60/30); NDS	SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240/30); NDS	SIGNIFOR	5	PA; NDS
REZLIDHIA	5	PA; QL (60/30); NDS	SIMULECT	5	B/D PA; NDS
REZUROCK	5	PA; LA; QL (30/30); NDS	<i>sirolimus</i>	4	B/D PA
<i>romidepsin intravenous recon soln</i>	5	PA; NDS	SOLTAMOX	5	NDS
ROMVIMZA	5	PA; LA; QL (8/28); NDS	SOMATULINE DEPOT	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS	<i>sorafenib</i>	5	PA; QL (120/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS	SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS	SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS	STIVARGA	5	PA; QL (84/28); NDS
RUXIENCE	5	PA; NDS	<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
RYBREVANT	5	PA; NDS	SYLVANT	5	B/D PA; NDS
RYDAPT	5	PA; QL (224/28); NDS	TABLOID	4	
RYLAZE	5	B/D PA; NDS	TABRECTA	5	PA; NDS
SARCLISA	5	PA; NDS	<i>tacrolimus oral capsule</i>	2	B/D PA
			TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
			TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	5	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
<i>tamoxifen</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TECENTRIQ HYBREZA	5	PA; LA; NDS
TECVAYLI	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; NDS
<i>temsirolimus</i>	5	B/D PA; NDS
TEPMETKO	5	PA; LA; QL (60/30); NDS
TEVIMBRA	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (28/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; NDS
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	4	PA; QL (1/168)
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
VECTIBIX	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VONJO	5	PA; QL (120/30); NDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60/30); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30/30); NDS
VYLOY	5	PA; NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	5	PA; QL (60/30); NDS
XALKORI ORAL PELLET 150 MG	5	PA; QL (180/30); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; QL (120/30); NDS
XATMEP	4	PA

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Drug Name	Drug Tier	Requirements /Limits
XERMELO	5	PA; LA; QL (84/28); NDS
XOSPATA	5	PA; LA; NDS
XPOVIO	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YEROVY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA ORAL TABLET 100 MG	5	PA; LA; QL (90/30); NDS
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; LA; QL (30/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	5	PA; NDS
ZIIHERA	5	PA; NDS
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; NDS
ZYNYZ	5	PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	5	QL (180/30); NDS
APTIOM ORAL TABLET 400 MG	5	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60/30); NDS
BRIVIACT INTRAVENOUS	5	NDS
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml)</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	2	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet,disintegrating 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	
DILANTIN	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	3	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	2	
EPRONTIA	4	PA
<i>eslicarbazepine oral tablet 200 mg</i>	5	QL (180/30); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	5	QL (90/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60/30); NDS	<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>ethosuximide</i>	3		<i>lamotrigine oral tablet</i>	2	
<i>felbamate</i>	4		<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>FINTEPLA</i>	5	PA; LA; QL (360/30); NDS	<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>fosphenytoin</i>	3		<i>lamotrigine oral tablet,disintegrating</i>	2	
<i>FYCOMPA ORAL SUSPENSION</i>	5	QL (720/30); NDS	<i>lamotrigine oral tablets,dose pack</i>	2	
<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG</i>	5	QL (30/30); NDS	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	4	
<i>FYCOMPA ORAL TABLET 2 MG</i>	4	QL (60/30)	<i>levetiracetam intravenous</i>	3	
<i>FYCOMPA ORAL TABLET 4 MG, 6 MG</i>	5	QL (60/30); NDS	<i>levetiracetam oral solution</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)	<i>levetiracetam oral tablet</i>	2	
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)	<i>levetiracetam oral tablet extended release 24 hr</i>	2	
<i>gabapentin oral solution</i>	4	QL (2160/30)	<i>methsuximide</i>	3	
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)	<i>MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG</i>	4	ST; QL (120/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)			
<i>lacosamide intravenous</i>	5	QL (1200/30); NDS			
<i>lacosamide oral solution</i>	3	QL (1200/30)			
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MOTPOLY XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 150 MG, 200 MG	5	ST; QL (60/30); NDS	<i>pregabalin oral solution</i>	3	QL (900/30)
NAYZILAM	3	PA; QL (10/30)	PRIMIDONE ORAL TABLET 125 MG	4	
<i>oxcarbazepine oral suspension</i>	2		<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>oxcarbazepine oral tablet</i>	2		<i>roweepra oral tablet 500 mg</i>	2	
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)	<i>rufinamide oral suspension</i>	5	PA; NDS
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)	<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>phenobarbital sodium injection solution</i>	3		<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
<i>phenytoin oral suspension 125 mg/5 ml</i>	2		SPRITAM	4	
<i>phenytoin oral tablet, chewable</i>	2		<i>subvenite</i>	2	
<i>phenytoin sodium extended</i>	2		<i>subvenite starter (blue) kit</i>	2	
<i>phenytoin sodium intravenous solution</i>	3		<i>subvenite starter (green) kit</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120/30)	<i>subvenite starter (orange) kit</i>	2	
<i>pregabalin oral capsule 200 mg</i>	2	QL (90/30)	SYMPAZAN	5	PA; QL (60/30); NDS
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)	<i>tiagabine</i>	4	
			<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
			TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	2	PA
			<i>topiramate oral capsule, extended release 24hr</i>	4	PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadron</i>	5	PA; LA; QL (180/30); NDS
VIGAFYDE	5	PA; QL (900/30); NDS
<i>vigpoder</i>	5	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 25 MG	5	PA; QL (480/30); NDS
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA; QL (56/365)

Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; LA; QL (1080/30); NDS
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>tolcapone</i>	5	NDS
<i>thihexyphenidyl</i>	2	PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
AJOVY AUTOINJECTOR	3	PA; QL (1.5/30)
AJOVY SYRINGE	3	PA; QL (1.5/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	
<i>migergot</i>	5	NDS
<i>naratriptan</i>	2	QL (18/28)
NURTEC ODT	5	PA; QL (16/30); NDS
<i>rizatriptan oral tablet</i>	2	QL (36/28)
<i>rizatriptan oral tablet,disintegrating</i>	3	QL (36/28)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	QL (36/28)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (56/365); NDS
BRIUMVI	5	PA; QL (24/168); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate</i> <i>oral capsule, delayed</i> <i>release(dr/ec) 120</i> <i>mg</i>	5	PA; QL (14/30); NDS
<i>dimethyl fumarate</i> <i>oral capsule, delayed</i> <i>release(dr/ec) 120</i> <i>mg (14)- 240 mg</i> <i>(46)</i>	5	PA; QL (120/365); NDS
<i>dimethyl fumarate</i> <i>oral capsule, delayed</i> <i>release(dr/ec) 240</i> <i>mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet</i> <i>10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet</i> <i>5 mg</i>	1	QL (30/30)
<i>donepezil oral</i> <i>tablet,disintegrating</i> <i>10 mg</i>	2	QL (60/30)
<i>donepezil oral</i> <i>tablet,disintegrating</i> <i>5 mg</i>	2	QL (30/30)
EDARAVONE	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>fingolimod</i>	5	PA; QL (30/30); NDS
<i>galantamine oral</i> <i>capsule,ext rel.</i> <i>pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral</i> <i>solution</i>	4	QL (200/30)
<i>galantamine oral</i> <i>tablet</i>	4	QL (60/30)
<i>glatiramer</i> <i>subcutaneous</i> <i>syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatiramer</i> <i>subcutaneous</i> <i>syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
<i>glatopa</i> <i>subcutaneous</i> <i>syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatopa</i> <i>subcutaneous</i> <i>syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
INGREZZA	5	PA; QL (30/30); NDS
INGREZZA INITIATION PK(TARDIV)	5	PA; QL (56/365); NDS
INGREZZA SPRINKLE	5	PA; LA; QL (30/30); NDS
KESIMPTA PEN	5	PA; QL (1.6/28); NDS
<i>memantine oral</i> <i>capsule,sprinkle,er</i> <i>24hr</i>	4	PA
<i>memantine oral</i> <i>solution</i>	3	PA; QL (300/30)
<i>memantine oral</i> <i>tablet 10 mg</i>	2	PA; QL (60/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral tablet 5 mg</i>	2	PA; QL (90/30)
MEMANTINE ORAL TABLETS,DOSE PACK	2	PA; QL (98/365)
<i>memantine-donepezil</i>	3	PA
NAMZARIC ORAL CAPSULE,SPRINK LE,ER 24HR	3	PA
NUEDEXTA	5	PA; NDS
RADICAVA	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSBRI	5	PA; NDS
VUMERTY	5	PA; QL (120/30); NDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>pyridostigmine bromide oral syrup</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
<i>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA; NDS
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; LA; NDS
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine</i>	4	QL (4/28); NDS
<i>buprenorphine hcl injection</i>	5	NDS
<i>buprenorphine hcl sublingual</i>	3	
<i>endocet</i>	3	QL (360/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
fentanyl	4	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	4	NDS
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	4	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120/30); NDS
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml</i>	4	QL (5550/30); NDS
<b>HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML</b>	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	3	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen</i>	3	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	3	QL (180/30); NDS
<b>INFUMORPH P/F</b>	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>methadone injection solution</i>	4	NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	3	QL (900/30); NDS
<b>MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML</b>	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
<b>MORPHINE INJECTION SYRINGE 2 MG/ML</b>	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
<b>MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML</b>	4	NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral solution</i>	3	QL (900/30); NDS
<i>morphine oral tablet</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	QL (180/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	4	QL (90/30); NDS
SUBLOCADE	5	NDS
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)

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Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	2	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	PA; QL (300/28)
<i>diclofenac sodium topical gel 1 %</i>	3	QL (1000/28)
<i>diclofenac sodium topical solution in metered-dose pump</i>	5	PA; QL (224/28); NDS
<i>disflunisal</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)
<i>nabumetone</i>	2				
<i>naloxone injection solution</i>	2				
<i>naloxone injection syringe</i>	2				
<i>naloxone nasal</i>	3				
<i>naltrexone</i>	2				
<i>naproxen oral suspension</i>	3				
<i>naproxen oral tablet</i>	1				
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2				
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4				
<i>oxaprozin oral tablet</i>	4				
<i>salsalate</i>	2				
<i>sulindac</i>	2				
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS			
<i>tramadol-acetaminophen</i>	2	QL (240/30); NDS			
<i>VIVITROL</i>	5	NDS			
<i>ZIMHI</i>	4				
<i>ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</i>	3	QL (30/30)			
<b>PSYCHOTHERAPEUTIC DRUGS</b>					
			ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4/56); NDS
			ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2/56); NDS
			ABILIFY MAINTENA	5	QL (1/28); NDS
			alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120/30)
			alprazolam oral tablet 2 mg	2	QL (150/30)
			alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	3	QL (90/30)
			alprazolam oral tablet,disintegrating 2 mg	3	QL (150/30)
			amitriptyline	3	
			amoxapine	3	
			ariPIPRAZOLE oral solution	4	

CAPITALIZED = BRAND NAME DRUG

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*Lowercase italic* = Generic drug

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	QL (60/30)	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30/30)	<i>armodafinil</i>	3	PA; QL (30/30)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	QL (60/30); NDS	<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	QL (60/30)	<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
ARISTADA INITIO	5	QL (4.8/365); NDS	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS	AUVELITY	5	ST; QL (60/30); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS	BELSOMRA	4	QL (30/30)
			<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120/30)
			<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180/30)
			<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90/30)
			<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30/30)
			<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	QL (60/30)	COBENFY STARTER PACK	5	ST; QL (56/180); NDS
<i>buspirone</i>	2		<i>desipramine</i>	3	
CAPLYTA	5	QL (30/30); NDS	<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>chlorpromazine injection</i>	4		<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>chlorpromazine oral</i>	2		<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>citalopram oral solution</i>	3		<i>dexamphetamine sulfate oral tablet</i>	3	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)	<i>dextroamphetamine sulfate oral capsule, extended release</i>	4	
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)	<i>dextroamphetamine sulfate oral solution</i>	5	QL (1800/30); NDS
<i>clomipramine</i>	4		<i>dextroamphetamine sulfate oral tablet</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180/30)	<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	QL (60/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)	<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)	<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>clozapine oral tablet</i>	3		<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 200 mg, 25 mg</i>	4				
CLOZAPINE ORAL TABLET,DISINTE GRATING 150 MG	4				
COBENFY	5	ST; QL (60/30); NDS			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)	<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)	EMSAM	5	QL (30/30); NDS
<i>diazepam injection</i>	2		<i>escitalopram oxalate oral solution</i>	3	QL (600/30)
<i>diazepam intensol</i>	2	QL (360/30)	<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (60/30)
<i>diazepam oral concentrate</i>	2	QL (360/30)	<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30/30)
<i>diazepam oral solution</i>	2	QL (1800/30)	FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
<i>diazepam oral tablet</i>	2	QL (180/30)	FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
<i>doxepin oral capsule</i>	3		FANAPT TITRATION PACK A	4	PA; QL (16/365)
<i>doxepin oral concentrate</i>	3		FANAPT TITRATION PACK B	4	PA; QL (24/365)
<i>doxepin oral tablet</i>	3	QL (30/30)	FANAPT TITRATION PACK C	4	PA; QL (16/365)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)	FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST; QL (56/365)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)	FETZIMA ORAL CAPSULE, EXTEN DED RELEASE 24 HR	4	ST; QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)	fluoxetine (pmdd)	3	QL (120/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60/30)			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90/30)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	QL (120/30)
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<i>imipramine hcl</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5/180)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5/180)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS
<i>lisdexamfetamine oral tablet, chewable</i>	4	QL (30/30)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam injection</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>lurasidone oral tablet 80 mg</i>	4	QL (60/30)
<i>MARPLAN</i>	4	QL (180/30)
<i>metadate er</i>	3	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	
<i>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)</i>	3	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60/30)
<i>molindone oral tablet 10 mg</i>	2	
<i>molindone oral tablet 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	5	NDS
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
NUPLAZID	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	QL (30/30)
<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
OPIPZA ORAL FILM 10 MG	5	ST; QL (90/30); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (60/30); NDS
<i>oxazepam</i>	2	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	5	QL (1/28); NDS
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	2	QL (90/30)
<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)
RALDESY	5	NDS
<i>ramelteon</i>	3	QL (30/30)
REXULTI ORAL TABLET	5	QL (30/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2/28)	<i>risperidone oral tablet,disintegrating 3 mg</i>	4	QL (60/30)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2/28); NDS	SECUADO	5	QL (30/30); NDS
<i>risperidone oral solution</i>	2		<i>sertraline oral concentrate</i>	4	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)	<i>sertraline oral tablet</i>	1	QL (60/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)	SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)	SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (16/28); NDS
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)	SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (18/28); NDS
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)	<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>risperidone oral tablet,disintegrating 1 mg</i>	4	QL (180/30)	<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (60/365)
<i>risperidone oral tablet,disintegrating 2 mg</i>	4	QL (90/30)	<i>thioridazine</i>	3	
			<i>thiothixene</i>	4	
			<i>tranylcypromine</i>	4	
			<i>trazodone</i>	1	
			<i>trifluoperazine</i>	3	
			<i>trimipramine</i>	4	
			TRINTELLIX	4	ST; QL (30/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	5	QL (0.28/28); NDS	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	QL (0.21/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	QL (0.35/28); NDS	<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60/30)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	QL (0.42/56); NDS	<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90/30)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	QL (0.56/56); NDS	<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	QL (0.7/56); NDS	<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	QL (0.14/28); NDS	VERSACLOZ	5	NDS
			<i>vilazodone</i>	4	QL (30/30)
			VRAYLAR ORAL CAPSULE	5	QL (30/30); NDS
			<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
			<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
			<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (180/30)
			<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120/30)
			<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60/30)
			<i>ziprasidone mesylate</i>	4	QL (6/30)
			<i>zolpidem oral tablet</i>	2	QL (30/30)
			ZURZUVAE	5	PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; QL (1/28); NDS
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
amiodarone <i>intravenous solution</i>	4	B/D PA
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	1	
dofetilide	3	
flecainide	3	
lidocaine (pf) <i>intravenous</i>	4	
mexiletine	2	
MULTAQ	3	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>pacerone oral tablet</i> 100 mg, 400 mg	2	
<i>pacerone oral tablet</i> 200 mg	1	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>betaxolol oral</i>	2		<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2		<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	
<b>BISOPROLOL FUMARATE ORAL TABLET 2.5 MG</b>	2		<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1		<i>diltiazem hcl oral tablet</i>	2	
<i>bumetanide injection</i>	4		<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>bumetanide oral</i>	3		<i>dilt-xr</i>	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)	<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)	<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
<i>candesartan-hydrochlorothiazid</i>	1		<b>EDARBI</b>	3	
<i>captopril</i>	1		<b>EDARBYCLOR</b>	3	
<i>cartia xt</i>	2		<i>enalapril maleate oral tablet</i>	1	
<i>carvedilol</i>	1		<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>carvedilol phosphate</i>	3		<i>eplerenone</i>	2	
<i>chlorothiazide sodium</i>	4		<i>ethacrynone sodium</i>	5	NDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2		<i>felodipine</i>	2	
<i>clonidine</i>	4	QL (4/28)	<i>fosinopril</i>	1	
<i>clonidine hcl oral tablet</i>	1		<i>fosinopril-hydrochlorothiazide</i>	1	
<i>diltiazem hcl intravenous</i>	4		<i>furosemide injection solution</i>	4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral solution</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<i>isradipine</i>	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30/30)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tar-hydrochlorothiazide</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine oral capsule</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	3	
<i>propranolol oral capsule,extended release 24 hr</i>	2	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	1	
<i>quinapril</i>	1	
<i>quinapril- hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton- hydrochlorothiaz</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan- amlodipine</i>	1	
<i>telmisartan- hydrochlorothiazid</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torsemide oral</i>	2	
<i>trandolapril</i>	1	
<i>triamterene- hydrochlorothiazid</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan- hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral solution</i>	5	NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid oral tablet 1,000 mg</i>	4	NDS	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	4	
<i>aminocaproic acid oral tablet 500 mg</i>	4				
<i>aspirin-dipyridamole</i>	4		<b>HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML</b>	4	
<b>BRILINTA</b>	3	QL (60/30)			
<i>cilostazol</i>	2				
<i>clopidogrel oral tablet 300 mg</i>	4				
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)	<i>heparin (porcine) injection solution</i>	3	
<i>dabigatran etexilate</i>	4		<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	
<i>dipyridamole oral</i>	3				
<b>DOPTELET (10 TAB PACK)</b>	5	PA; LA; NDS	<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<b>DOPTELET (15 TAB PACK)</b>	5	PA; LA; NDS			
<b>DOPTELET (30 TAB PACK)</b>	5	PA; LA; NDS			
<b>ELIQUIS</b>	3		<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
<b>ELIQUIS DVT-PE TREAT 30D START</b>	3				
<i>enoxaparin</i>	3		<b>HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML</b>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS			
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4				
<i>heparin (porcine) in 5 % dex</i>	4		<i>jantoven</i>	1	
			<i>pentoxifylline</i>	2	
			<i>prasugrel hcl</i>	3	
			<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	5	PA; LA; QL (360/30); NDS
			<b>PROMACTA ORAL POWDER IN PACKET 25 MG</b>	5	PA; LA; QL (180/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS	<i>fenofibrate nanocrystallized</i>	3	
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>rivaroxaban oral tablet</i>	3		<i>fenofibric acid (choline)</i>	4	
<i>warfarin</i>	1		<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
XARELTO	3		<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
XARELTO DVT-PE TREAT 30D START	3		<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>					
<i>amlodipine- atorvastatin</i>	1		<i>gemfibrozil</i>	1	
<i>atorvastatin</i>	1	QL (30/30)	<i>icosapent ethyl</i>	3	
<i>cholestyramine (with sugar)</i>	3		<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>cholestyramine light</i>	3		<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
<i>colesevelam</i>	3		<i>NEXLETOL</i>	3	PA; QL (30/30)
<i>colestipol oral granules</i>	4		<i>NEXLIZET</i>	3	PA; QL (30/30)
<i>colestipol oral packet</i>	4		<i>niacin oral tablet 500 mg</i>	2	
<i>colestipol oral tablet</i>	3		<i>niacin oral tablet extended release 24 hr</i>	2	
<i>ezetimibe</i>	1	QL (30/30)	<i>NIACOR</i>	2	
<i>ezetimibe-simvastatin</i>	1	QL (30/30)	<i>omega-3 acid ethyl esters</i>	3	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3		<i>pitavastatin calcium</i>	1	QL (30/30)
			<i>pravastatin</i>	1	QL (30/30)
			<i>prevalite</i>	3	
			<i>REPATHA PUSHTRONEX</i>	3	PA; QL (7/28)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CAMZYOS	5	PA; QL (30/30); NDS
CORLANOR ORAL TABLET	4	PA; QL (60/30)
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO	3	QL (60/30)
<i>ivabradine</i>	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	5	PA; NDS
VYNDAQEL	5	PA; NDS
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
<b>DERMATOLOGICALS/ TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>calcitriol topical</i>	4	
COSENTYX (2 SYRINGES)	5	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	5	PA; NDS
COSENTYX PEN	5	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	5	PA; QL (10/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	5	PA; QL (10/28); NDS
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TREMFYA INTRAVENOUS	5	PA; QL (20/28); NDS
TREMFYA PEN	5	PA; QL (2/28); NDS
TREMFYA PEN INDUCTION PK- CROHN	5	PA; QL (12/365); NDS
TREMFYA SUBCUTANEOUS	5	PA; QL (2/28); NDS

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
FLUOROURACIL TOPICAL CREAM 0.5 %	5	NDS
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	2	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in metered- dose pump</i>	4	
<i>imiquimod topical cream in packet 3.75 %</i>	4	
<i>imiquimod topical cream in packet 5 %</i>	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	5	NDS
<i>PANRETIN</i>	5	NDS
<i>pimecrolimus</i>	4	PA; QL (100/30)
<i>podofilox topical solution</i>	2	
<i>REGRANEX</i>	5	PA; NDS
<i>SANTYL</i>	4	QL (180/30)
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>tacrolimus topical</i>	4	PA; QL (100/30)
<i>VALCHLOR</i>	5	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ZTLIDO	4	PA; QL (90/30)
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical gel 0.3 %</i>	4	QL (45/30)
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	2	QL (69/30)
<i>clindacin p</i>	2	QL (69/30)
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	4	

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream</i>	3	PA
<i>tazarotene topical gel</i>	4	PA
<i>tretinoin microspheres</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %</i>	3	PA
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	4	PA
<i>zenatane</i>	4	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	3	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
<b>TOPICAL ANTIFUNGALS</b>		
<i>cyclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	3	QL (90/28)
<i>ciclopirox topical shampoo</i>	3	QL (120/28)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical solution</i>	3	QL (6.6/28)
<i>ciclopirox topical suspension</i>	3	QL (60/28)
<i>clotrimazole topical cream</i>	3	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole- betamethasone topical cream</i>	2	QL (45/28)
<i>clotrimazole- betamethasone topical lotion</i>	2	QL (60/28)
<i>econazole nitrate</i>	3	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>klayesta</i>	3	QL (180/30)
<i>naftifine topical cream</i>	3	QL (60/28)
<i>naftifine topical gel</i>	3	QL (60/30)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	4	QL (30/30)
<i>penciclovir</i>	4	QL (5/30)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	3	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	3	
<i>clobetasol scalp</i>	2	QL (100/28)
<i>clobetasol topical cream 0.05 %</i>	2	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	2	QL (120/28)
<i>clobetasol topical ointment</i>	2	QL (120/28)
<i>clobetasol topical shampoo</i>	4	QL (236/28)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol-emollient topical cream</i>	2	QL (120/28)
<i>clobetasol-emollient topical foam</i>	4	QL (100/28)
<b>CLOCORTOLONE PIVALATE</b>	4	
<i>clodan</i>	4	QL (236/28)
<i>desonide topical cream</i>	3	
<i>desonide topical lotion</i>	3	
<i>desonide topical ointment</i>	3	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120/30)
<i>fluocinonide topical cream 0.1 %</i>	4	QL (120/30)
<i>fluocinonide topical gel</i>	2	QL (120/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical ointment</i>	3	QL (120/30)
<i>fluocinonide topical solution</i>	3	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	3	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)
<i>hydrocortisone butyrate topical solution</i>	3	QL (120/30)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate</i>	3	
<i>mometasone topical</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment</i>	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	2	
<i>anagrelide</i>	2	
<i>carglumic acid</i>	5	PA; NDS
<i>cevimeline</i>	4	
<i>CHEMET</i>	5	PA; NDS
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	4	B/D PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
CUVRIOR	5	PA; LA; QL (300/30); NDS
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
D5 % (D-GLUCOSE)-0.9 % SODCHLR	4	
D5 % AND 0.9 % SODIUM CHLORIDE	4	
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>deferasirox oral granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferiprone</i>	5	PA; NDS
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	
<i>dextrose 5 %-lactated ringers</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	

Drug Name	Drug Tier	Requirements /Limits
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram</i>	2	
<i>droxidopa oral capsule 100 mg</i>	5	PA; QL (90/30); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS
FERRIPROX ORAL SOLUTION	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NDS
<i>glutamine (sickle cell)</i>	5	PA; QL (180/30); NDS
INCRELEX	4	PA; LA
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	3	
<i>midodrine</i>	3	
<i>nitisinone</i>	5	NDS
<i>pilocarpine hcl oral</i>	4	

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*Lowercase italic* = Generic drug

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NDS
REZDIFFRA	5	PA; QL (30/30); NDS
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	2	QL (30/30)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	PA; QL (510/30)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	PA; QL (150/30)
<i>sevelamer carbonate oral tablet</i>	4	PA; QL (510/30)
<i>sodium chloride 0.9 % intravenous</i>	4	
SODIUM CHLORIDE IRRIGATION	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol) oral</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	5	PA; LA; QL (14/999); NDS
VELTASSA	3	
<i>water for irrigation, sterile</i>	4	
XIAFLEX	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	QL (60/30)
NICOTROL NS	4	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	4	
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets, dose pack</i>	4	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>fluoride (sodium) dental</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>kourzeq</i>	3	
<i>oralone</i>	3	
<i>periogard</i>	1	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride</i>	2		<i>dexamethasone oral tablet</i>	2	
<i>5000 dry mouth</i>			<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>sodium fluoride</i>	2		<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>5000 plus</i>			<i>fludrocortisone</i>	2	
<i>sodium fluoride-pot nitrate</i>	2		<i>hydrocortisone oral</i>	2	
<i>triamcinolone acetonide dental</i>	3		<i>hydrocortisone sod succinate</i>	4	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>			<i>MEDROL ORAL TABLET 2 MG</i>	3	B/D PA
<i>acetic acid otic (ear)</i>	2		<i>methylprednisolone acetate</i>	4	
<i>flac otic oil</i>	4		<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>fluocinolone acetonide oil</i>	4		<i>methylprednisolone oral tablets, dose pack</i>	2	
<i>hydrocortisone-acetic acid</i>	2		<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>ofloxacin otic (ear)</i>	2		<i>methylprednisolone sodium succ intravenous</i>	4	
<b>OTIC STEROID / ANTIBIOTIC</b>			<i>prednisolone oral solution</i>	3	
<i>ciprofloxacin-dexamethasone</i>	3				
<i>CORTISPORIN-TC</i>	4				
<i>neomycin-polymyxin-hc otic (ear)</i>	3				
<b>ENDOCRINE/DIABETES</b>					
<b>ADRENAL HORMONES</b>					
<i>cortisone</i>	4				
<i>DEPO-MEDROL</i>	4				
<i>dexamethasone intensol</i>	4				
<i>dexamethasone oral elixir</i>	2				
<i>dexamethasone oral solution</i>	2				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3		ALCOHOL SWABS	2	PA
<i>prednisone intensol</i>	4		ALCOHOL WIPES	2	PA
<i>prednisone oral solution</i>	2		BAQSIMI	3	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1		BYDUREON BCISE	3	PA; QL (4/28)
<i>prednisone oral tablet 50 mg</i>	2		CARETOUCH ALCOHOL PREP PAD	2	PA
<i>prednisone oral tablets, dose pack</i>	1		CURITY ALCOHOL SWABS	2	PA
SOLU-CORTEF ACT-O-VIAL (PF)	4		CYCLOSET	4	QL (180/30)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2		<i>diazoxide</i>	5	NDS
<b>ANTITHYROID AGENTS</b>					
<i>methimazole oral tablet 10 mg, 5 mg</i>	2		DROPSAFE ALCOHOL PREP PADS	2	PA
<i>propylthiouracil</i>	3		EASY COMFORT ALCOHOL PAD	2	PA
<b>DIABETES THERAPY</b>					
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)	EASY TOUCH ALCOHOL PREP PADS	2	PA
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)	FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)	FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
<i>alcohol pads</i>	2	PA	<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
ALCOHOL PREP PADS	2	PA	<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
			<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
			<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
			GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)
			<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GLYXAMBI	3	QL (30/30)
GVOKE	3	QL (0.8/30)
GVOKE HYPOPEN 1-PACK	3	QL (0.8/30)
GVOKE HYPOPEN 2-PACK	3	QL (0.8/30)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)

Drug Name	Drug Tier	Requirements /Limits
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100)INSULIN	3	
HUMALOG TEMPO PEN(U-100)INSULN	3	
HUMALOG U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULIN	3	
HUMULIN R U-500 (CONC) INSULIN	5	NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN LISPRO	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
INSULIN LISPRO PROTAMIN-LISPRO	3	
IV PREP WIPES	2	PA
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	

Drug Name	Drug Tier	Requirements /Limits
LYUMJEV TEMPO PEN(U-100)INSULN	3	
LYUMJEV U-100 INSULIN	3	
<i>metformin oral solution</i>	3	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>miglitol oral tablet 100 mg</i>	4	QL (90/30)
<i>miglitol oral tablet 25 mg</i>	4	QL (360/30)
<i>miglitol oral tablet 50 mg</i>	4	QL (180/30)
MOUNJARO	3	PA; QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
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 (3/28)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
<i>pioglitazone</i>	1	QL (30/30)	TOUJEO MAX U-300 SOLOSTAR	3	
<i>pioglitazone-metformin</i>	1	QL (90/30)	TOUJEO SOLOSTAR U-300 INSULIN	3	
PRO COMFORT ALCOHOL PADS	2	PA	TRADJENTA	3	QL (30/30)
PURE COMFORT ALCOHOL PADS	2	PA	TRESIBA FLEXTOUCH U-100	3	
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)	TRESIBA FLEXTOUCH U-200	3	
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)	TRESIBA U-100 INSULIN	3	
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
RYBELSUS	3	PA; QL (30/30)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
SOLIQUA 100/33	3	QL (15/24)	TRUE COMFORT ALCOHOL PADS	2	PA
SYMLINPEN 120	5	PA; QL (10.8/30); NDS	TRUE COMFORT PRO ALCOHOL PADS	2	PA
SYMLINPEN 60	5	PA; QL (6/30); NDS	TRULICITY	3	PA; QL (2/28)
SYNJARDY	3	QL (60/30)			
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30/30)	<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60/30)	<i>danazol</i>	4	
XULTOPHY 100/3.6	3	QL (15/30)	<i>desmopressin injection</i>	4	
<b>MISCELLANEOUS HORMONES</b>					
ALDURAZYME	5	PA; NDS	<i>desmopressin nasal spray with pump</i>	4	
<i>cabergoline</i>	3		<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>calcitonin (salmon) injection</i>	5	NDS	<i>desmopressin oral</i>	3	
<i>calcitonin (salmon) nasal</i>	3		<i>doxercalciferol</i>	4	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4		<i>ELAPRASE</i>	5	PA; NDS
<i>calcitriol oral capsule</i>	3		<i>FABRAZYME</i>	5	NDS
<i>calcitriol oral solution</i>	4		<i>LUMIZYME</i>	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS	<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA	<i>NAGLAZYME</i>	5	PA; NDS
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)	<i>pamidronate</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	QL (150/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	5	PA; QL (240/30); NDS
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	
<i>levo-t</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	3	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
<i>unithroid</i>	3	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection solution 0.4 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	4	
ATROPINE INTRAVENOUS SOLUTION 0.4 MG/ML	4	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	4	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine</i>	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
GLYCOPYRROLA TE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
GLYCOPYRROLA TE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	4	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate injection</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	4	PA
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; NDS
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	B/D PA
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide oral tablet, delayed and ext. release</i>	5	NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
<i>compro</i>	2	
<i>constulose</i>	2	
CORTIFOAM	5	NDS
CREON	3	
<i>cromolyn oral</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (60/30)
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>generlac</i>	2	
<i>gransetron hcl oral</i>	3	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
INFLECTRA	5	PA; QL (20/30); NDS
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>lubiprostone</i>	3	QL (60/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule, extended release</i>	4		<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	3		<i>prochlorperazine maleate</i>	2	
<i>mesalamine rectal enema</i>	4		<i>procto-med hc</i>	1	
<i>mesalamine with cleansing wipe</i>	4		<i>proctosol hc topical</i>	1	
<i>metoclopramide hcl oral solution</i>	2		<i>proctozone-hc</i>	1	
<i>metoclopramide hcl oral tablet</i>	2		<i>RECTIV</i>	4	
<b>MOVANTIK</b>	4	QL (30/30)	<b>RELISTOR SUBCUTANEOUS SOLUTION</b>	5	PA; QL (18/30); NDS
<i>nitroglycerin rectal</i>	4		<b>RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML</b>	5	PA; QL (18/30); NDS
<b>OCALIVA</b>	5	PA; LA; QL (30/30); NDS	<b>RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML</b>	5	PA; QL (12/30); NDS
<i>ondansetron hcl (pf)</i>	4		<b>REMICADE</b>	5	PA; QL (20/30); NDS
<i>ondansetron hcl intravenous</i>	4		<b>SANCUSO</b>	5	NDS
<i>ondansetron hcl oral solution</i>	4	B/D PA	<i>scopolamine base</i>	4	QL (10/30)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA	<b>SKYRIZI INTRAVENOUS</b>	5	PA; QL (30/180); NDS
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA	<b>SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)</b>	5	PA; QL (1.2/56); NDS
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4				
<i>peg 3350-electrolytes</i>	2				
<i>peg-electrolyte soln</i>	2				
<i>prochlorperazine</i>	2				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
<i>sodium,potassium,mag sulfates</i>	2	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine</i>	2	
SUTAB	4	
TRULANCE	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VOWST	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAY ED 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	4	

Drug Name	Drug Tier	Requirements /Limits
<b>ULCER THERAPY</b>		
<i>esomeprazole</i>	3	QL (60/30)
<i>magnesium oral capsule,delayed release(dr/ec)</i>		
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (60/30)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/180)
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
AVONEX	5	PA; QL (1/28); NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
<i>plerixafor</i>	5	B/D PA; NDS
PROCRIT	4	PA
RETACRIT	4	PA
ZARXIO	5	PA; NDS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF)	3	PA; V; QL (1/365)
ACTHIB (PF)	3	

Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT )(PF)	3	V
AREXVY (PF)	3	PA; V; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	V
BEXSERO	3	V
BOOSTRIX TDAP	3	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; V
<i>fomepizole</i>	5	NDS
GAMMAGARD LIQUID	5	B/D PA; NDS
GAMMAKED	5	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	5	B/D PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	B/D PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	4	B/D PA	PENBRAYA (PF)	3	V
GARDASIL 9 (PF)	3	V	PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V	PRIORIX (PF)	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3		PROQUAD (PF)	3	
HEPLISAV-B (PF)	3	B/D PA; V	QUADRACEL (PF)	3	
HIBERIX (PF)	3		RABAVERT (PF)	3	V
IMOVAX RABIES VACCINE (PF)	3	V	RECOMBIVAX HB (PF)	3	B/D PA; V
INFANRIX (DTAP) (PF)	3		ROTARIX ORAL SUSPENSION	3	
IPOL	3	V	ROTATEQ VACCINE	3	
IXCHIQ (PF)	3	V	SHINGRIX (PF)	3	V; QL (2/999)
IXIARO (PF)	3	V	STAMARIL (PF)	3	V
JYNNEOS (PF)	3	V	TENIVAC (PF)	3	V
KINRIX (PF)	3		TICE BCG	4	B/D PA
MENQUADFI (PF)	3	V	TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	V	TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
M-M-R II (PF)	3	V	TRUMENBA	3	V
MRESVIA (PF)	3	PA; V; QL (1/365)	TWINRIX (PF)	3	V
OCTAGAM	5	B/D PA; NDS	TYPHIM VI	3	V
PEDIARIX (PF)	3		VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
PEDVAX HIB (PF)	3				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF)	3	V
VAXCHORA VACCINE	3	V
VIMKUNYA	3	V
VIVOTIF	3	V; QL (4/720)
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V

## MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES		
ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	PA; QL (200/30)
CEQUR SIMPLICITY	3	QL (10/30)

Drug Name	Drug Tier	Requirements /Limits
CEQUR SIMPLICITY INSERTER	3	QL (1/365)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	2	PA
DROPLET MICRON PEN NEEDLE	2	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	2	PA; QL (200/30)
NANO PEN NEEDLE	2	PA; QL (200/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NOVOFINE 32	2	PA; QL (200/30)	TECHLITE	2	PA; QL (200/30)
NOVOFINE PLUS	2	PA; QL (200/30)	INSULIN		
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL (20/30)	SYR(HALF UNIT)		
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1/365)	SYRINGE 0.3 ML		
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (20/30)	31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"		
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	3	QL (1/365)	TECHLITE PEN NEEDLE NEEDLE	2	PA; QL (200/30)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)	29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"		
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)	TRUEPLUS INSULIN	2	PA; QL (200/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; QL (200/30)	TRUEPLUS PEN NEEDLE	2	PA; QL (200/30)
PENTIPS PEN NEEDLE	2	PA; QL (200/30)	ULTRA-FINE INSULIN SYRINGE	2	PA; QL (200/30)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)	SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16		
			ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	PA; QL (200/30)
			UNIFINE PENTIPS MAXFLOW	2	PA; QL (200/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
UNIFINE PENTIPS NEEDLE 29	2	PA; QL (200/30)
GAUGE X 1/2", 31		
GAUGE X 1/4", 31		
GAUGE X 3/16", 31		
GAUGE X 5/16", 32		
GAUGE X 1/4", 32		
GAUGE X 5/32", 33		
GAUGE X 5/32"		
UNIFINE PENTIPS PLUS	2	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	2	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	2	PA; QL (200/30)
V-GO 20	3	QL (30/30)
V-GO 30	3	QL (30/30)
V-GO 40	3	QL (30/30)
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	3	ST
MITIGARE	3	QL (120/30)
<i>probencid</i>	2	
<i>probencid-colchicine</i>	2	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
FORTEO	5	PA; QL (2.4/28); NDS
<i>ibandronate oral</i>	2	QL (1/28)
PROLIA	4	QL (1/180)
<i>raloxifene</i>	2	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	2	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	2	QL (30/30)
TYMLOS	5	PA; QL (1.56/30); NDS
<b>OTHER RHEUMATOLOGICALS</b>		
AURANOFIN	5	NDS
BENLYSTA	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS	<i>leflunomide</i>	2	QL (30/30)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS	ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (2/28); NDS	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (2/28); NDS	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
			OTEZLA	5	PA; QL (60/30); NDS
			OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS
			<i>penicillamine</i>	5	NDS
			RIDAURA	5	NDS
			RINVOQ LQ	5	PA; QL (360/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168/365); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	5	PA; QL (6/28); NDS
YUFLYMA(CF) AUTOINJECTOR	5	PA; QL (6/28); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2/28); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6/28); NDS

OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	3	
deblitane	3	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
dotti	2	QL (8/28)
DUAVEE	4	PA
emzahh	3	
errin	3	
estradiol oral	1	

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch semiweekly</i>	2	QL (8/28)
<i>estradiol transdermal patch weekly</i>	2	QL (4/28)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
ESTRING	4	
<i>fyavolv</i>	3	
<i>gallifrey</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	3	
<i>medroxyprogesterone oral</i>	2	
<i>meleya</i>	3	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
PREMARIN	3	
VAGINAL		
PREMPRO	3	
<i>progesterone micronized</i>	3	
<i>sharobel</i>	3	
<i>yuvafem</i>	4	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	
NEXPLANON	3	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	3	
<i>tranexamic acid oral</i>	3	
vandazole	3	
<i>zafemy</i>	3	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	
<i>alyacen 1/35 (28)</i>	2	
<i>alyacen 7/7/7 (28)</i>	2	
<i>amethia</i>	2	
<i>amethyst (28)</i>	2	
<i>apri</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>aranelle (28)</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30 (21)</i>	2	
<i>aurovela 1/20 (21)</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30 (28)</i>	2	
<i>aurovela fe 1-20 (28)</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	
<i>balziva (28)</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	2	
<i>blisovi fe 1/20 (28)</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq (28)</i>	2	
<i>cryselle (28)</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35 (28)</i>	2	
<i>dasetta 7/7/7 (28)</i>	2	
<i>daysee</i>	2	
<i>desog-e.estriadiol/e.estradio l</i>	2	
<i>dolishale</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-e.estriadiol-lm.fa</i>	2		<i>kalliga</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2		<i>kariva (28)</i>	2	
<i>elinest</i>	2		<i>kelnor 1/35 (28)</i>	2	
<i>enpresse</i>	2		<i>kelnor 1/50 (28)</i>	2	
<i>enskyce</i>	2		<i>kurvelo (28)</i>	2	
<i>estarrylla</i>	2		<i>l norgest/e.estriadiol-e.estriadiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2		<i>larin 1.5/30 (21)</i>	2	
<i>falmina (28)</i>	2		<i>larin 1/20 (21)</i>	2	
<i>feirza</i>	2		<i>larin 24 fe</i>	2	
<i>finzala</i>	2		<i>larin fe 1.5/30 (28)</i>	2	
<i>galbriela</i>	2		<i>larin fe 1/20 (28)</i>	2	
<i>gemmily</i>	2		<i>lessina</i>	2	
<i>hailey</i>	2		<i>levonest (28)</i>	2	
<i>hailey 24 fe</i>	2		<i>levonorgest-eth.estriadiol-iron</i>	2	
<i>hailey fe 1.5/30 (28)</i>	2		<i>levonorgestrel-ethinyl estrad</i>	2	
<i>hailey fe 1/20 (28)</i>	2		<i>levonorg-eth estrad triphasic</i>	2	
<i>iclevia</i>	2		<i>levora-28</i>	2	
<i>isibloom</i>	2		<i>lojaimiess</i>	2	
<i>jaimiess</i>	2		<i>loryna (28)</i>	2	
<i>jasmiel (28)</i>	2		<i>low-ogestrel (28)</i>	2	
<i>jolessa</i>	2		<i>lo-zumandimine (28)</i>	2	
<i>joyeaux</i>	3		<i>lulera (28)</i>	2	
<i>juleber</i>	2		<i>marlissa (28)</i>	2	
<i>junel 1.5/30 (21)</i>	2		<i>merzee</i>	2	
<i>junel 1/20 (21)</i>	2				
<i>junel fe 1.5/30 (28)</i>	2				
<i>junel fe 1/20 (28)</i>	2				
<i>junel fe 24</i>	2				
<i>kaitlib fe</i>	2				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	2		<i>portia 28</i>	2	
<i>microgestin 1/20 (21)</i>	2		<i>reclipsen (28)</i>	2	
<i>microgestin fe 1.5/30 (28)</i>	2		<i>rivelsa</i>	2	
<i>microgestin fe 1/20 (28)</i>	2		<i>rosyrah</i>	2	
<i>mili</i>	2		<i>setlakin</i>	2	
<i>minzoya</i>	2		<i>simliya (28)</i>	2	
<i>mono-linyah</i>	2		<i>simpesse</i>	2	
<i>necon 0.5/35 (28)</i>	2		<i>sprintec (28)</i>	2	
<i>nikki (28)</i>	2		<i>sronyx</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2		<i>syeda</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2		<i>tarina 24 fe</i>	2	
<i>norethindrone-e.estradiol-iron</i>	2		<i>tarina fe 1-20 eq (28)</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2		<i>tilia fe</i>	2	
<i>nortrel 0.5/35 (28)</i>	2		<i>tri-estarylla</i>	2	
<i>nortrel 1/35 (21)</i>	2		<i>tri-legest fe</i>	2	
<i>nortrel 1/35 (28)</i>	2		<i>tri-linyah</i>	2	
<i>nortrel 7/7/7 (28)</i>	2		<i>tri-lo-estarylla</i>	2	
<i>nylia 1/35 (28)</i>	2		<i>tri-lo-marzia</i>	2	
<i>nylia 7/7/7 (28)</i>	2		<i>tri-lo-mili</i>	2	
<i>ocella</i>	2		<i>tri-lo-sprintec</i>	2	
<i>philith</i>	2		<i>tri-mili</i>	2	
<i>pimtrea (28)</i>	2		<i>tri-sprintec (28)</i>	2	
			<i>tri-vylibra</i>	2	
			<i>tri-vylibra lo</i>	2	
			<i>turqoz (28)</i>	2	
			<i>valtya</i>	2	
			<i>velivet triphasic regimen (28)</i>	2	
			<i>vestura (28)</i>	2	
			<i>vienva</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>viorele</i> (28)	2	
<i>volnea</i> (28)	2	
<i>vyfemla</i> (28)	2	
<i>vylibra</i>	2	
<i>wera</i> (28)	2	
<i>wymzyafe</i>	2	
<i>xarahfe</i>	2	
<i>xelriafe</i>	2	
<i>zovia 1-35</i> (28)	2	
<i>zumandimine</i> (28)	2	

## OPHTHALMOLOGY

### ANTIBIOTICS

AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	
ZIRGAN	4	
<b>BETA-BLOCKERS</b>		
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
<i>azelastine ophthalmic (eye)</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	
CYSTARAN	5	PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>epinastine</i>	3	
EYLEA	5	PA; QL (0.1/28); NDS
MIEBO (PF)	3	QL (3/30)
OXERVATE	5	PA; QL (112/56); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
XDEMVY	5	PA; QL (10/42); NDS
XIIDRA	3	QL (60/30)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	3	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	4	
<i>travoprost</i>	3	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	3	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	
<i>tobramycin-dexamethasone</i>	3	
ZYLET	3	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>difluprednate</i>	3	
EYSUVIS	3	QL (16.6/30)
<i>fluorometholone</i>	3	
INVELTYS	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	

## RESPIRATORY AND ALLERGY

ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<b>EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML</b>	2	QL (2/30)

Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml</i>	2	QL (2/30)
<i>epinephrine injection solution</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	2	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	3	B/D PA
<b>ADEMPAS</b>	5	PA; LA; QL (90/30); NDS
<b>ADVAIR HFA</b>	3	QL (12/30)
<b>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION</b>	2	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56/28); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84/28); NDS
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
<i>arformoterol</i>	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
<i>bosentan oral tablet</i>	5	PA; LA; NDS
BREO ELLIPTA	3	QL (60/30)
<i>breyna</i>	3	QL (10.3/30)
BROVANA	4	B/D PA
<i>budesonide inhalation</i>	3	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	3	QL (8/30)
<i>cromolyn inhalation</i>	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
FASENRA PEN	5	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1/28); NDS
<i>flunisolide</i>	3	QL (50/30)
FLUTICASONE PROPIONATE NASAL	2	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	QL (60/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
HAEGARDA	5	PA; LA; NDS
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
KALYDECO ORAL TABLET	5	PA; QL (56/28); NDS
<i>levalbuterol hcl</i>	3	B/D PA
LEVALBUTEROL TARTRATE	4	QL (30/30)
MOMETASONE NASAL	2	QL (34/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>montelukast oral granules in packet</i>	3	QL (30/30)	PULMICORT	4	B/D PA; QL (120/30)
<i>montelukast oral tablet</i>	1	QL (30/30)	PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>montelukast oral tablet, chewable</i>	1	QL (30/30)	<i>roflumilast</i>	4	PA; QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; QL (3/28); NDS	RYALTRIS	4	ST
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (3/28); NDS	<i>sajazir</i>	5	PA; QL (18/30); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4/28); NDS	SEREVENT DISKUS	3	QL (60/30)
OFEV	5	PA; QL (60/30); NDS	<i>sildenafil (pulm. hypertension) oral tablet</i>	3	PA; QL (90/30)
OHTUVAYRE	5	B/D PA; QL (150/30); NDS	SYMDEKO	5	PA; QL (56/28); NDS
OPSUMIT	5	PA; LA; NDS	<i>tadalafil (pulm. hypertension)</i>	5	PA; QL (60/30); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS	<i>terbutaline</i>	4	
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS	THEO-24	4	
PERFOROMIST	5	B/D PA; QL (120/30); NDS	<i>theophylline oral tablet extended release 12 hr</i>	3	
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS	<i>theophylline oral tablet extended release 24 hr</i>	3	
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS	<i>tiotropium bromide</i>	4	QL (30/30)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS	TRELEGY ELLIPTA	3	QL (60/30)
			TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
			TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
TYVASO	5	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA; NDS
TYVASO REFILL KIT	5	B/D PA; NDS
TYVASO STARTER KIT	5	B/D PA; NDS
VENTAVIS	5	PA; NDS
VENTOLIN HFA	3	QL (36/30)
<i>wixela inh</i>	2	QL (60/30)
XHANCE	4	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
YUPELRI	5	B/D PA; QL (90/30); NDS
<i>zafirlukast</i>	4	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	4	
<i>fesoterodine</i>	3	QL (30/30)
GEMTESA	4	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	QL (60/30)
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
<i>potassium citrate oral tablet extended release</i>	4	
RENACIDIN	4	
<i>sildenafil</i>	1	EX; QL (6/30)
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (60/30)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30/30)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	4	PA; QL (360/30)
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	4	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2		TPN ELECTROLYTES	4	B/D PA
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2		<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<i>potassium chloride oral tablet,er particles/crystals</i>	2		CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
<i>potassium chloride-0.45 % nacl</i>	4		CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4		CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
<i>potassium chloride-d5-0.9%nacl</i>	4		CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
<i>ringer's intravenous</i>	4		CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
<i>sodium bicarbonate intravenous syringe</i>	4		CLINISOL SF 15 %	4	B/D PA
<i>sodium chloride 0.45 % intravenous</i>	4		<i>electrolyte-48 in d5w</i>	4	
<i>sodium chloride 3 % hypertonic</i>	4		<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
<i>sodium chloride 5 % hypertonic</i>	4		INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	4		KABIVEN	4	B/D PA
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	4		PERIKABIVEN	4	B/D PA
			PLENAMINE	4	B/D PA
			<i>premasol 10 %</i>	5	B/D PA; NDS
			PROSOL 20 %	4	B/D PA
			<i>travasol 10 %</i>	4	B/D PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>bal-care dha</i>	3	
<i>c-nate dha</i>	3	
<i>complete natal dha</i>	3	
<i>elite-ob</i>	3	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob</i>	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus</i>	3	
<i>pnv-dha</i>	3	
<i>pnv-omega</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>pnv-select</i>	3	
<i>pr natal 400</i>	3	
<i>pr natal 400 ec</i>	3	
<i>pr natal 430</i>	3	
<i>pr natal 430 ec</i>	3	
<i>prenatal plus (calcium carb)</i>	3	
<i>prenatal vitamin plus low iron</i>	3	
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CAPITALIZED = BRAND NAME DRUG

*Lowercase italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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## **Multi-language Interpreter Services**



**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-281-7867. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-281-7867. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-281-7867。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-281-7867。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagapagsaling-wika, tawagan lamang kami sa 1-888-281-7867. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-281-7867. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-281-7867 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-281-7867. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-281-7867번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-281-7867. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة على أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-888-281-7867، وسيقوم شخص يتحدث العربية بمساعدتك. هذه الخدمة مجانية.

**Hindi:** हमारी स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त दुर्भाषिया सेवाएं उपलब्ध हैं। दुर्भाषिया सेवाएँ प्राप्त करने के लिए हमें 1-888-281-7867 पर फ़ोन करें। हिन्दी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-281-7867. Un nostro incaricato che parla italiano Le l'assistenza necessaria. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que possa ter acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-281-7867. Irá encontrar alguém que fale português para o(a) ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-281-7867. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-281-7867. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と薬品プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、1-888-281-7867 にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。



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H0439-006-000	H3949-032-000	H4513-061-003	H5410-029-000	H7849-020-000	H7849-102-001	H7849-127-000
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H0439-015-001	H3949-049-000	H4513-068-003	H5410-043-000	H7849-033-000	H7849-106-000	H7849-133-002
H0439-015-002	H3949-050-000	H4513-073-000	H5410-044-000	H7849-034-000	H7849-107-000	H7849-133-003
H0672-001-000	H3949-052-000	H4513-074-000	H5410-048-000	H7849-038-000	H7849-108-000	H7849-133-004
H0672-003-000	H3949-053-000	H4513-083-001	H5410-050-000	H7849-039-000	H7849-109-000	H7849-134-001
H0672-004-000	H4407-027-000	H4513-083-002	H5410-051-000	H7849-041-000	H7849-110-000	H7849-134-002
H0672-005-000	H4407-028-000	H4513-083-003	H5410-052-000	H7849-042-000	H7849-112-001	H7849-135-000
H0672-006-000	H4407-030-001	H4513-083-004	H5410-053-000	H7849-051-000	H7849-112-002	H7849-136-001
H0672-008-000	H4407-030-002	H4513-083-005	H5410-054-000	H7849-052-000	H7849-112-003	H7849-136-002
H0672-011-000	H4407-030-003	H4513-083-006	H7020-010-001	H7849-055-000	H7849-112-004	H7849-136-003
H0672-013-000	H4513-026-000	H4513-083-007	H7020-010-002	H7849-059-000	H7849-113-001	H7849-137-001
H0672-014-000	H4513-030-000	H4513-084-000	H7020-010-003	H7849-064-001	H7849-113-002	H7849-137-002
H0672-016-000	H4513-036-000	H4513-085-000	H7020-011-001	H7849-064-002	H7849-113-003	H7849-137-003
H0672-017-000	H4513-037-000	H4513-086-000	H7020-011-002	H7849-064-004	H7849-113-004	H7849-137-004
H0672-019-000	H4513-038-000	H4513-088-000	H7020-011-003	H7849-067-000	H7849-114-000	H7849-140-001
H0672-020-000	H4513-049-001	H4513-089-000	H7389-001-000	H7849-068-000	H7849-117-001	H7849-140-002
H0672-021-000	H4513-049-002	H4513-090-000	H7389-002-000	H7849-070-000	H7849-117-002	H9460-001-000
H0672-022-000	H4513-049-003	H4513-091-000	H7389-003-000	H7849-077-000	H7849-118-000	H9725-008-000
H2108-022-000	H4513-049-004	H4513-092-000	H7389-008-000	H7849-080-000	H7849-119-000	H9725-010-000
H2108-036-000	H4513-049-005	H4513-093-000	H7389-011-000	H7849-082-000	H7849-120-000	H9725-016-000
H2108-040-000	H4513-050-000	H5410-018-000	H7787-001-000	H7849-083-000	H7849-121-000	
H2108-042-001	H4513-052-000	H5410-024-000	H7849-001-000	H7849-084-000	H7849-123-000	
H2108-042-002	H4513-059-000	H5410-026-000	H7849-002-000	H7849-085-000	H7849-124-001	

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Cigna Healthcare Customer Service, at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, or visit CignaMedicare.com. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE are owned by Cigna Intellectual Property, Inc.