

Medicare Prescription Drug Plan

# 2026 HealthSpring<sup>SM</sup> Formulary

## (List of Covered Drugs or “Drug List”)

Please read: This document contains information about the drugs we cover in this plan.

**Plan Covered**  
HealthSpring Assurance Rx (PDP)



HPMS Approved Formulary File Submission ID 00026089

This formulary was updated on 09/19/2025. For more recent information or other questions, please contact HealthSpring Customer Service, at **1-800-222-6700** (TTY users call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30, or visit [www.healthspring.com](http://www.healthspring.com). The formulary and pharmacy network may change at any time.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means HealthSpring. When it refers to “plan” or “our plan,” it means HealthSpring Assurance Rx (PDP).

This document includes a Drug List (formulary) for our plans, which is current as of 09/19/2025. 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, 2027, and from time to time during the year.

## What is the HealthSpring 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 HealthSpring 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. HealthSpring will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a HealthSpring 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: [www.healthspring.com](http://www.healthspring.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 HealthSpring formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. 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 members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the HealthSpring formulary?"

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

The enclosed drug list is current as of 09/19/2025. To get updated information about the drugs covered by HealthSpring, 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 formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on page 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 79. The Covered Drug Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

#### What are generic drugs?

HealthSpring 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 3, Section 3.1, "The Drug List" will 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:** HealthSpring requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring before you fill these prescriptions. If you don't get approval, HealthSpring may not cover the drug.

- Quantity Limits:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover. For example, HealthSpring 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, HealthSpring 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, HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSpring will then cover Drug B.
- Non-Extended Days' Supply:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover to only a 30-day supply or less, at one time. For example, members 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. Members 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 formulary, appears on the front and back cover pages.

You can ask HealthSpring 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 HealthSpring formulary?" 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 HealthSpring 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 generic drugs filled at a preferred retail and/or mail-order pharmacy. 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 HealthSpring drug list, talk with your doctor about alternative medications which are covered on the drug list.

### What if my drug is not on the formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by HealthSpring. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthSpring.
- You can ask HealthSpring 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 HealthSpring formulary?

You can ask HealthSpring to make an exception to our coverage rules. There are several types of exceptions

that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, HealthSpring 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, HealthSpring will only approve your request for an exception if the alternative drug is included in our formulary, 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

tiering 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 member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover up to a 30-day supply of your drug, in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved after your first 30-day supply, we will not pay for these drugs without a formulary exception, even if you have been a member of the plan less than 90 days.

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



#### **For more information**

For more detailed information about your HealthSpring prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your EOC, go to [www.HealthSpring.com/Resources](http://www.HealthSpring.com/Resources).

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

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

In order to accommodate unexpected transitions of our members 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, HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

### **HealthSpring's formulary**

The drug list that begins on page 8 provides coverage information about all the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 79.

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 HealthSpring has any special requirements for coverage of your drug.

We have quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 8 along with the amount dispensed per the days supplied. (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).

### **What is a preferred network pharmacy?**

Our plan includes preferred network pharmacies. You may save money by using these pharmacies. If you need help finding a network pharmacy, please call Customer Service at

**1-800-222-6700** (TTY users call 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 [www.healthspring.com](http://www.healthspring.com), or you can visit [www.HealthSpring.com/Resources](http://www.HealthSpring.com/Resources) for the most current Pharmacy Directory.

### **Drug Tier and Cost-Sharing**

HealthSpring 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 no more than \$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.

**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.

**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 for each tier varies by plan. Refer to your Evidence of Coverage (EOC) for your plan's specific cost- sharing amounts. To access your EOC, visit [www.HealthSpring.com/Resources](http://www.HealthSpring.com/Resources).

We are 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. Keep in mind that the name "Tier 3: 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 drugs in that tier.

### **For members 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 information on your copay levels or call Customer Service.

## **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.

**LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at **1-800-222-6700 (TTY users call 711)**, 8 a.m. –8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1- September 30. Or visit [www.healthspring.com](http://www.healthspring.com).

**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).

## 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>	3	
CRESEMDA ORAL	5	NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>ketoconazole oral</i>	3	
<i>micafungin</i>	4	
<i>nystatin oral</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
<i>voriconazole-hpbc</i>	5	PA; 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	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>amantadine hcl</i>	3	
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	4	QL (60/30)
BARACLUDE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
COMPLERA	5	QL (30/30); NDS
<i>darunavir oral tablet 600 mg</i>	4	QL (60/30)
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS

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
DELSTRIGO	5	NDS
DESCOVI	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)
<i>efavirenz-emtricitabin-tenofov</i>	4	QL (30/30)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
<i>emtricita-rilpivirine-tenof df</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	3	QL (680/28)
<i>entecavir</i>	4	QL (30/30)
EPCLUSIA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS
EPCLUSIA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSIA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS
<i>etravirine</i>	4	QL (60/30)
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	4	QL (60/30)
<i>fosamprenavir</i>	4	QL (120/30)
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
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	4	QL (180/30)

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
JULUCA	5	NDS
KALETRA ORAL SOLUTION	4	
<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
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); 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 oral capsule</i>	3	
<i>oseltamivir oral suspension for reconstitution</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	5	QL (20/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	5	QL (11/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	5	QL (30/90); NDS
PIFELTRO	5	NDS
PREVYMIS INTRAVENOUS	5	QL (30/30); NDS
PREVYMIS ORAL PELLETS IN PACKET	5	QL (120/30); NDS
PREVYMIS ORAL TABLET	5	QL (30/30); NDS
PREZCOBIX ORAL TABLET 800-150 MG- MG	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 75 MG	4	QL (480/30)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
rimantadine	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	4	QL (300/30)
TROGARZO	5	NDS
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS

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Drug Name	Drug Tier	Requirements/ Limits
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	4	QL (1680/28)
<i>zidovudine oral tablet</i>	2	QL (60/30)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	4	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	4		<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4		
<b>CEFAZOLIN INJECTION RECON SOLN 2 GRAM</b>	4		<b>CEFTRIAXONE INJECTION RECON SOLN 100 GRAM</b>	4		
<i>cefazolin intravenous recon soln 1 gram</i>	4		<i>ceftriaxone intravenous</i>	4		
<b>CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM</b>	4		<i>cefuroxime axetil oral tablet</i>	3		
<i>cefdinir</i>	4		<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA	
<b>CEFEPIME IN DEXTROSE 5 %</b>	4		<i>cefuroxime sodium intravenous</i>	4	PA	
<i>cefepime in dextrose, iso-osm</i>	4		<i>cephalexin oral capsule 250 mg, 500 mg</i>	2		
<i>cefepime injection</i>	4		<i>cephalexin oral suspension for reconstitution</i>	2		
<b>CEFEPIME INTRAVENOUS</b>	4	PA	<i>tazicef</i>	4	PA	
<i>cefixime</i>	4		<b>TEFLARO</b>	5	PA; NDS	
<i>cefotetan injection</i>	4		<b>ERYTHROMYCINS / OTHER MACROLIDES</b>			
<i>cefoxitin</i>	4	PA	<i>azithromycin intravenous</i>	4	PA	
<i>cefoxitin in dextrose, iso-osm</i>	4	PA	<i>azithromycin oral packet</i>	3		
<i>cefpodoxime</i>	4		<i>azithromycin oral suspension for reconstitution</i>	4		
<i>cefprozil</i>	3		<i>azithromycin oral tablet</i>	2		
<i>ceftazidime</i>	4	PA	<i>clarithromycin</i>	4		
<i>ceftriaxone in dextrose, iso-os</i>	4		<b>DIFICID ORAL SUSPENSION FOR RECONSTITUTION</b>	5	QL (136/10); NDS	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin lactobionate</i>	4	PA
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	
<i>erythromycin oral tablet</i>	4	
<i>fidaxomicin</i>	5	QL (20/10); NDS
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
<i>ARIKAYCE</i>	5	PA; LA; NDS
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	4	
<i>aztreonam</i>	4	PA
<i>CAYSTON</i>	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl</i>	2	
<i>CLINDAMYCIN IN 0.9 % SOD CHLOR</i>	4	PA
<i>CLINDAMYCIN IN 5 % DEXTROSE</i>	4	PA
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
<i>COARTEM</i>	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	PA
<i>cycloserine</i>	5	NDS
<i>dapsone oral</i>	3	
<i>DAPTOMYCIN IN 0.9 % SOD CHLOR</i>	5	NDS
<i>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</i>	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
<i>EMVERM</i>	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	4	
<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

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA	<i>nitazoxanide</i>	5	QL (20/10); NDS
<i>gentamicin injection</i>	4	PA	<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>gentamicin sulfate (ped) (pf)</i>	4	PA	<i>pentamidine injection</i>	4	
<i>hydroxychloroquine</i>	3		<i>praziquantel</i>	4	
<i>imipenem-cilastatin</i>	4		PRIFTIN	4	
IMPAVIDO	5	PA; NDS	PRIMAQUINE	4	
<i>isoniazid oral solution</i>	4		<i>pyrazinamide</i>	4	
<i>isoniazid oral tablet</i>	2		<i>pyrimethamine</i>	5	PA; NDS
<i>ivermectin oral</i>	3	PA	<i>quinine sulfate</i>	4	PA; QL (42/30)
<i>lincomycin</i>	4	PA	<i>rifabutin</i>	4	
<i>linezolid in dextrose 5%</i>	4	PA	<i>rifampin</i>	4	
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS	SIRTURO ORAL TABLET 100 MG	5	PA; LA; NDS
<i>linezolid oral tablet</i>	3	QL (60/30)	SIRTURO ORAL TABLET 20 MG	4	PA; LA
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA	SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
<i>mefloquine</i>	3		SIVEXTRO ORAL	5	QL (6/28); NDS
<i>meropenem</i>	3		STREPTOMYCIN	5	PA; NDS
MEROPENEM-0.9% SODIUM CHLORIDE	3		<i>tigecycline</i>	4	PA
<i>metro i.v.</i>	4	PA	<i>tinidazole</i>	4	
<i>metronidazole in nacl (iso-os)</i>	4	PA	<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; QL (280/28); NDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2		<i>tobramycin sulfate</i>	4	PA
<i>neomycin</i>	2		VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
			VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN INJECTION	4		<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4		<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4		<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)	<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)	<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)	<i>amoxicillin-pot clavulanate oral tablet, chewable 200- 28.5 mg</i>	2	
<i>vancomycin oral recon soln 50 mg/ml</i>	4	QL (450/10)	<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	4	
VANCOMYCIN- DILUENT COMBO NO.1	4		<i>ampicillin oral capsule 500 mg</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)	<i>ampicillin sodium</i>	4	PA
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS	<i>ampicillin-sulbactam</i>	4	PA
<b>PENICILLINS</b>					
<i>amoxicillin oral capsule</i>	2		<i>BICILLIN L-A</i>	4	PA
<i>amoxicillin oral suspension for reconstitution</i>	2		<i>dicloxacillin</i>	2	
<i>amoxicillin oral tablet</i>	2		<i>EXTENCILLINE</i>	4	PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	2	
<i>pizerpen-g</i>	4	PA
<b>PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM</b>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<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	
<b>MOXIFLOXACIN-SOD.ACE,SUL-WATER</b>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	4	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>tetracycline oral capsule</i>	4	

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin</i> <i>tromethamine</i>	4	
<i>methenamine</i> <i>hippurate</i>	4	
<i>nitrofurantoin</i> <i>macrocrystal oral</i> <i>capsule 100 mg, 50</i> <i>mg</i>	3	
<i>nitrofurantoin</i> <i>monohyd/m-cryst</i>	3	
<i>trimethoprim</i>	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium</i> <i>injection</i>	4	
<i>leucovorin calcium oral</i> <i>tablet 10 mg, 15 mg,</i> <i>25 mg</i>	4	
<i>leucovorin calcium oral</i> <i>tablet 5 mg</i>	3	
<i>mesna intravenous</i>	4	B/D PA
<i>mesna oral</i>	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet</i> <i>250 mg</i>	5	PA; QL (120/30); NDS
<i>abiraterone oral tablet</i> <i>500 mg</i>	5	PA; QL (60/30); NDS
ADCETRIS	5	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
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 (30/180); NDS
<i>anastrozole</i>	2	
ANKTIVA	5	PA; NDS
<i>arsenic trioxide</i>	4	B/D PA
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</i> <i>50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
<i>bendamustine</i> <i>intravenous recon soln</i>	5	B/D PA; NDS

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS	CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
BENDEKA	5	B/D PA; NDS	CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
BESPONSA	5	PA; NDS	CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>bexarotene</i>	5	PA; NDS	<i>carboplatin intravenous solution</i>	4	B/D PA
<i>bicalutamide</i>	2		<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
BIZENGRI	5	PA; NDS	<i>cisplatin intravenous solution</i>	4	B/D PA
<i>bleomycin</i>	4	B/D PA	<i>cladribine</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA	<i>clofarabine</i>	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS	COLUMVI	5	PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA; NDS	COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
BORUZU	5	PA; NDS	COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180/30); NDS	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330/30); NDS	COPIKTRA	5	PA; LA; QL (60/30); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS	COTELLIC	5	PA; LA; QL (63/28); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS	<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS	CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS
BRUKINSA ORAL CAPSULE	5	PA; LA; NDS			
<i>busulfan</i>	5	B/D PA; NDS			
CABOMETYX	5	PA; LA; QL (30/30); NDS			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
cyclophosphamide oral capsule	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
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA	DOCIVYX	5	B/D PA; NDS
cyclosporine modified	4	B/D PA	<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
cyclosporine oral capsule	4	B/D PA	<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml</i>	4	B/D PA
CYRAMZA	5	PA; NDS	<i>doxorubicin intravenous solution 20 mg/10 ml</i>	5	B/D PA; NDS
cytarabine	4	B/D PA	<i>doxorubicin, peg-liposomal</i>	4	B/D PA
cytarabine (pf)	4	B/D PA	DROXIA	4	
dacarbazine	4	B/D PA	ELAHERE	5	PA; LA; NDS
dactinomycin	4	B/D PA	ELREXFIO	5	PA; NDS
DANYELZA	4	PA	ELZONRIS	5	PA; NDS
DANZITEN	5	PA; QL (112/28); NDS	EMPLICITI	5	PA; NDS
DARZALEX	5	PA; NDS	EMRELIS	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS	ENHERTU	5	PA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30/30); NDS	ENVARSUS XR	4	B/D PA
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; QL (60/30); NDS	<i>epirubicin intravenous solution</i>	4	B/D PA
DATROWAY	5	PA; NDS	EPKINLY	4	PA
daunorubicin	4	B/D PA	ERBITUX	5	B/D PA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS	eribulin	5	PA; NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS	ERIVEDGE	5	PA; QL (30/30); NDS
decitabine	5	B/D PA; NDS			
<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			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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
<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

Drug Name	Drug Tier	Requirements/ Limits
exemestane	4	
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
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	4	PA
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
gefitinib	5	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	<i>imatinib oral tablet 100 mg</i>	3	PA; QL (180/30)
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA	<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
<i>gengraf</i>	4	B/D PA	IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
GILOTRIF	5	PA; QL (30/30); NDS	IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
GLEOSTINE	4		IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126/28); NDS	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84/28); NDS	IMDELLTRA	5	PA; NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168/28); NDS	IMFINZI	5	PA; NDS
GRAFAPEX	5	B/D PA; NDS	IMJUDO	5	PA; NDS
HERNEXEOS	5	PA; QL (90/30); NDS	IMKELDI	5	PA; QL (280/28); NDS
<i>hydroxyurea</i>	2		INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
IBRANCE	5	PA; QL (21/28); NDS	INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
IBTROZI	5	PA; QL (90/30); NDS	INQOVI	5	PA; QL (5/28); NDS
ICLUSIG	5	PA; QL (30/30); NDS	INREBIC	5	PA; LA; QL (120/30); NDS
<i>idarubicin</i>	4	B/D PA	<i>irinotecan</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS	ITOVEBI	5	PA; QL (60/30); NDS
<i>ifosfamide</i>	4	B/D PA	IWILFIN	5	PA; LA; QL (240/30); NDS
			IXEMPRA	4	B/D PA
			JAKAFI	5	PA; QL (60/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JAYPIRCA	5	PA; NDS	KYPROLIS	5	B/D PA; NDS
JEMPERLI	5	PA; NDS	<i>lapatinib</i>	5	PA; QL (180/30); NDS
JEVTANA	5	B/D PA; NDS	LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
JYLAMVO	4		LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60/30); NDS
KADCYLA	5	PA; NDS	<i>lenalidomide</i>	5	PA; LA; QL (28/28); NDS
KANJINTI	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	4	PA	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
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)- 2.5 MG	5	PA; QL (70/28); NDS	<i>letrozole</i>	2	
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)- 2.5 MG	5	PA; QL (91/28); NDS	LEUKERAN	4	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS	LEUPROLIDE ACETATE (3 MONTH)	4	PA
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS	<i>leuprolide subcutaneous kit</i>	4	PA
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS	LIBTAYO	5	PA; NDS
KLISYRI (250 MG)	4	ST; QL (5/30)	LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
KLISYRI (350 MG)	4	ST; QL (5/30)	LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS			
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS			
KRAZATI	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
LOQTORZI	5	PA; NDS	LYNOZYFIC	5	PA; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS	LYNPARZA	5	PA; QL (120/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS	LYSODREN	5	NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS	LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120/30); NDS	LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (120/30); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS	LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (150/30); NDS
LUNSUMIO	5	PA; NDS	MARGENZA	5	PA; LA; NDS
LUPRON DEPOT	5	PA; NDS	MATULANE	5	NDS
LUPRON DEPOT (3 MONTH)	4	PA	<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	4	PA
LUPRON DEPOT (4 MONTH)	4	PA	<i>megestrol oral tablet 20 mg</i>	4	PA
LUPRON DEPOT (6 MONTH)	4	PA	<i>megestrol oral tablet 40 mg</i>	3	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA	MEKINIST ORAL RECON SOLN	5	PA; QL (1200/30); NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS	MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; NDS	MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA	MEKTOVI	5	PA; LA; QL (180/30); NDS
LUTRATE DEPOT (3 MONTH)	4	PA	<i>melphalan hcl</i>	5	B/D PA; NDS
			<i>mercaptopurine oral suspension</i>	5	NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>mercaptopurine oral tablet</i>	4	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	3	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
<i>mitoxantrone</i>	4	B/D PA
<i>MODEYSO</i>	5	PA; QL (20/28); NDS
<i>MONJUVI</i>	5	PA; NDS
<i>MVASI</i>	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
<i>MYLOTARG</i>	5	PA; NDS
<i>nelarabine</i>	4	B/D PA
<i>NERLYNX</i>	5	PA; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112/28); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120/28); NDS
<i>nilutamide</i>	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>NINLARO</i>	5	PA; QL (3/28); NDS
<i>NIPENT</i>	4	B/D PA
<i>NUBEQA</i>	5	PA; LA; QL (120/30); NDS
<i>NULOJIX</i>	5	B/D PA; NDS
<i>octreotide acetate</i>	4	PA
<i>ODOMZO</i>	5	PA; LA; QL (30/30); NDS
<i>OGIVRI</i>	5	PA; NDS
<i>OGSIVEO ORAL TABLET 100 MG, 150 MG</i>	5	PA; QL (56/28); NDS
<i>OGSIVEO ORAL TABLET 50 MG</i>	5	PA; QL (180/30); NDS
<i>OJEMDA ORAL SUSPENSION FOR RECONSTITUTION</i>	5	PA; QL (96/28); NDS
<i>OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)</i>	5	PA; QL (16/28); NDS
<i>OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)</i>	5	PA; QL (20/28); NDS
<i>OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)</i>	5	PA; QL (24/28); NDS
<i>OJJAARA</i>	5	PA; QL (30/30); NDS
<i>ONCASPAR</i>	4	B/D PA
<i>ONIVYDE</i>	5	PA; NDS
<i>ONUREG</i>	5	PA; QL (14/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
OPDIVO	5	PA; NDS
OPDIVO QVANTIG	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; LA; NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
<i>paclitaxel protein-bound</i>	5	PA; NDS
PADCEV	5	PA; NDS
<i>pazopanib</i>	5	PA; QL (120/30); NDS
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

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
QINLOCK	5	PA; LA; QL (90/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; LA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL TABLET 80 MG	5	PA; LA; QL (120/30); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120/30); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60/30); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240/30); NDS
REZLIDHIA	5	PA; QL (60/30); NDS
REZUROCK	5	PA; LA; QL (30/30); NDS
<i>romidepsin intravenous recon soln</i>	5	PA; NDS
ROMVIMZA	5	PA; LA; QL (8/28); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
RUXIENCE	5	PA; NDS
RYBREVANT	4	PA
RYDAPT	5	PA; QL (224/28); NDS
RYLAZE	4	B/D PA
SARCLISA	5	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
SYLVANT	5	B/D PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral capsule</i>	4	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	4	PA
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	
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TECENTRIQ HYBREZA	5	PA; LA; NDS
TECVAYLI	4	PA
TEMODAR INTRAVENOUS	4	B/D PA
<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	5	PA; QL (112/28); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	4	
TRAZIMERA	5	PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin</i> (antineoplastic)	5	NDS
TRIPTODUR	4	PA; QL (1/168)
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TRUXIMA	5	PA; 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
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

Drug Name	Drug Tier	Requirements/ Limits
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	
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

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
YERVOY	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	4	PA; LA
ZYNYZ	5	PA; NDS
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS

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Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<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>	4	QL (90/30)
<i>clonazepam oral tablet,disintegrating 0.5 mg, 1 mg</i>	4	QL (120/30)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	4	QL (300/30)
DIACOMIT	5	LA; NDS

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam rectal</i>	4	
DILANTIN	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	3	
EPIDIOLEX	5	PA; LA; NDS
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
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60/30); NDS
ethosuximide	4	
felbamate	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	5	QL (720/30); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	4	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60/30); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<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>	4	QL (1200/30)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	3	
<i>lamotrigine oral tablets,dose pack</i>	2	
<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>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution</i>	3	
<i>levetiracetam oral tablet</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	3	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	QL (30/30); NDS
<i>perampanel oral tablet 2 mg</i>	4	QL (60/30)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	QL (60/30); NDS
<i>phenobarbital oral elixir</i>	4	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	4	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg</i>	2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	4	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>PRIMIDONE ORAL TABLET 125 MG</i>	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension</i>	5	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
<i>SPRITAM</i>	4	
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
<i>SYMPAZAN</i>	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	3	PA	XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	4	PA; QL (56/365)	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	PA	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	
<i>topiramate oral solution</i>	4	PA	ZONISADE	5	PA; NDS	
<i>topiramate oral tablet</i>	2	PA	zonisamide	2	PA	
valproate sodium	3		ZTALMY	4	PA; LA; QL (1080/30)	
valproic acid	2		<b>ANTIPARKINSONISM AGENTS</b>			
valproic acid (as sodium salt)	2		<i>benztropine injection</i>	4		
VALTOCO	5	PA; QL (10/30); NDS	<i>benztropine oral</i>	2		
vigabatrin	5	PA; LA; QL (180/30); NDS	<i>bromocriptine</i>	4		
vigadronе	5	PA; LA; QL (180/30); NDS	<i>carbidopa</i>	4		
VIGAFYDE	5	PA; LA; QL (900/30); NDS	<i>carbidopa-levodopa oral tablet</i>	2		
vigpoder	5	PA; LA; QL (180/30); NDS	<i>carbidopa-levodopa oral tablet extended release</i>	3		
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS	<i>carbidopa-levodopa oral tablet,disintegrating</i>	4		
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); NDS	<i>entacapone</i>	4		
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS	INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS	
XCOPRI ORAL TABLET 25 MG	5	PA; QL (480/30); NDS	ONGENTYS	3		
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS	<i>pramipexole oral tablet</i>	2		

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	
<i>naratriptan</i>	3	QL (18/28)
NURTEC ODT	5	PA; QL (16/30); NDS
<i>rizatriptan oral tablet</i>	3	QL (36/28)
<i>rizatriptan oral tablet,disintegrating</i>	4	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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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
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
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	4	PA; QL (14/30)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120/365)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS	INGREZZA SPRINKLE	5	PA; LA; QL (30/30); NDS	
<i>donepezil oral tablet 10 mg</i>	2	QL (60/30)	KESIMPTA PEN	5	PA; QL (1.6/28); NDS	
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)	<i>memantine oral solution</i>	4	PA; QL (300/30)	
<i>donepezil oral tablet,disintegrating 10 mg</i>	2	QL (60/30)	<i>memantine oral tablet 10 mg</i>	3	PA; QL (60/30)	
<i>donepezil oral tablet,disintegrating 5 mg</i>	2	QL (30/30)	<i>memantine oral tablet 5 mg</i>	3	PA; QL (90/30)	
EDARAVONE	4	PA	MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; QL (98/365)	
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	4	QL (30/30)	<i>memantine-donepezil</i>	3	PA	
<i>galantamine oral solution</i>	4	QL (200/30)	NUEDEXTA	5	PA; NDS	
<i>galantamine oral tablet</i>	3	QL (60/30)	RADICAVA	4	PA	
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS	<i>rivastigmine</i>	4		
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS	<i>rivastigmine tartrate</i>	4	QL (60/30)	
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS	<i>teriflunomide</i>	5	PA; QL (30/30); NDS	
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS	<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)	
INGREZZA	5	PA; LA; QL (30/30); NDS	<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS	
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (56/365); NDS	<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>			
			<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2		
			<i>baclofen oral tablet 15 mg</i>	3		
			<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA	
			<i>dantrolene oral</i>	4		

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
<i>tizanidine oral tablet</i>	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; LA
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	3	QL (4500/30)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	3	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180/30); NDS
<i>buprenorphine hcl injection solution</i>	5	NDS
<i>buprenorphine hcl injection syringe</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>endocet</i>	3	QL (360/30); 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>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml</i>	4	QL (5550/30); NDS
<i>HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML</i>	4	QL (5550/30); 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 oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
<i>INFUMORPH P/F</i>	4	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone oral concentrate</i>	4	QL (90/30); 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>	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	4	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 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</i>	4	
<i>buprenorphine-naloxone sublingual tablet</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	4	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<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>diflunisal</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	4	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>KLOXXADO</i>	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	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>	3	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
<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	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<i>ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTERNAL REL SYRINGE 720 MG/2.4 ML</i>	5	QL (2.4/56); NDS
<i>ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTERNAL REL SYRINGE 960 MG/3.2 ML</i>	5	QL (3.2/56); NDS
<i>ABILIFY MAINTENA</i>	5	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>amitriptyline</i>	4	
<i>amoxapine</i>	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole oral solution</i>	4		<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	3	QL (60/30)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	4	QL (60/30)	<i>buspirone</i>	2	
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	QL (30/30)	<i>CAPLYTA</i>	5	QL (30/30); NDS
<i>aripiprazole oral tablet,disintegrating</i>	4	QL (60/30)	<i>chlorpromazine</i>	4	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)	<i>citalopram oral solution</i>	4	
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)	<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)	<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)	<i>clomipramine</i>	4	
AUVELITY	5	ST; QL (60/30); NDS	<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180/30)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (120/30)	<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (90/30)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180/30)	<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	QL (90/30)	<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	QL (30/30)	<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	3	QL (120/30)	<i>clozapine oral tablet,disintegrating</i>	4	
			COBENFY	5	ST; QL (60/30); NDS
			COBENFY STARTER PACK	5	ST; QL (56/180); NDS
			DAYVIGO	4	QL (30/30)
			<i>desipramine</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>dexamphetamine oral tablet</i>	3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	4	
<i>dextroamphetamine sulfate oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	3	QL (360/30)
<i>diazepam oral concentrate</i>	3	QL (360/30)
<i>diazepam oral solution</i>	4	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	4	
<i>doxepin oral concentrate</i>	4	
<i>doxepin oral tablet</i>	4	QL (30/30)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG</i>	4	QL (60/30)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG</i>	4	QL (120/30)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	3	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	3	QL (120/30)
<i>EMSAM</i>	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	4	QL (600/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT TITRATION PACK A	4	PA; QL (16/365)
FANAPT TITRATION PACK B	4	PA; QL (24/365)
FANAPT TITRATION PACK C	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE,EXTENDE D RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	2	QL (90/30)
<i>fluoxetine oral solution</i>	2	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl oral tablet</i>	3	
<i>fluvoxamine oral tablet 100 mg</i>	3	QL (90/30)
<i>fluvoxamine oral tablet 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	
<i>haloperidol oral tablet 0.5 mg, 2 mg, 20 mg</i>	2	
<i>haloperidol oral tablet 1 mg, 10 mg, 5 mg</i>	3	
<i>imipramine hcl</i>	4	
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</i>	5	QL (3.5/180); NDS
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</i>	5	QL (5/180); NDS
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</i>	5	QL (0.75/28); NDS
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</i>	5	QL (1/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS	<i>lorazepam oral tablet</i> 0.5 mg, 1 mg	2	QL (90/30)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)	<i>lorazepam oral tablet</i> 2 mg	2	QL (150/30)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS	<i>loxapine succinate</i>	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88/90); NDS	<i>lurasidone oral tablet</i> 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30/30)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32/90); NDS	<i>lurasidone oral tablet</i> 80 mg	4	QL (60/30)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS	MARPLAN	4	QL (180/30)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS	<i>metadate er</i>	4	
<i>lisdexamfetamine oral tablet, chewable</i>	4	QL (30/30)	<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>lithium carbonate</i>	2		<i>methylphenidate hcl oral tablet extended release</i>	4	
<i>lithium citrate</i>	2		<i>methylphenidate hcl oral tablet extended release 24hr</i> 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	4	
<i>lorazepam injection</i>	4		<i>mirtazapine oral tablet</i>	2	
<i>lorazepam intensol</i>	3	QL (150/30)	<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)	<i>modafinil oral tablet</i> 100 mg	3	PA; QL (30/30)
			<i>modafinil oral tablet</i> 200 mg	3	PA; QL (60/30)
			<i>molindone</i>	4	
			<i>nefazodone</i>	4	
			<i>nortriptyline oral capsule</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline oral solution</i>	3		<i>perphenazine-amitriptyline</i>	4	
NUPLAZID	5	PA; QL (30/30); NDS	<i>phenelzine</i>	3	
<i>olanzapine intramuscular</i>	4	QL (30/30)	<i>pimozide</i>	4	
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	QL (60/30)	<i>protriptyline</i>	4	
<i>olanzapine oral tablet 15 mg, 20 mg</i>	4	QL (30/30)	<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	4	QL (60/30)	QUETIAPINE ORAL TABLET 150 MG	2	QL (90/30)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	4	QL (30/30)	<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)
OPIPZA ORAL FILM 10 MG	5	ST; QL (90/30); NDS	<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (60/30); NDS	RALDESY	5	NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)	REXULTI ORAL TABLET	5	QL (30/30); NDS
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)	<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	QL (2/28)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)	<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2/28); NDS
<i>paroxetine hcl oral tablet 10 mg</i>	2	QL (180/30)	<i>risperidone oral solution</i>	4	
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	2	QL (30/30)	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60/30)	<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>perphenazine</i>	4		<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet,disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet,disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet,disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
<i>SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)</i>	4	PA; QL (16/28)
<i>SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)</i>	4	PA; QL (18/28)
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>thioridazine</i>	4	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine oral tablet 1 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	4	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QL (60/30)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	5	NDS
<i>vilazodone</i>	4	QL (30/30)
VRAYLAR ORAL CAPSULE	5	QL (30/30); NDS
<i>ziprasidone hcl oral capsule 20 mg</i>	4	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZURZUVAE	4	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2/28)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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	4	
amiodarone oral tablet 200 mg	2	
dofetilide	4	
flecainide	4	
<i>lidocaine (pf)</i> <i>intravenous</i>	4	
mexiletine	4	
pacerone oral tablet 100 mg, 400 mg	4	
pacerone oral tablet 200 mg	2	
propafenone	4	
quinidine sulfate oral tablet	2	
sotalol af	2	
sotalol oral	2	
SOTYLIZE	4	

Drug Name	Drug Tier	Requirements/ Limits
<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-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	3	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	3	
<i>bisoprolol fumarate</i> oral tablet 10 mg, 5 mg	2	
<b>BISOPROLOL FUMARATE ORAL TABLET 2.5 MG</b>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg	2	
<i>bumetanide oral tablet</i> 2 mg	3	
<i>candesartan oral tablet</i> 16 mg, 4 mg, 8 mg	3	QL (60/30)
<i>candesartan oral tablet</i> 32 mg	3	QL (30/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
candesartan-hydrochlorothiazide	3		enalapril maleate oral tablet	1	
captopril	4		enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	
cartia xt	3		ethacrynone sodium	4	
carvedilol	1		felodipine	2	
chlorothiazide sodium	4		fosinopril	1	
chlorthalidone oral tablet 25 mg, 50 mg	2		fosinopril-hydrochlorothiazide	1	
clonidine	4	QL (4/28)	furosemide injection solution	4	
clonidine hcl oral tablet	2		furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
diltiazem hcl intravenous	4		FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	2	
diltiazem hcl oral capsule,ext.rel 24h degradable	3		furosemide oral tablet	1	
diltiazem hcl oral capsule,extended release 12 hr	3		hydralazine injection	4	
diltiazem hcl oral capsule,extended release 24 hr	3		hydralazine oral	1	
diltiazem hcl oral capsule,extended release 24hr	3		hydrochlorothiazide	1	
diltiazem hcl oral tablet	2		indapamide	2	
diltiazem hcl oral tablet extended release 24 hr	3		irbesartan	1	QL (30/30)
dilt-xr	3		irbesartan-hydrochlorothiazide	1	QL (30/30)
doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	QL (30/30)	isosorbide-hydralazine	3	QL (180/30)
doxazosin oral tablet 8 mg	2	QL (60/30)	KERENDIA	3	PA; QL (30/30)
EDARBI	4		labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
EDARBYCLOR	4		lisinopril	1	
			lisinopril-hydrochlorothiazide	1	
			losartan	1	QL (60/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (30/30)	ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (60/30)	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
matzim la	3		ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
metolazone	3		perindopril erbumine	1	
metoprolol succinate	2		pindolol	3	
metoprolol ta-hydrochlorothiaz	3		prazosin	4	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		propranolol oral capsule, extended release 24 hr	4	
metyrosine	5	PA; NDS	propranolol oral solution	4	
minoxidil oral	2		propranolol oral tablet	2	
moexipril	1		quinapril	1	
nicardipine intravenous solution	4		quinapril-hydrochlorothiazide	2	
nicardipine oral	4		ramipril	1	
nifedipine oral tablet extended release	3		spironolactone oral tablet	2	
nifedipine oral tablet extended release 24hr	3		spironolacton-hydrochlorothiaz	2	
nimodipine oral capsule	4		telmisartan	1	
olmesartan	1		terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30/30)
olmesartan-hydrochlorothiazide	1		terazosin oral capsule 10 mg	1	QL (60/30)
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS	tiadylt er	3	
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS	timolol maleate oral	4	
			torsamide oral	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril</i>	1		DOPTELET (10 TAB PACK)	5	PA; LA; NDS
<i>triamterene-hydrochlorothiazide</i>	1		DOPTELET (15 TAB PACK)	5	PA; LA; NDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)	DOPTELET (30 TAB PACK)	5	PA; LA; NDS
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)	ELIQUIS DVT-PE TREAT 30D START	3	
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)	ELIQUIS ORAL TABLET	3	
<i>verapamil intravenous solution</i>	4		<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	5	PA; QL (360/30); NDS
<i>verapamil oral capsule, er pellet ct 24 hr</i>	3		<i>eltrombopag olamine oral powder in packet 25 mg</i>	5	PA; QL (180/30); NDS
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	3		<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg</i>	5	PA; QL (30/30); NDS
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4		<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60/30); NDS
<i>verapamil oral tablet</i>	2		<i>enoxaparin</i>	4	
<i>verapamil oral tablet extended release</i>	2		<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<b>COAGULATION THERAPY</b>					
<i>aminocaproic acid oral solution</i>	5	NDS	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>aminocaproic acid oral tablet</i>	4		<i>heparin (porcine) in 5 % dex</i>	4	
<i>cilostazol</i>	2		<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	4	
<i>clopidogrel oral tablet 300 mg</i>	4				
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)			
<i>dipyridamole oral</i>	3				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4		<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>heparin (porcine) injection solution</i>	3		<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4		<i>fenofibrate nanocrystallized</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4		<i>fenofibric acid (choline)</i>	2	
<i>jantoven</i>	1		<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>pentoxifylline</i>	2		<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>rivaroxaban</i>	3		<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>ticagrelor</i>	4	QL (60/30)	<i>gemfibrozil</i>	2	
<i>warfarin</i>	1		<i>icosapent ethyl</i>	4	
XARELTO DVT-PE TREAT 30D START	3		<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
XARELTO ORAL TABLET	3		<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>					
<i>atorvastatin</i>	1	QL (30/30)	<i>NEXLETOL</i>	3	PA; QL (30/30)
<i>cholestyramine (with sugar)</i>	3		<i>niacin oral tablet extended release 24 hr</i>	4	
<i>cholestyramine light</i>	3		<i>pitavastatin calcium</i>	1	QL (30/30)
<i>colestipol oral granules</i>	4		<i>pravastatin</i>	1	QL (30/30)
<i>colestipol oral packet</i>	4		<i>prevalite</i>	3	
<i>colestipol oral tablet</i>	3		<i>REPATHA PUSHTRONEX</i>	3	PA; QL (7/28)
<i>ezetimibe</i>	2	QL (30/30)	<i>REPATHA SURECLICK</i>	3	PA; QL (6/28)
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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CAMZYOS	5	PA; QL (30/30); NDS
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	3	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO SPRINKLE	3	QL (240/30)
<i>ivabradine</i>	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	4	QL (60/30)
<i>sacubitriл-valsartan</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAQEL	5	PA; NDS
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	4	
<i>isosorbide mononitrate</i>	2	
<i>nitroglycerin sublingual</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<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)
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
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
SELARSDI INTRAVENOUS	5	PA; QL (104/180); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5/28)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>selenium sulfide topical lotion</i>	2		USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2/28); NDS	USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS	
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS	ZORYVE TOPICAL CREAM 0.15 %	4	PA; QL (60/30)	
STELARA INTRAVENOUS	5	PA; QL (104/180); NDS	<b>MISCELLANEOUS DERMATOLOGICALS</b>			
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS	<i>ammonium lactate</i>	3		
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS	
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS	
TREMFYA INTRAVENOUS	5	PA; QL (20/28); NDS	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS	
TREMFYA PEN	5	PA; QL (2/28); NDS	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS	
TREMFYA PEN INDUCTION PK-CROHN	5	PA; QL (24/365); NDS	<i>fluorouracil topical cream 5 %</i>	3		
TREMFYA SUBCUTANEOUS	5	PA; QL (2/28); NDS	<i>fluorouracil topical solution</i>	3		
USTEKINUMAB INTRAVENOUS	5	PA; QL (104/180); NDS	<i>glydo</i>	3	QL (60/30)	
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS	<i>imiquimod topical cream in packet 5 %</i>	4		
			<i>lidocaine (pf) injection solution</i>	4		

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	4	PA; QL (90/30)
<i>lidocaine viscous</i>	2	
<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>	4	
<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
<i>ZTLIDO</i>	4	PA; QL (90/30)
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical gel 0.3 %</i>	4	QL (45/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene topical gel with pump</i>	4	
<i>claravis</i>	4	
<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>	3	QL (120/30)
<i>clindamycin phosphate topical solution</i>	4	QL (120/30)
<i>clindamycin phosphate topical swab</i>	4	QL (60/30)
<i>ery pads</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	3	
<i>erythromycin-benzoyl peroxide</i>	4	
<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 topical gel 0.1 %</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %</i>	3	PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	4	PA
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	4	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>	4	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	4	
<i>ciclopirox topical cream</i>	4	QL (90/28)
<i>ciclopirox topical shampoo</i>	4	QL (120/28)
<i>ciclopirox topical solution</i>	4	QL (6.6/28)
<i>ciclopirox topical suspension</i>	4	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>	4	QL (45/28)
<i>econazole nitrate</i>	4	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>klayesta</i>	3	QL (180/30)
<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)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	2	
<i>alclometasone</i>	3	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	4	
<i>betamethasone valerate topical ointment</i>	3	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	4	
<i>fluocinolone topical cream 0.01 %</i>	3	
<i>fluocinolone topical cream 0.025 %</i>	4	
<i>fluocinolone topical oil</i>	4	
<i>fluocinolone topical ointment</i>	4	
<i>fluocinolone topical solution</i>	4	
<i>fluocinonide topical cream 0.05 %</i>	3	QL (120/30)
<i>fluocinonide topical gel</i>	4	QL (120/30)
<i>fluocinonide topical ointment</i>	4	QL (120/30)
<i>fluocinonide topical solution</i>	4	QL (120/30)
<i>fluticasone propionate topical cream</i>	4	
<i>fluticasone propionate topical ointment</i>	3	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>mometasone topical</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	3	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</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>	4	
<i>anagrelide</i>	3	
<i>carglumic acid</i>	5	PA; LA; NDS
<i>CHEMET</i>	4	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	4	B/D PA
<i>CUVRIOR</i>	5	PA; LA; QL (300/30); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
d10 %-0.45 % sodium chloride	4	
d2.5 %-0.45 % sodium chloride	4	
D5 % (D-GLUCOSE)-0.9 % SODCHLR	4	
d5 % and 0.9 % sodium chloride	4	
d5 %-0.45 % sodium chloride	4	
deferasirox oral tablet 180 mg, 360 mg	4	PA
deferasirox oral tablet 90 mg	3	PA
dextrose 10 % and 0.2 % nacl	4	
dextrose 10 % in water (d10w)	4	
dextrose 25 % in water (d25w)	4	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
dextrose 5 % in water (d5w) intravenous piggyback	4	
dextrose 5 %-lactated ringers	4	
dextrose 5%-0.2 % sod chloride	4	
dextrose 5%-0.3 % sod.chloride	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	
disulfiram	4	
droxidopa oral capsule 100 mg	5	PA; QL (90/30); NDS
droxidopa oral capsule 200 mg, 300 mg	5	PA; QL (180/30); NDS
GLASSIA	5	PA; LA; NDS
glutamine (sickle cell)	5	PA; QL (180/30); NDS
INCRELEX	4	PA; LA
kionex (with sorbitol)	3	
levocarnitine (with sugar)	4	
levocarnitine oral solution 100 mg/ml	4	
levocarnitine oral tablet	4	
midodrine	4	
nitisinone	5	NDS
pilocarpine hcl oral	4	
REVCovi	5	PA; NDS
REZDIFRA	5	PA; QL (30/30); NDS
riluzole	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
sevelamer carbonate <i>oral powder in packet</i> 0.8 gram	4	PA; QL (510/30)
sevelamer carbonate <i>oral powder in packet</i> 2.4 gram	4	PA; QL (150/30)
sevelamer carbonate <i>oral tablet</i>	4	PA; QL (510/30)
sodium chloride 0.9 % <i>intravenous</i>	4	
SODIUM CHLORIDE IRRIGATION	4	
sodium phenylbutyrate	5	PA; NDS
sodium polystyrene sulfonate oral powder	3	
sps (with sorbitol) oral	3	
trientine oral capsule 250 mg	5	PA; QL (240/30); NDS
TZIELD	4	PA; QL (14/999)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	4	QL (120/30)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	QL (30/30)
water for irrigation, sterile	4	
XIAFLEX	5	PA; NDS
zoledronic acid- mannitol-water <i>intravenous piggyback</i> 5 mg/100 ml	4	B/D PA
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter)	3	QL (60/30)

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Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS	4	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	4	
varenicline tartrate oral tablet 1 mg (56 pack)	4	
varenicline tartrate oral tablets,dose pack	4	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	3	QL (60/30)
chlorhexidine gluconate mucous membrane	2	
fluoride (sodium) dental	2	
ipratropium bromide nasal spray,non- aerosol 21 mcg (0.03 %)	2	QL (30/30)
ipratropium bromide nasal spray,non- aerosol 42 mcg (0.06 %)	3	QL (30/30)
oralone	4	
periogard	2	
sodium fluoride 5000 dry mouth	2	
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide dental</i>	4	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	3	
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<i>ofloxacin otic (ear)</i>	4	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin- dexamethasone</i>	3	
<i>neomycin-polymyxin- hc otic (ear)</i>	4	
<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>	3	
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	3	
<i>hydrocortisone sod succinate</i>	4	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	4	
<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>	4	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablets, dose pack</i>	2	
<i>SOLU-CORTEF ACT- O-VIAL (PF)</i>	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
<i>alcohol pads</i>	3	PA
ALCOHOL PREP PADS	3	PA
ALCOHOL SWABS	3	PA
ALCOHOL WIPES	3	PA
BAQSIMI	3	
CARETOUCH ALCOHOL PREP PAD	3	PA
CURITY ALCOHOL SWABS	3	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	3	QL (30/30)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	3	QL (60/30)
<i>diazoxide</i>	4	
DROPSAFE ALCOHOL PREP PADS	3	PA
EASY COMFORT ALCOHOL PAD	3	PA

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH ALCOHOL PREP PADS	3	PA
FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP U-100 INSULIN	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<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	3	QL (30/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<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)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120/30)	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
GLUCAGON (HCL) EMERGENCY KIT	3		JANUVIA	3	QL (30/30)
GLUCAGON EMERGENCY KIT (HUMAN)	3		JARDIANCE	3	QL (30/30)
GVOKE	3	QL (0.8/30)	JENTADUETO	3	QL (60/30)
GVOKE HYPOEN 1-PACK	3	QL (0.8/30)	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
GVOKE HYPOEN 2-PACK	3	QL (0.8/30)	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)	LANTUS SOLOSTAR U-100 INSULIN	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)	LANTUS U-100 INSULIN	3	
HUMULIN R U-500 (CONC) INSULIN	5	NDS	<i>metformin oral solution</i>	1	QL (765/30)
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS	<i>metformin oral tablet</i> 1,000 mg	1	QL (75/30)
INSULIN ASP PRT-INSULIN ASPART	3		<i>metformin oral tablet</i> 500 mg	1	QL (150/30)
INSULIN ASPART U-100	3		<i>metformin oral tablet</i> 850 mg	1	QL (90/30)
IV PREP WIPES	3	PA	<i>metformin oral tablet</i> extended release 24 hr 500 mg	1	QL (120/30)
JANUMET	3	QL (60/30)	<i>metformin oral tablet</i> extended release 24 hr 750 mg	1	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)	MOUNJARO	3	PA; QL (2/28)
			<i>nateglinide oral tablet</i> 120 mg	1	QL (90/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits	
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)	<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)	
NOVOLIN 70/30 U-100 INSULIN	3		<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)	
NOVOLIN 70-30 FLEXPEN U-100	3		<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)	
NOVOLIN N FLEXPEN	3		RYBELSUS	3	PA; QL (30/30)	
NOVOLIN N NPH U- 100 INSULIN	3		SOLIQUA 100/33	3	QL (15/24)	
NOVOLIN R FLEXPEN	3		TOUJEO MAX U-300 SOLOSTAR	3		
NOVOLIN R REGULAR U100 INSULIN	3		TOUJEO SOLOSTAR U-300 INSULIN	3		
NOVOLOG FLEXPEN U-100 INSULIN	3		TRADJENTA	3	QL (30/30)	
NOVOLOG MIX 70-30 U-100 INSULIN	3		TRUE COMFORT ALCOHOL PADS	3	PA	
NOVOLOG MIX 70- 30FLEXPEN U-100	3		TRUE COMFORT PRO ALCOHOL PADS	3	PA	
NOVOLOG PENFILL U-100 INSULIN	3		TRULICITY	3	PA; QL (2/28)	
NOVOLOG U-100 INSULIN ASPART	3		XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG	3	QL (30/30)	
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)	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>pioglitazone</i>	1	QL (30/30)	<b>MISCELLANEOUS HORMONES</b>			
PRO COMFORT ALCOHOL PADS	3	PA	ALDURAZYME	5	PA; NDS	
PURE COMFORT ALCOHOL PADS	3	PA	<i>cabergoline</i>	3		
			<i>calcitonin (salmon) nasal</i>	3		
			<i>calcitriol intravenous solution 1 mcg/ml</i>	4		
			<i>calcitriol oral capsule</i>	2		

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol oral solution</i>	3		SOMAVERT	5	PA; QL (30/30); NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS	SYNAREL	5	NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA	<i>testosterone cypionate</i>	3	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)	<i>testosterone enanthate</i>	4	
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)	<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>danazol</i>	4		<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 )</i>	4	PA; QL (300/30)
<i>desmopressin injection</i>	4		<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	QL (150/30)
<i>desmopressin nasal spray with pump</i>	4		<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300/30)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4		TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
<i>desmopressin oral</i>	3		<i>tolvaptan (polycys kidney dis) oral tablet</i>	5	PA; NDS
<i>doxercalciferol</i>	4		<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120/30); NDS
ELAPRASE	5	PA; NDS	<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
FABRAZYME	5	NDS	<i>zoledronic acid intravenous solution</i>	4	B/D PA
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; NDS	ZOLEDRONIC AC- MANNITOL-0.9NACL	4	B/D PA
LUMIZYME	5	PA; NDS			
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS			
NAGLAZYME	5	PA; NDS			
<i>pamidronate</i>	4				
<i>paricalcitol oral</i>	4				
<i>sapropterin</i>	5	PA; NDS			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<b>THYROID HORMONES</b>		
<i>levo-t</i>	3	
<i>levothyroxine oral tablet</i>	2	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine oral</i>	3	
<b>SYNTHROID</b>	4	
<i>unithroid</i>	4	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine</i>	4	
<b>GLYCOPYRROLATE (PF) IN WATER INJECTION</b>	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<b>GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)</b>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	
<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, exten d.release</i>	4	
<i>budesonide oral tablet, delayed and ext.release</i>	5	NDS
<i>CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML</i>	4	
<i>compro</i>	4	
<i>constulose</i>	2	
<i>CORTIFOAM</i>	5	NDS
<i>cromolyn oral</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (60/30)
<i>enulose</i>	2	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>lactulose oral solution</i>	2	
LINZESS	4	QL (30/30)
<i>lubiprostone</i>	3	QL (60/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	4	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)
<i>nitroglycerin rectal</i>	4	
OCALIVA	5	PA; LA; QL (30/30); NDS
<i>ondansetron hcl (pf)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA
<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>	4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI INTRAVENOUS	5	PA; QL (30/180); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
sodium, <i>potassium,mag sulfates</i>	3	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine</i>	2	
SUTAB	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VOWST	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000- 63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	

Drug Name	Drug Tier	Requirements/ Limits
<b>ULCER THERAPY</b>		
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg</i>	4	
<i>famotidine oral tablet 40 mg</i>	3	
<i>misoprostol</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	2	QL (60/30)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	2	QL (60/30)
<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
BESREMI	5	PA; LA; QL (2/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	BOOSTRIX TDAP	3	V
NIVESTYM	5	PA; NDS	DAPTACEL (DTAP PEDIATRIC) (PF)	3	
NYVEPRIA	5	PA; NDS	DENGVAXIA (PF)	3	
PEGASYS SUBCUTANEOUS SOLUTION	5	QL (4/28); NDS	ENGERIX-B (PF)	3	B/D PA; V
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2/28); NDS	ENGERIX-B PEDIATRIC (PF)	3	B/D PA; V
<i>plerixafor</i>	5	B/D PA; NDS	<i>fomepizole</i>	5	NDS
RETACRIT	4	PA	GARDASIL 9 (PF)	4	V
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>			HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
ABRYSVO (PF)	3	PA; V; QL (1/365)	HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
ACTHIB (PF)	3		HEPLISAV-B (PF)	3	B/D PA; V
ADACEL(TDAP ADOLESN/ADULT)(PF )	3	V	HIBERIX (PF)	3	
AREXVVY (PF)	3	PA; V; QL (1/365)	IMOVAX RABIES VACCINE (PF)	4	B/D PA; V; QL (5/365)
ATGAM	4	B/D PA	INFANRIX (DTAP) (PF)	3	
BCG VACCINE, LIVE (PF)	4	V	IPOP	3	V
BEXSERO	3	V	IXIARO (PF)	4	V
			JYNNEOS (PF)	3	V
			KINRIX (PF)	3	
			MENQUADFI (PF)	3	V
			MENVEO A-C-Y-W- 135-DIP (PF)	3	V
			M-M-R II (PF)	3	V
			MRESVIA (PF)	3	PA; V; QL (1/365)
			PANZYGA	5	B/D PA; NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	3	V
PENMENVY MEN A-B-C-W-Y (PF)	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	B/D PA; V; QL (5/365)
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTAQUE VACCINE	3	
SHINGRIX (PF)	3	V; QL (2/999)
STAMARIL (PF)	4	V
TENIVAC (PF)	3	V
TICE BCG	4	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI	3	V

Drug Name	Drug Tier	Requirements/ Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
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; QL (1/999)
VIVOTIF	3	V; QL (4/720)
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V
<b>MISCELLANEOUS SUPPLIES</b>		
<b>MISCELLANEOUS SUPPLIES</b>		
ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	PA; QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	PA; QL (200/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	3	PA	OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (20/30)
DROPLET MICRON PEN NEEDLE	3	PA; QL (200/30)	OMNIPOD 5 INTRO(G6/LIBRE2PL US)	3	QL (1/365)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	PA; QL (200/30)	OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; QL (200/30)	OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; QL (200/30)	PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	PA	PENTIPS PEN NEEDLE	3	PA; QL (200/30)
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	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	3	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	3	PA; QL (200/30)	TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 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"	3	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	3	PA; QL (200/30)	TECHLITE PEN NEEDLE NEEDLE 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"	3	PA; QL (200/30)
NANO PEN NEEDLE	3	PA; QL (200/30)	TRUEPLUS INSULIN	3	PA; QL (200/30)
NOVOFINE 32	3	PA; QL (200/30)			
NOVOFINE PLUS	3	PA; QL (200/30)			
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL (20/30)			
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1/365)			

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS PEN NEEDLE	3	PA; QL (200/30)
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	PA; QL (200/30)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	3	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	3	PA; QL (200/30)
UNIFINE PENTIPS NEEDLE 29 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"	3	PA; QL (200/30)
UNIFINE PENTIPS PLUS	3	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	3	PA; QL (200/30)
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; QL (200/30)
UNIFINE ULTRA PEN NEEDLE	3	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	3	PA; QL (200/30)
V-GO 20	3	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
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>	2	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	4	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	QL (4/28)
<i>ibandronate oral</i>	3	QL (1/28)
<i>PROLIA</i>	4	QL (1/180)
<i>raloxifene</i>	3	QL (30/30)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; QL (2.48/28); NDS
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HADLIMA	5	PA; QL (4.8/28); NDS
HADLIMA PUSHTOUCH	5	PA; QL (4.8/28); NDS
HADLIMA(CF)	5	PA; QL (2.4/28); NDS
HADLIMA(CF) PUSHTOUCH	5	PA; QL (2.4/28); NDS
KINERET	5	PA; QL (20.1/30); NDS
<i>leflunomide</i>	3	QL (30/30)
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
RINVOQ LQ	5	PA; QL (360/30); NDS
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
TYENNE AUTOINJECTOR	5	PA; QL (3.6/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
TYENNE SUBCUTANEOUS	5	PA; QL (3.6/28); NDS
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	3	
<i>dotti</i>	4	QL (8/28)
DUAVEE	4	PA
<i>emzahh</i>	4	
<i>errin</i>	4	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch semiweekly</i>	4	QL (8/28)
<i>estradiol transdermal patch weekly</i>	4	QL (4/28)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
<i>gallifrey</i>	4	
<i>heather</i>	4	
<i>incassia</i>	4	
<i>jencycla</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	3	
<i>medroxyprogesterone oral</i>	2	
<i>meleya</i>	4	
<i>nora-be</i>	4	

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## Covered Drugs by Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amethyst (28)</i>	4	
<i>apri</i>	4	
<i>aranelle (28)</i>	4	
<i>ashlyna</i>	4	
<i>aubra eq</i>	4	
<i>aurovela 1.5/30 (21)</i>	4	
<i>aurovela 1/20 (21)</i>	4	
<i>aurovela 24 fe</i>	4	
<i>aurovela fe 1.5/30 (28)</i>	4	
<i>aurovela fe 1-20 (28)</i>	4	
<i>aviane</i>	4	
<i>ayuna</i>	4	
<i>azurette (28)</i>	4	
<i>balziva (28)</i>	4	
<i>blisovi 24 fe</i>	4	
<i>blisovi fe 1.5/30 (28)</i>	4	
<i>blisovi fe 1/20 (28)</i>	4	
<i>briellyn</i>	4	
<i>camrese</i>	4	
<i>camrese lo</i>	4	
<i>charlotte 24 fe</i>	4	
<i>chateal eq (28)</i>	4	
<i>cryselle (28)</i>	4	
<i>cyred eq</i>	4	
<i>dasetta 1/35 (28)</i>	4	
<i>dasetta 7/7/7 (28)</i>	4	
<i>daysee</i>	4	
<i>desog- e.estradol/e.estradol</i>	4	
<i>dolishale</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-e.estradiol-lm.fa</i>	4		<i>junel fe 24</i>	4	
<i>drospirenone-ethinyl estradiol</i>	4		<i>kaitlib fe</i>	4	
<i>elinest</i>	4		<i>kalliga</i>	4	
<i>enpresse</i>	4		<i>kariva (28)</i>	4	
<i>enskyce</i>	4		<i>kelnor 1/35 (28)</i>	4	
<i>estarrylla</i>	4		<i>kurvelo (28)</i>	4	
<i>ethynodiol diac-eth estradiol</i>	4		<i>I norgest/e.estradiol-e.estrad oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	4	
<i>falmina (28)</i>	4		<i>larin 1.5/30 (21)</i>	4	
<i>feirza</i>	4		<i>larin 1/20 (21)</i>	4	
<i>finzala</i>	4		<i>larin 24 fe</i>	4	
<i>galbriela</i>	4		<i>larin fe 1.5/30 (28)</i>	4	
<i>gemmily</i>	4		<i>larin fe 1/20 (28)</i>	4	
<i>hailey</i>	4		<i>lessina</i>	4	
<i>hailey 24 fe</i>	4		<i>levonest (28)</i>	4	
<i>hailey fe 1.5/30 (28)</i>	4		<i>levonorgest-eth.estradiol-iron</i>	4	
<i>hailey fe 1/20 (28)</i>	4		<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	4	
<i>iclevia</i>	4		<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	3	
<i>introvale</i>	4		<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	4	
<i>isibloom</i>	4		<i>levonorg-e eth estrad triphasic</i>	4	
<i>jaimiess</i>	4		<i>levora-28</i>	4	
<i>jasmiel (28)</i>	4				
<i>jolessa</i>	4				
<i>joyeaux</i>	4				
<i>juleber</i>	4				
<i>junel 1.5/30 (21)</i>	4				
<i>junel 1/20 (21)</i>	4				
<i>junel fe 1.5/30 (28)</i>	4				
<i>junel fe 1/20 (28)</i>	4				

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lojaimies</i>	4		<i>norethindrone-e. estradiol-iron oral tablet, chewable</i>	4	
<i>loryna (28)</i>	4		<i>norgestimate-ethinyl estradiol</i>	4	
<i>low-ogestrel (28)</i>	4		<i>nortrel 0.5/35 (28)</i>	4	
<i>lo-zumandimine (28)</i>	4		<i>nortrel 1/35 (21)</i>	4	
<i>lutera (28)</i>	4		<i>nortrel 1/35 (28)</i>	4	
<i>marlissa (28)</i>	4		<i>nortrel 7/7/7 (28)</i>	4	
<i>merzee</i>	4		<i>nylia 1/35 (28)</i>	4	
<i>microgestin 1.5/30 (21)</i>	4		<i>nylia 7/7/7 (28)</i>	4	
<i>microgestin 1/20 (21)</i>	4		<i>ocella</i>	4	
<i>microgestin fe 1.5/30 (28)</i>	4		<i>philith</i>	4	
<i>microgestin fe 1/20 (28)</i>	4		<i>pimtrea (28)</i>	4	
<i>mili</i>	4		<i>portia 28</i>	4	
<i>minzoya</i>	4		<i>reclipsen (28)</i>	4	
<i>mono-linyah</i>	4		<i>rivelsa</i>	4	
<i>necon 0.5/35 (28)</i>	4		<i>rosyrah</i>	4	
<i>nikki (28)</i>	4		<i>setlakin</i>	4	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg- 25mcg(24) and 75 mg (4)</i>	4		<i>simliya (28)</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1- 20 mg-mcg, 1.5-30 mg-mcg</i>	4		<i>simpesse</i>	4	
<i>norethindrone- e.estriadiol-iron oral capsule</i>	4		<i>sprintec (28)</i>	3	
<i>norethindrone- e.estriadiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	4		<i>sronyx</i>	4	
			<i>syeda</i>	4	
			<i>tarina 24 fe</i>	4	
			<i>tarina fe 1-20 eq (28)</i>	4	
			<i>tilia fe</i>	4	
			<i>tri-estarrylla</i>	4	
			<i>tri-legest fe</i>	4	
			<i>tri-linyah</i>	4	
			<i>tri-lo-estarrylla</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-lo-marzia</i>	4	
<i>tri-lo-mili</i>	4	
<i>tri-lo-sprintec</i>	4	
<i>tri-mili</i>	4	
<i>tri-sprintec (28)</i>	4	
<i>tri-vylibra</i>	4	
<i>tri-vylibra lo</i>	4	
<i>turqoz (28)</i>	4	
<i>tydemy</i>	4	
<i>valtya</i>	4	
<i>velivet triphasic regimen (28)</i>	4	
<i>vestura (28)</i>	4	
<i>vienna</i>	4	
<i>viorele (28)</i>	4	
<i>volnea (28)</i>	4	
<i>vyfemla (28)</i>	4	
<i>vylibra</i>	4	
<i>wera (28)</i>	4	
<i>wymzya fe</i>	4	
<i>xarah fe</i>	4	
<i>xelria fe</i>	4	
<i>zovia 1-35 (28)</i>	4	
<i>zumandimine (28)</i>	4	

## OPHTHALMOLOGY

### ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	4	
<i>bacitracin-polymyxin b</i>	2	
<i>BESIVANCE</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye)</i>	3	
<b>NATACYN</b>	4	
<i>neomycin-bacitracin-polymyxin</i>	4	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	
<b>ZIRGAN</b>	4	
<b>BETA-BLOCKERS</b>		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
ATROPINE SULFATE (PF)	3	
<i>azelastine ophthalmic (eye)</i>	3	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	4	QL (60/30)
CYSTARAN	5	PA; NDS
EYLEA	5	PA; QL (0.1/28); NDS
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>	3	
<i>sulfacetamide-prednisolone</i>	2	
XDEMVY	4	PA; QL (10/42)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release</i>	4	
<i>acetazolamide oral tablet</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>brimonidine-timolol</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	1	
<i>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</i>	3	
RHOPRESSA	4	
ROCKLATAN	4	
<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>	4	
<i>tobramycin-dexamethasone</i>	3	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	3	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>desloratadine oral tablet</i>	3	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<i>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML</i>	3	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	3	QL (2/30)
<i>epinephrine injection solution</i>	4	
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>hydroxyzine pamoate</i>	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral syrup</i>	4	PA
<i>promethazine oral tablet</i>	2	PA
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	4	B/D PA
<i>ADEMPAS</i>	5	PA; LA; QL (90/30); NDS
<i>ADVAIR HFA</i>	3	QL (12/30)
<i>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION</i>	3	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	3	QL (17/30)
<i>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)</i>	3	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	
<i>ALYFTREK ORAL TABLET 10-50-125 MG</i>	5	PA; QL (56/28); NDS

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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)
BREO ELLIPTA	3	QL (60/30)
<i>breyna</i>	4	QL (10.3/30)
<i>budesonide inhalation</i>	4	B/D PA; QL (120/30)
CINRYZE	5	PA; NDS
COMBIVENT RESPIMAT	4	QL (8/30)
<i>cromolyn inhalation</i>	3	B/D PA
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>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

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO ORAL TABLET	5	PA; QL (56/28); NDS
<i>montelukast oral granules in packet</i>	4	QL (30/30)
<i>montelukast oral tablet</i>	2	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
OFEV	5	PA; QL (60/30); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
<i>pirfenidone oral capsule</i>	5	PA; QL (270/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	4	PA; QL (30/30)
RYALTRIS	4	ST
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SPIRIVA RESPIMAT	4	ST; QL (4/30)
<i>terbutaline</i>	4	

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	4	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	3	
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
TYVASO	4	B/D PA
TYVASO INSTITUTIONAL START KIT	4	B/D PA
TYVASO REFILL KIT	4	B/D PA
TYVASO STARTER KIT	4	B/D PA
VENTOLIN HFA	3	QL (36/30)
WINREVAIR	5	PA; QL (1/21); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
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
zafirlukast	4	QL (60/30)
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
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>	4	QL (60/30)
tolterodine	4	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)

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## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
tamsulosin	2	QL (60/30)
<b>MISCELLANEOUS UROLOGICALS</b>		
bethanechol chloride	3	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
potassium citrate oral tablet extended release	4	
RENACIDIN	4	
adalafil oral tablet 2.5 mg	4	PA; QL (60/30)
adalafil oral tablet 5 mg	4	PA; QL (30/30)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
calcium acetate(phosphat bind)	4	PA; QL (360/30)
klor-con	2	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m20	2	
lactated ringers intravenous	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
magnesium sulfate in water	4	

Drug Name	Drug Tier	Requirements/ Limits
magnesium sulfate injection	4	
potassium chlorid-d5-0.45%nacl	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
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	4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	4	
potassium chloride intravenous solution 2 meq/ml (20 ml)	4	
potassium chloride oral capsule, extended release	3	
potassium chloride oral liquid	4	
potassium chloride oral packet	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		<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2		CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
<i>potassium chloride oral tablet,er particles/crystals</i>	2		CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
<i>potassium chloride-0.45 % nacl</i>	4		CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4		CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
<i>potassium chloride-d5-0.9%nacl</i>	4		CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
<i>ringer's intravenous</i>	4		CLINIMIX 8%-D14W(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		electrolyte-48 in d5w	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
			premasol 10 %	5	B/D PA; NDS
			PROSOL 20 %	4	B/D PA
			travasol 10 %	4	B/D PA
			TROPHAMINE 10 %	4	B/D PA
			<b>VITAMINS / HEMATINICS</b>		
			<i>bal-care dha</i>	3	
			<i>c-nate dha</i>	3	

CAPITALIZED = BRAND NAME DRUG

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

*Lowercase italic = Generic drug*

## Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>complete natal dha</i>	3	
<i>elite-ob</i>	3	
<i>fluoride (sodium) oral tablet</i>	1	
<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	
<i>pnv-select</i>	3	
<i>pr natal 400</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>se-natal 19</i>	3	
<i>se-natal 19 chewable</i>	3	
<i>taron-c dha</i>	3	
<i>trinatal rx 1</i>	3	
<i>wescap-pn dha</i>	3	
<i>wesnate dha</i>	3	
<i>westab plus</i>	3	
<i>westgel dha</i>	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic* = Generic drug

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## NOTES

## NOTES





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