2026 HealthSpring℠ 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 Primary (HMO)

HealthSpring℠

HPMS Approved Formulary File Submission ID 00026099.
This formulary was updated on 11/01/2026. For more recent information or other questions, please contact HealthSpring Customer Service at **1-800-668-3813** (TTY users should 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**. The formulary, pharmacy network and/or provider network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.

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

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

Note to existing 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 your HealthSpring Medicare Advantage Plan.

This document includes a Drug List (formulary) for our plan, which is current as of 11/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or 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 Healthcare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. 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**.

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

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section 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 drug list and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines 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 drug list 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 11/01/2026. 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 formulary:

Medical Condition

The formulary begins on page 7. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION /LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 87. The Covered Drug Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

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 5, Section 3.1, "The Drug List" to tell which Part D drugs are covered.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** 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 your 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 we 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask 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 in-netowrk pharmacies or through our preferred home delivery service (go to page 6 for more information).
- 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.
- 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.

Generally, HealthSpring will only approve your request for an exception if the alternative drugs included in our drug list or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction.

When you request an exception, your prescriber will need to explain the medical reasons why you need the

exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or existing member in our plan you may be taking drugs that are not in 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.

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 Drug List

The drug list that begins on page 7 provides coverage information about all of 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 87.

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 7 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).

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.

Our plan has one tier named "Covered Drugs". This tier includes all drugs covered on the drug list.

Cost-sharing varies by plan. Refer to your Evidence of Coverage (EOC) for our plan's specific cost-sharing amounts. To access your EOC, visit **www.HealthSpring.com/Resources**.

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.

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.**

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**.

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 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit 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).

You also have access to preferred home delivery with Express Scripts Pharmacy by Evernorth. Generally, all medications on the drug list are available through mail-order, except when special circumstances or situations prohibit mailing a particular medication to your home.

Express Scripts Pharmacy by Evernorth does not dispense prescriptions for less than a 35-day supply for most medications. Exceptions may apply based on medication type or state law. For more information, please contact Customer Service at 1-800-668-3813 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b	1	PA
amphotericin b liposome	1	PA; NDS
caspofungin	1	PA
clotrimazole mucous membrane	1	
CRESEMBA ORAL	1	NDS
fluconazole	1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	PA
flucytosine	1	NDS
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole oral capsule	1	QL (120/30)
ketoconazole oral	1	
micafungin	1	
MICAFUNGIN IN 0.9 % SODIUM CHL	1	NDS
nystatin oral suspension	1	
nystatin oral tablet	1	
posaconazole oral tablet,delayed release (dr/ec)	1	QL (96/30); NDS
terbinafine hcl oral	1	
voriconazole intravenous recon soln	1	PA; NDS
voriconazole oral suspension for reconstitution	1	NDS
voriconazole oral tablet	1	
voriconazole-hpbcd	1	PA; NDS
ANTIVIRALS		
abacavir oral solution	1	QL (960/30)
abacavir oral tablet	1	QL (60/30)
abacavir-lamivudine	1	QL (30/30)
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D PA
adefovir	1	
amantadine hcl	1	
APTIVUS	1	QL (120/30); NDS
atazanavir oral capsule 150 mg, 300 mg	1	QL (30/30)
atazanavir oral capsule 200 mg	1	QL (60/30)
BARACLUDE ORAL SOLUTION	1	QL (630/30); NDS
BIKTARVY	1	NDS
CABENUVA	1	NDS
CIMDUO	1	NDS
COMPLERA	1	QL (30/30); NDS
darunavir oral tablet 600 mg	1	QL (60/30)
darunavir oral tablet 800 mg	1	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 6.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
DELSTRIGO	1	NDS
DESCOVY	1	QL (30/30); NDS
DOVATO	1	NDS
EDURANT	1	QL (30/30); NDS
EDURANT PED	1	QL (180/30); NDS
efavirenz oral tablet	1	QL (30/30)
efavirenz-emtricitabin-tenofov	1	QL (30/30)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	1	QL (30/30); NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	1	NDS
emtricitabine	1	QL (30/30)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	1	QL (30/30)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	1	QL (30/30); NDS
emtricita-rilpivirine-tenof df	1	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	1	QL (680/28)
entecavir	1	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; QL (28/28); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	1	PA; QL (28/28); NDS
etravirine	1	QL (60/30)
EVOTAZ	1	QL (30/30); NDS
famciclovir	1	QL (60/30)
fosamprenavir	1	QL (120/30)
GENVOYA	1	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	1	PA; QL (28/28); NDS
IDVYNSO	1	NDS
INTELENCE ORAL TABLET 25 MG	1	QL (120/30)
ISENTRESS HD	1	NDS
ISENTRESS ORAL POWDER IN PACKET	1	QL (60/30); NDS
ISENTRESS ORAL TABLET	1	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	QL (180/30)
JULUCA	1	NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
KALETRA ORAL SOLUTION	1	
lamivudine oral solution	1	QL (900/30)
lamivudine oral tablet 100 mg, 300 mg	1	QL (30/30)
lamivudine oral tablet 150 mg	1	QL (60/30)
lamivudine-zidovudine	1	QL (60/30)
LIVTENCITY	1	PA; LA; QL (120/30); NDS
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (300/30)
lopinavir-ritonavir oral tablet 200-50 mg	1	QL (120/30)
maraviroc oral tablet 150 mg	1	QL (60/30); NDS
maraviroc oral tablet 300 mg	1	QL (120/30); NDS
nevirapine oral suspension	1	QL (1200/30)
nevirapine oral tablet	1	QL (60/30)
nevirapine oral tablet extended release 24 hr	1	QL (30/30)
NORVIR ORAL POWDER IN PACKET	1	
ODEFSEY	1	QL (30/30); NDS
oseltamivir	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	1	QL (20/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30/90); NDS
PIFELTRO	1	NDS
PREVYMIS ORAL PELLETS IN PACKET	1	QL (120/30); NDS
PREVYMIS ORAL TABLET	1	QL (30/30); NDS
PREZCOBIX	1	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	1	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	1	QL (240/30); NDS
PREZISTA ORAL TABLET 75 MG	1	QL (480/30)
RETROVIR INTRAVENOUS	1	
REYATAZ ORAL POWDER IN PACKET	1	QL (240/30); NDS
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rilpivirine hcl	1	QL (30/30); NDS
rimantadine	1	
ritonavir	1	QL (360/30)
RUKOBIA	1	NDS
SELZENTRY ORAL SOLUTION	1	NDS
STRIBILD	1	QL (30/30); NDS

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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA	1	NDS
SYMTUZA	1	NDS
tenofovir disoproxil fumarate	1	QL (30/30)
TIVICAY ORAL TABLET 50 MG	1	QL (60/30); NDS
TIVICAY PD	1	QL (180/30); NDS
TRIUMEQ	1	QL (30/30); NDS
TRIUMEQ PD	1	QL (300/30)
TROGARZO	1	NDS
valacyclovir oral tablet 1 gram	1	QL (120/30)
valacyclovir oral tablet 500 mg	1	QL (60/30)
valganciclovir oral recon soln	1	NDS
valganciclovir oral tablet	1	
VEKLURY	1	QL (4/180); NDS
VEMLIDY	1	NDS
VIRACEPT ORAL TABLET 250 MG	1	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	1	QL (120/30); NDS
VIREAD ORAL POWDER	1	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30/30); NDS
VOSEVI	1	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	
zidovudine oral capsule	1	QL (180/30)
zidovudine oral syrup	1	QL (1680/28)
zidovudine oral tablet	1	QL (60/30)
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	1	
cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
cefazolin intravenous recon soln 1 gram, 10 gram	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	1	
cefdinir	1	
CEFEPIME IN DEXTROSE 5 %	1	
cefepime in dextrose,iso-osm	1	
cefepime injection	1	
CEFEPIME INTRAVENOUS	1	PA
cefixime	1	
cefoxitin	1	PA
cefoxitin in dextrose, iso-osm	1	PA
cefpodoxime	1	
cefprozil	1	
ceftaroline fosamil	1	PA; NDS
ceftazidime	1	PA
ceftriaxone in dextrose,iso-os	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous recon soln 2 gram	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 750 mg	1	PA
cefuroxime sodium intravenous	1	PA
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	1	
tazicef injection	1	PA
TEFLARO	1	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA
azithromycin oral suspension for reconstitution	1	
azithromycin oral tablet	1	
clarithromycin	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	1	QL (136/10); NDS
DIFICID ORAL TABLET	1	QL (20/10); NDS
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate	1	
erythromycin oral tablet	1	
erythromycin oral tablet,delayed release (dr/ec)	1	
fidaxomicin	1	QL (20/10); NDS
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	PA
ARIKAYCE	1	PA; LA; NDS
atovaquone	1	
atovaquone-proguanil	1	
aztreonam injection recon soln 1 gram	1	PA
aztreonam injection recon soln 2 gram	1	PA
CAYSTON	1	PA; LA; QL (84/28); NDS
chloroquine phosphate	1	
clindamycin hcl	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	1	PA
CLINDAMYCIN IN 5 % DEXTROSE	1	PA
clindamycin palmitate hcl	1	
clindamycin pediatric	1	
clindamycin phosphate injection	1	PA
COARTEM	1	QL (24/30)
colistin (colistimethate na)	1	PA
cycloserine	1	NDS
dapsone oral	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR	1	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	NDS
daptomycin intravenous recon soln 500 mg	1	NDS
EMVERM	1	NDS
ertapenem	1	
ethambutol	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	PA

Covered Drugs By Category

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN INJECTION	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	1	
vancomycin oral capsule 125 mg	1	PA; QL (40/10)
vancomycin oral capsule 250 mg	1	PA; QL (80/10)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	1	QL (450/10)
vancomycin oral recon soln 50 mg/ml	1	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	1	
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg	1	
amoxicillin oral tablet,chewable 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	PA
ampicillin sodium intravenous	1	PA
ampicillin-sulbactam injection	1	PA
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	PA

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	NDS
BICILLIN L-A	1	PA
dicloxacillin	1	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA
nafcillin injection recon soln 10 gram	1	PA; NDS
oxacillin	1	PA
penicillin g potassium	1	PA
penicillin v potassium oral recon soln 125 mg/5 ml	1	
penicillin v potassium oral recon soln 250 mg/5 ml	1	
penicillin v potassium oral tablet	1	
pfizerpen-g	1	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
ZOSYN IN DEXTROSE (ISO-OSM)	1	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg	1	
ciprofloxacin hcl oral tablet 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose	1	PA
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w	1	PA
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin oral	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	1	PA
moxifloxacin-sod.chloride(iso)	1	PA
SULFA'S / RELATED AGENTS		
sulfadiazine	1	
sulfamethoxazole-trimethoprim intravenous	1	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TETRACYCLINES		
demeclocycline	1	
doxy-100	1	PA
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule 100 mg	1	
doxycycline hyclate oral capsule 50 mg	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	
mondoxyne nl oral capsule 100 mg	1	
NUZYRA INTRAVENOUS	1	PA; NDS
NUZYRA ORAL	1	NDS
tetracycline oral capsule	1	
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	
methenamine hippurate	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
trimethoprim	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium injection	1	
leucovorin calcium oral	1	
mesna intravenous	1	B/D PA
mesna oral	1	NDS
XGEVA	1	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; QL (120/30); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
abiraterone oral tablet 500 mg	1	PA; QL (60/30); NDS
abirtega	1	PA; QL (120/30)
ADCETRIS	1	PA; NDS
ADSTILADRIN	1	PA; NDS
AKEEGA	1	PA; LA; QL (60/30); NDS
ALECENSA	1	PA; QL (240/30); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30/180); NDS
anastrozole	1	
ANKTIVA	1	PA; NDS
arsenic trioxide	1	B/D PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60/30); NDS
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240/30); NDS
AVMAPKI-FAKZYNJA	1	PA; QL (66/28); NDS
AYVAKIT	1	PA; LA; QL (30/30); NDS
azacitidine	1	B/D PA
azathioprine oral tablet 100 mg, 75 mg	1	B/D PA
azathioprine oral tablet 50 mg	1	B/D PA
azathioprine sodium	1	B/D PA
BALVERSA	1	PA; LA; NDS
BAVENCIO	1	PA; NDS
BEIZRAY	1	B/D PA; NDS
BEIZRAY-ALBUMIN	1	B/D PA; NDS
BELEODAQ	1	B/D PA; NDS
bendamustine intravenous recon soln	1	B/D PA; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION	1	B/D PA; NDS
BENDEKA	1	B/D PA; NDS
BESPONSA	1	PA; NDS
bexarotene	1	PA; NDS
bicalutamide	1	
BIZENGRI	1	PA; NDS
BLENREP	1	PA; NDS
bleomycin	1	B/D PA
BLINCYTO INTRAVENOUS KIT	1	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	PA; NDS
bortezomib injection recon soln 3.5 mg	1	PA; NDS
BORUZU	1	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (180/30); NDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (330/30); NDS
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30/30); NDS
bosutinib oral tablet 100 mg	1	PA; QL (90/30); NDS
bosutinib oral tablet 400 mg, 500 mg	1	PA; QL (30/30); NDS
BRAFTOVI	1	PA; LA; QL (180/30); NDS
BRUKINSA ORAL TABLET	1	PA; LA; QL (60/30); NDS
busulfan	1	B/D PA; NDS
CABOMETYX	1	PA; LA; QL (30/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60/30); NDS
CAMCEVI (6 MONTH)	1	PA; NDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30/30); NDS
carboplatin intravenous solution	1	B/D PA
carmustine intravenous recon soln 100 mg	1	B/D PA
CAVHANZA	1	PA; LA; QL (120/30); NDS
cisplatin intravenous solution	1	B/D PA
cladribine	1	B/D PA
clofarabine	1	B/D PA
COLUMVI	1	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; QL (84/28); NDS
COPIKTRA	1	PA; LA; QL (60/30); NDS
COTELLIC	1	PA; LA; QL (63/28); NDS
cyclophosphamide intravenous recon soln	1	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	1	B/D PA
cyclophosphamide oral capsule	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA
cyclosporine modified	1	B/D PA
cyclosporine oral capsule	1	B/D PA
CYRAMZA	1	PA; NDS
cytarabine	1	B/D PA
cytarabine (pf)	1	B/D PA

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
dacarbazine	1	B/D PA
dactinomycin	1	B/D PA
DANYELZA	1	PA; NDS
DANZITEN	1	PA; QL (112/28); NDS
DARZALEX	1	PA; NDS
DARZALEX FASPRO	1	PA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; QL (30/30); NDS
dasatinib oral tablet 20 mg, 70 mg	1	PA; QL (60/30); NDS
DATROWAY	1	PA; NDS
daunorubicin	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60/30); NDS
decitabine	1	B/D PA; NDS
DECNUPAZ	1	PA; NDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA; NDS
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA
DOCIVYX	1	B/D PA; NDS
doxorubicin intravenous recon soln 50 mg	1	B/D PA
doxorubicin intravenous solution	1	B/D PA
doxorubicin, peg-liposomal	1	B/D PA; NDS
DROXIA	1	
ELAHERE	1	PA; LA; NDS
ELIGARD	1	PA
ELIGARD (3 MONTH)	1	PA
ELIGARD (4 MONTH)	1	PA
ELIGARD (6 MONTH)	1	PA
ELREXFIO	1	PA; NDS
ELZONRIS	1	PA; NDS
EMPLICITI	1	PA; NDS
EMRELIS	1	PA; NDS
ENHERTU	1	PA; NDS
ENSACOVE	1	PA; QL (60/30); NDS
ENVARSUS XR	1	B/D PA
EPKINLY	1	PA; NDS
ERBITUX	1	B/D PA; NDS
eribulin	1	PA; NDS
ERIVEDGE	1	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120/30); NDS
erlotinib oral tablet 100 mg, 150 mg	1	PA; QL (30/30); NDS
erlotinib oral tablet 25 mg	1	PA; QL (60/30); NDS
ETOPOPHOS	1	B/D PA

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
etoposide intravenous	1	B/D PA
EULEXIN	1	NDS
EVDI	1	PA; NDS
everolimus (antineoplastic) oral tablet	1	PA; QL (30/30); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; QL (330/30); NDS
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; QL (240/30); NDS
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; QL (180/30); NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	1	B/D PA
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; NDS
EVOMELA	1	PA; NDS
exemestane	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA
floxuridine	1	B/D PA
fludarabine	1	B/D PA
fluorouracil intravenous	1	B/D PA
FOLOTYN	1	B/D PA; NDS
FOTIVDA	1	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21/28); NDS
fulvestrant	1	B/D PA; NDS
FYARRO	1	PA; NDS
GAVRETO	1	PA; LA; QL (120/30); NDS
GAZYVA	1	PA; NDS
gefitinib	1	PA; QL (30/30); NDS
gemcitabine intravenous recon soln	1	B/D PA
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)	1	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
gengraf oral capsule	1	B/D PA
GILOTRIF	1	PA; QL (30/30); NDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE ORAL CAPSULE 100 MG	1	NDS
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126/28); NDS
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84/28); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168/28); NDS
GRAFAPEX	1	B/D PA; NDS
HERNEXEOS	1	PA; QL (90/30); NDS
hydroxyurea	1	
HYRNUO	1	PA; QL (120/30); NDS
IBRANCE ORAL CAPSULE 125 MG	1	PA; QL (21/28); NDS
IBRANCE ORAL TABLET	1	PA; QL (21/28); NDS
IBTROZI	1	PA; QL (90/30); NDS
ICLUSIG	1	PA; QL (30/30); NDS
idarubicin	1	B/D PA
IDHIFA	1	PA; LA; QL (30/30); NDS
ifosfamide	1	B/D PA
imatinib oral tablet 100 mg	1	PA; QL (180/30)
imatinib oral tablet 400 mg	1	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET	1	PA; QL (30/30); NDS
IMDELLTRA	1	PA; NDS
IMFINZI	1	PA; NDS
IMJUDO	1	PA; NDS
IMKELDI	1	PA; QL (280/28); NDS
INLEXZO	1	B/D PA; LA; NDS
INLURIYO	1	PA; NDS
INLYTA ORAL TABLET 1 MG	1	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	1	PA; QL (120/30); NDS
INQOVI	1	PA; QL (5/28); NDS
INREBIC	1	PA; LA; QL (120/30); NDS
irinotecan	1	B/D PA
ITOVEBI	1	PA; QL (60/30); NDS
IWILFIN	1	PA; LA; QL (240/30); NDS
IXEMPRA	1	B/D PA; NDS
JAKAFI	1	PA; QL (60/30); NDS
JAKAFI XR	1	PA; QL (30/30); NDS
JAYPIRCA	1	PA; NDS
JEMPERLI	1	PA; NDS
JEVTANA	1	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
JIDEYTRO ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
JIDEYTRO ORAL TABLET 25 MG	1	PA; QL (90/30); NDS
JYLAMVO	1	
KADCYLA	1	PA; NDS
KEYTRUDA	1	PA; NDS
KEYTRUDA QLEX	1	PA; NDS
KIMMTRAK	1	PA; NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; QL (63/28); NDS
KLISYRI (250 MG)	1	ST; QL (5/30)
KLISYRI (350 MG)	1	ST; QL (5/30)
KOMZIFTI	1	PA; QL (90/30); NDS
KOSELUGO ORAL CAPSULE 10 MG	1	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	1	PA; QL (120/30); NDS
KOSELUGO ORAL CAPSULE, SPRINKLE	1	PA; NDS
KRAZATI	1	PA; QL (180/30); NDS
KYPROLIS	1	B/D PA; NDS
lapatinib	1	PA; QL (180/30); NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30/30); NDS
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60/30); NDS
lenalidomide	1	PA; LA; QL (28/28); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; QL (30/30); 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)	1	PA; QL (90/30); NDS
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)	1	PA; QL (60/30); NDS
letrozole	1	
LEUKERAN	1	
leuprolide subcutaneous kit	1	PA
LIBTAYO	1	PA; NDS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (18/28); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (27/28); NDS
lomustine oral capsule 10 mg, 40 mg	1	
lomustine oral capsule 100 mg	1	NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	1	PA; QL (80/28); NDS
LOQTORZI	1	PA; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 240 MG	1	PA; QL (120/30); NDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; QL (90/30); NDS
LUNSUMIO	1	PA; NDS
LUNSUMIO VELO	1	PA; NDS
LUPRON DEPOT	1	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	PA
LUPRON DEPOT (4 MONTH)	1	PA
LUPRON DEPOT (6 MONTH)	1	PA
LUPRON DEPOT-PED	1	PA; NDS
LUPRON DEPOT-PED (3 MONTH)	1	PA; NDS
LUTRATE DEPOT (3 MONTH)	1	PA
LYNOZYFIC	1	PA; NDS
LYNPARZA	1	PA; QL (120/30); NDS
LYSODREN	1	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (90/30); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (120/30); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (150/30); NDS
MARGENZA	1	PA; LA; NDS
MATULANE	1	NDS
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	1	PA
megestrol oral tablet	1	PA

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST ORAL RECON SOLN	1	PA; QL (1200/30); NDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30/30); NDS
MEKTOVI	1	PA; LA; QL (180/30); NDS
melphalan hcl	1	B/D PA; NDS
mercaptopurine oral suspension	1	NDS
mercaptopurine oral tablet	1	
methotrexate sodium (pf)	1	B/D PA
methotrexate sodium injection	1	B/D PA
methotrexate sodium oral	1	
mitomycin intravenous	1	B/D PA; NDS
mitoxantrone	1	B/D PA
MODEYSO	1	PA; QL (20/28); NDS
MONJUVI	1	PA; NDS
mycophenolate mofetil (hcl)	1	B/D PA
mycophenolate mofetil oral capsule	1	B/D PA
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA; NDS
mycophenolate mofetil oral tablet	1	B/D PA
mycophenolate sodium	1	B/D PA
MYLOTARG	1	PA; NDS
NELARABINE	1	B/D PA; NDS
NERLYNX	1	PA; LA; NDS
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; QL (112/28); NDS
nilotinib hcl oral capsule 50 mg	1	PA; QL (120/28); NDS
nilutamide	1	NDS
NINLARO	1	PA; QL (3/28); NDS
NIPENT	1	B/D PA
NUBEQA	1	PA; LA; QL (120/30); NDS
NULOJIX	1	B/D PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate injection solution 500 mcg/ml	1	PA; NDS
octreotide acetate injection syringe	1	PA
octreotide,microspheres	1	PA; NDS
ODOMZO	1	PA; LA; QL (30/30); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56/28); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96/28); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16/28); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24/28); NDS
OJJAARA	1	PA; QL (30/30); NDS
ONCASPAR	1	B/D PA; NDS
ONIVYDE	1	PA; NDS
ONUREG	1	PA; QL (14/28); NDS
OPDIVO	1	PA; NDS
OPDIVO QVANTIG	1	PA; NDS
OPDUALAG	1	PA; NDS
ORGOVYX	1	PA; LA; QL (30/28); NDS
ORSERDU	1	PA; LA; NDS
oxaliplatin	1	B/D PA
paclitaxel	1	B/D PA
paclitaxel protein-bound	1	PA; NDS
PADCEV	1	PA; NDS
pazopanib oral tablet 200 mg	1	PA; QL (120/30); NDS
PAZOPANIB ORAL TABLET 400 MG	1	PA; QL (60/30); NDS
PEMAZYRE	1	PA; LA; QL (14/21); NDS
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	1	PA; NDS
pemetrexed disodium intravenous recon soln 100 mg	1	PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	1	PA; NDS
PERJETA	1	PA; NDS
PHESGO	1	PA; NDS
PIQRAY	1	PA; NDS
POLIVY	1	PA; NDS
pomalidomide	1	PA; QL (21/28); NDS
POMALYST	1	PA; LA; QL (21/28); NDS
POTELIGEO	1	PA; NDS
PRALATREXATE	1	B/D PA; NDS
PROGRAF INTRAVENOUS	1	B/D PA
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA
QINLOCK	1	PA; LA; QL (90/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA; LA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	1	PA; LA; QL (180/30); NDS
RETEVMO ORAL TABLET 80 MG	1	PA; LA; QL (120/30); 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 6.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID	1	PA; LA; QL (28/28); NDS
REVTORPYK	1	PA; LA; NDS
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120/30); NDS
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60/30); NDS
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240/30); NDS
REZLIDHIA	1	PA; QL (60/30); NDS
REZUROCK	1	PA; LA; QL (30/30); NDS
romidepsin	1	PA; NDS
ROMVIMZA	1	PA; LA; QL (8/28); NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; QL (360/30); NDS
RUBRACA	1	PA; LA; QL (120/30); NDS
RUXIENCE	1	PA; NDS
RYBREVANT	1	PA; NDS
RYBREVANT FASPRO	1	PA; NDS
RYDAPT	1	PA; QL (224/28); NDS
RYLAZE	1	B/D PA; NDS
SARCLISA	1	PA; NDS
SARCLISA ESCENA	1	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300/30); NDS
SIGNIFOR	1	PA; NDS
SIMULECT	1	B/D PA; NDS
sirolimus	1	B/D PA
SOLTAMOX	1	NDS
SOMATULINE DEPOT	1	PA; NDS
sorafenib	1	PA; QL (120/30); NDS
STIVARGA	1	PA; QL (84/28); NDS
sunitinib malate	1	PA; QL (30/30); NDS
SYLVANT	1	B/D PA; NDS
TABLOID	1	
TABRECTA	1	PA; NDS
TACROLIMUS INTRAVENOUS	1	B/D PA
tacrolimus oral capsule 0.5 mg, 1 mg	1	B/D PA
tacrolimus oral capsule 5 mg	1	B/D PA
TAFINLAR ORAL CAPSULE	1	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; QL (840/28); NDS
TAGRISSO	1	PA; LA; QL (30/30); NDS
TALVEY	1	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; QL (90/30); NDS
tamoxifen	1	
TECENTRIQ	1	PA; NDS
TECENTRIQ HYBREZA	1	PA; LA; NDS
TECVAYLI	1	PA; NDS
TEMODAR	1	B/D PA; NDS
temsirolimus	1	B/D PA; NDS
TEPMETKO	1	PA; LA; QL (60/30); NDS
TEVIMBRA	1	PA; NDS
THALOMID ORAL CAPSULE 100 MG	1	PA; QL (112/28); NDS
THALOMID ORAL CAPSULE 50 MG	1	PA; QL (56/28); NDS
thiotepa	1	PA
TIBSOVO	1	PA; NDS
TIVDAK	1	PA; NDS
topotecan intravenous recon soln	1	B/D PA; NDS
topotecan intravenous solution	1	B/D PA
toremifene	1	
TRAZIMERA	1	PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA
tretinoin (antineoplastic)	1	NDS
TRIPTODUR	1	PA; QL (1/168)
TRODELVY	1	PA; NDS
TRUQAP	1	PA; QL (64/28); NDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300/30); NDS
TURALIO	1	PA; LA; QL (120/30); NDS
UNITUXIN	1	PA; NDS
valrubicin	1	B/D PA
VANFLYTA	1	PA; QL (56/28); NDS
VECTIBIX	1	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	1	PA; LA; QL (84/365); NDS
VEPPANU	1	PA; QL (30/30); NDS
VERZENIO	1	PA; LA; QL (60/30); NDS
vinblastine	1	B/D PA
vincristine	1	B/D PA
vinorelbine	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	1	PA; LA; QL (60/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI ORAL CAPSULE 25 MG	1	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	1	PA; LA; QL (300/30); NDS
VONJO	1	PA; QL (120/30); NDS
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60/30); NDS
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30/30); NDS
VYLOY	1	PA; NDS
VYXEOS	1	B/D PA; NDS
WELIREG	1	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	1	PA; QL (60/30); NDS
XALKORI ORAL PELLET 150 MG	1	PA; QL (180/30); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; QL (120/30); NDS
XATMEP	1	
XERMELO	1	PA; LA; QL (84/28); NDS
XOSPATA	1	PA; LA; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NDS
XTANDI ORAL CAPSULE	1	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	1	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	1	PA; QL (60/30); NDS
YERVOY	1	PA; NDS
YONDELIS	1	PA; NDS
yulithira	1	PA; QL (30/30)
ZALTRAP	1	B/D PA
ZEJULA ORAL TABLET 100 MG	1	PA; LA; QL (90/30); NDS
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; LA; QL (30/30); NDS
ZELBORAF	1	PA; QL (240/30); NDS
ZENBEXUS	1	PA; QL (21/28); NDS
ZEPZELCA	1	PA; NDS
ZIIHERA	1	PA; NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ZIRABEV	1	PA; NDS
ZOLADEX	1	B/D PA
ZOLINZA	1	PA; QL (120/30); NDS
ZYDELIG	1	PA; QL (60/30); NDS
ZYKADIA	1	PA; QL (90/30); NDS
ZYNLONTA	1	PA; LA; NDS
ZYNYZ	1	PA; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
brivaracetam intravenous	1	
brivaracetam oral solution	1	QL (600/30); NDS
brivaracetam oral tablet	1	QL (60/30); NDS
BRIVIACT INTRAVENOUS	1	NDS
BRIVIACT ORAL SOLUTION	1	QL (600/30); NDS
BRIVIACT ORAL TABLET	1	QL (60/30); NDS
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	1	
clobazam oral suspension	1	PA; QL (480/30)
clobazam oral tablet 10 mg	1	PA; QL (120/30)
clobazam oral tablet 20 mg	1	PA; QL (60/30)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (120/30)
clonazepam oral tablet 2 mg	1	QL (300/30)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg	1	QL (90/30)
clonazepam oral tablet,disintegrating 0.5 mg, 1 mg	1	QL (120/30)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300/30)
DIACOMIT	1	LA; NDS
diazepam rectal	1	
DILANTIN	1	
divalproex oral capsule, delayed rel sprinkle	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet,delayed release (dr/ec)	1	
EPIDIOLEX	1	PA; LA; NDS
EPRONTIA	1	PA
eslicarbazepine oral tablet 200 mg	1	QL (180/30); NDS
eslicarbazepine oral tablet 400 mg	1	QL (90/30); NDS
eslicarbazepine oral tablet 600 mg, 800 mg	1	QL (60/30); NDS
ethosuximide	1	
felbamate	1	
FINTEPLA	1	PA; LA; QL (360/30); NDS
fosphenytoin	1	
FYCOMPA ORAL SUSPENSION	1	QL (720/30); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	1	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	QL (60/30); NDS
gabapentin oral capsule 100 mg, 300 mg	1	QL (360/30)
gabapentin oral capsule 200 mg	1	QL (540/30)
gabapentin oral capsule 400 mg	1	QL (270/30)
gabapentin oral solution	1	QL (2160/30)
gabapentin oral tablet 600 mg	1	QL (180/30)
gabapentin oral tablet 800 mg	1	QL (120/30)
lacosamide intravenous	1	QL (1200/30); NDS
lacosamide oral solution	1	QL (1200/30)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	QL (60/30)
lacosamide oral tablet 50 mg	1	QL (120/30)
lamotrigine oral tablet	1	
lamotrigine oral tablet extended release 24hr	1	
lamotrigine oral tablet, chewable dispersible 25 mg	1	
lamotrigine oral tablet, chewable dispersible 5 mg	1	
lamotrigine oral tablet,disintegrating	1	
lamotrigine oral tablets,dose pack	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
levetiracetam intravenous	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	1	
methsuximide	1	
NAYZILAM	1	PA; QL (10/30)
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
perampanel oral suspension	1	QL (720/30); NDS
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	QL (30/30); NDS
perampanel oral tablet 2 mg	1	QL (60/30)
perampanel oral tablet 4 mg, 6 mg	1	QL (60/30); NDS
phenobarbital oral elixir	1	PA; QL (1500/30)
phenobarbital oral tablet	1	PA; QL (120/30)
phenobarbital sodium injection solution	1	
phenytoin oral suspension	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	QL (120/30)
pregabalin oral capsule 200 mg	1	QL (90/30)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60/30)
pregabalin oral solution	1	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension	1	PA; NDS
rufinamide oral tablet 200 mg	1	PA
rufinamide oral tablet 400 mg	1	PA; NDS
SPRITAM	1	
SUBVENITE ORAL SUSPENSION	1	NDS
subvenite oral tablet	1	
subvenite starter (blue) kit	1	
subvenite starter (green) kit	1	
subvenite starter (orange) kit	1	
SYMPAZAN	1	PA; QL (60/30); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
tiagabine	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	1	PA
topiramate oral capsule,extended release 24hr	1	PA
topiramate oral solution	1	PA
topiramate oral tablet	1	PA
valproate sodium	1	
valproic acid	1	
valproic acid (as sodium salt)	1	
VALTOCO	1	PA; QL (10/30); NDS
vigabatrin	1	PA; LA; QL (180/30); NDS
vigadrone	1	PA; LA; QL (180/30); NDS
VIGAFYDE	1	PA; LA; QL (900/30); NDS
XCOPRI MAINTENANCE PACK	1	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	1	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 25 MG	1	PA; QL (480/30); NDS
XCOPRI ORAL TABLET 50 MG	1	PA; QL (240/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	1	PA; QL (56/365)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; QL (56/365); NDS
ZONISADE	1	PA; NDS
zonisamide	1	PA
ZTALMY	1	PA; LA; QL (1080/30); NDS
ANTIPARKINSONISM AGENTS		
benztropine injection	1	
benztropine oral	1	PA
bromocriptine	1	
carbidopa	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300/30); NDS
ONGENTYS	1	
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	1	
rasagiline	1	
ropinirole oral tablet	1	
RYTARY	1	ST
selegiline hcl	1	
trihexyphenidyl oral elixir	1	
trihexyphenidyl oral tablet	1	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; QL (1/30)
dihydroergotamine nasal	1	QL (8/28); NDS
ergotamine-caffeine	1	
migergot	1	NDS
naratriptan	1	QL (18/28)
NURTEC ODT	1	PA; QL (16/30); NDS
rizatriptan oral tablet	1	QL (36/28)
rizatriptan oral tablet,disintegrating	1	QL (36/28)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (18/28)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (36/28)
sumatriptan succinate oral	1	QL (18/28)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (8/28)
sumatriptan succinate subcutaneous solution	1	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; QL (240/30); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; QL (56/365); NDS
BRIUMVI	1	PA; QL (24/168); NDS
dalfampridine	1	PA; QL (60/30)
dextromethorphan-quinidine	1	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; QL (14/30)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; QL (120/365)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; QL (60/30); NDS
donepezil oral tablet 10 mg	1	QL (60/30)
donepezil oral tablet 5 mg	1	QL (30/30)
donepezil oral tablet,disintegrating 10 mg	1	QL (60/30)
donepezil oral tablet,disintegrating 5 mg	1	QL (30/30)
EDARAVONE	1	PA; NDS
fingolimod	1	PA; QL (30/30); NDS
galantamine oral capsule,ext rel. pellets 24 hr	1	QL (30/30)
galantamine oral solution	1	QL (200/30)
galantamine oral tablet	1	QL (60/30)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30/30); NDS
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12/28); NDS
glatopa subcutaneous syringe 20 mg/ml	1	PA; QL (30/30); NDS
glatopa subcutaneous syringe 40 mg/ml	1	PA; QL (12/28); NDS
INGREZZA	1	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (56/365); NDS
INGREZZA SPRINKLE	1	PA; LA; QL (30/30); NDS
KESIMPTA PEN	1	PA; QL (1.6/28); NDS
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg	1	PA
memantine oral capsule,sprinkle,er 24hr 28 mg, 7 mg	1	PA
memantine oral solution	1	PA; QL (300/30)
memantine oral tablet 10 mg	1	PA; QL (60/30)
memantine oral tablet 5 mg	1	PA; QL (90/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MEMANTINE ORAL TABLETS,DOSE PACK	1	PA; QL (98/365)
memantine-donepezil	1	PA
NUEDEXTA	1	PA; NDS
RADICAVA	1	PA; NDS
rivastigmine	1	
rivastigmine tartrate	1	QL (60/30)
teriflunomide	1	PA; QL (30/30); NDS
tetrabenazine oral tablet 12.5 mg	1	PA; QL (240/30)
tetrabenazine oral tablet 25 mg	1	PA; QL (120/30); NDS
TYSABRI	1	PA; NDS
VUMERITY	1	PA; QL (120/30); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA
dantrolene oral	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	1	PA; NDS
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	1	PA; LA; NDS
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)	1	QL (4500/30)
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL (4500/30); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (360/30); NDS
acetaminophen-codeine oral tablet 300-60 mg	1	QL (180/30); NDS
buprenorphine	1	QL (4/28); NDS
buprenorphine hcl injection	1	NDS
buprenorphine hcl sublingual	1	
endocet	1	QL (360/30); NDS
fentanyl	1	QL (10/30); NDS
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml	1	QL (5550/30); NDS

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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	1	QL (5550/30); NDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg	1	QL (390/30); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360/30); NDS
hydrocodone-ibuprofen	1	QL (50/30); NDS
hydromorphone oral liquid	1	QL (2400/30); NDS
hydromorphone oral tablet	1	QL (180/30); NDS
INFUMORPH P/F	1	B/D PA; NDS
methadone injection solution	1	NDS
methadone oral solution 10 mg/5 ml	1	QL (600/30); NDS
methadone oral solution 5 mg/5 ml	1	QL (1200/30); NDS
methadone oral tablet 10 mg	1	QL (120/30); NDS
methadone oral tablet 5 mg	1	QL (240/30); NDS
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	NDS
morphine concentrate oral solution	1	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	NDS
morphine intravenous solution 10 mg/ml	1	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	NDS
morphine oral solution	1	QL (900/30); NDS
morphine oral tablet	1	QL (180/30); NDS
morphine oral tablet extended release	1	QL (120/30); NDS
oxycodone oral concentrate	1	QL (180/30); NDS
oxycodone oral solution	1	QL (1200/30); NDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL (180/30); NDS
oxycodone oral tablet 5 mg	1	QL (360/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	1	QL (180/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	1	QL (360/30); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
oxymorphone oral tablet extended release 12 hr	1	QL (90/30); NDS
SUBLOCADE	1	NDS
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film	1	
buprenorphine-naloxone sublingual tablet	1	
butorphanol nasal	1	QL (10/28); NDS
celecoxib	1	QL (60/30)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
diclofenac sodium topical drops	1	PA; QL (300/28)
diclofenac sodium topical gel 1 %	1	QL (1000/28)
diclofenac sodium topical solution in metered-dose pump	1	PA; QL (224/28)
diflunisal	1	
etodolac oral capsule	1	
etodolac oral tablet 400 mg	1	
etodolac oral tablet 500 mg	1	
etodolac oral tablet extended release 24 hr	1	
flurbiprofen oral tablet 100 mg	1	
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
KLOXXADO	1	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (60/30)
nabumetone	1	
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
REXTOVY	1	
salsalate	1	
sulindac	1	
tramadol oral tablet 50 mg	1	QL (240/30); NDS
tramadol-acetaminophen	1	QL (240/30); NDS
VIVITROL	1	NDS
ZUBSOLV	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	QL (3.2/56); NDS
ABILIFY MAINTENA	1	QL (1/28); NDS
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120/30)
alprazolam oral tablet 2 mg	1	QL (150/30)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	1	QL (90/30)
alprazolam oral tablet,disintegrating 2 mg	1	QL (150/30)
amitriptyline	1	
amoxapine	1	
aripiprazole oral solution	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1	QL (60/30)
aripiprazole oral tablet 20 mg, 30 mg	1	QL (30/30)
aripiprazole oral tablet,disintegrating	1	QL (60/30)
ARISTADA INITIO	1	QL (4.8/365); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2/28); NDS
armodafinil	1	PA; QL (30/30)
asenapine maleate sublingual tablet 10 mg, 2.5 mg	1	QL (60/30)
asenapine maleate sublingual tablet 5 mg	1	QL (90/30)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60/30)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (30/30)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	1	ST; QL (60/30); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPAC K	1	ST; QL (102/365)
BELSOMRA	1	QL (30/30)
bupropion hcl oral tablet 100 mg	1	QL (120/30)
bupropion hcl oral tablet 75 mg	1	QL (180/30)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (90/30)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (30/30)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	1	QL (120/30)
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	1	QL (60/30)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
BYSANTI ORAL TABLET 1 MG	1	PA; QL (180/30); NDS
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60/30); NDS
BYSANTI TITRATION PACK A	1	PA; QL (16/365); NDS
BYSANTI TITRATION PACK B	1	PA; QL (24/365); NDS
BYSANTI TITRATION PACK C	1	PA; QL (16/365); NDS
CAPLYTA	1	QL (30/30); NDS
chlorpromazine injection	1	
chlorpromazine oral	1	
citalopram oral solution	1	
citalopram oral tablet 10 mg, 20 mg	1	QL (60/30)
citalopram oral tablet 40 mg	1	QL (30/30)
clomipramine	1	
clorazepate dipotassium oral tablet 15 mg	1	QL (180/30)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (90/30)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (360/30)
clozapine oral tablet	1	
clozapine oral tablet,disintegrating	1	
COBENFY	1	ST; QL (60/30); NDS
COBENFY STARTER PACK	1	ST; QL (56/180); NDS
desipramine	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1	QL (120/30)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	1	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	1	QL (90/30)
dexmethylphenidate oral tablet	1	
dextroamphetamine sulfate oral capsule, extended release	1	
dextroamphetamine sulfate oral solution	1	QL (1800/30); NDS
dextroamphetamine sulfate oral tablet	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	QL (60/30)
dextroamphetamine-amphetamine oral tablet 10 mg	1	QL (180/30)
dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg	1	QL (60/30)
dextroamphetamine-amphetamine oral tablet 15 mg	1	QL (120/30)
dextroamphetamine-amphetamine oral tablet 20 mg	1	QL (90/30)
dextroamphetamine-amphetamine oral tablet 5 mg	1	QL (360/30)
diazepam injection	1	
diazepam intensol	1	QL (360/30)
diazepam oral concentrate	1	QL (360/30)
diazepam oral solution	1	QL (1800/30)
diazepam oral tablet	1	QL (180/30)
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	1	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	1	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	1	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	QL (90/30)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (60/30)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (120/30)
EMSAM	1	QL (30/30); NDS
escitalopram oxalate oral solution	1	QL (600/30)
escitalopram oxalate oral tablet 10 mg	1	QL (60/30)
escitalopram oxalate oral tablet 20 mg	1	QL (30/30)
escitalopram oxalate oral tablet 5 mg	1	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	1	ST; QL (30/30); NDS
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	1	ST; QL (32/180); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	1	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	1	PA; QL (90/30); NDS
FANAPT TITRATION PACK A	1	PA; QL (16/365)
FANAPT TITRATION PACK B	1	PA; QL (24/365)
FANAPT TITRATION PACK C	1	PA; QL (16/365)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST; QL (56/365)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	ST; QL (30/30)
fluoxetine (pmdd)	1	QL (120/30)
fluoxetine oral capsule 10 mg	1	QL (120/30)
fluoxetine oral capsule 20 mg	1	QL (90/30)
fluoxetine oral capsule 40 mg	1	QL (90/30)
fluoxetine oral capsule,delayed release(dr/ec)	1	QL (4/28)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg, 20 mg	1	QL (120/30)
fluphenazine decanoate	1	
fluphenazine hcl injection	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
fluvoxamine oral tablet 100 mg, 25 mg	1	QL (90/30)
fluvoxamine oral tablet 50 mg	1	QL (120/30)
guanfacine oral tablet extended release 24 hr	1	QL (30/30)
haloperidol decanoate	1	
haloperidol lactate injection	1	
haloperidol lactate oral	1	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg	1	
haloperidol oral tablet 10 mg, 20 mg	1	
imipramine hcl	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5/180); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5/180); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	QL (0.88/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	QL (1.32/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	QL (2.63/90); NDS
lisdexamfetamine oral tablet,chewable	1	QL (30/30)
lithium carbonate	1	
lithium citrate	1	
lorazepam injection	1	
lorazepam intensol	1	QL (150/30)
lorazepam oral concentrate	1	QL (150/30)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90/30)
lorazepam oral tablet 2 mg	1	QL (150/30)
loxapine succinate	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30/30)
lurasidone oral tablet 80 mg	1	QL (60/30)
LYBALVI	1	PA; QL (30/30); NDS
MARPLAN	1	QL (180/30)
methylphenidate hcl oral tablet	1	QL (90/30)
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 36 mg, 54 mg	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet,disintegrating	1	QL (30/30)
modafinil oral tablet 100 mg	1	PA; QL (30/30)
modafinil oral tablet 200 mg	1	PA; QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
molindone oral tablet 10 mg	1	
molindone oral tablet 25 mg, 5 mg	1	
nefazodone	1	
nortriptyline oral capsule	1	
nortriptyline oral solution	1	
NUPLAZID	1	PA; QL (30/30); NDS
olanzapine intramuscular	1	QL (30/30)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	QL (60/30)
olanzapine oral tablet 15 mg, 20 mg	1	QL (30/30)
olanzapine oral tablet,disintegrating 10 mg, 5 mg	1	QL (60/30)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	1	QL (30/30)
olanzapine-fluoxetine	1	
OPIPZA ORAL FILM 10 MG	1	ST; QL (90/30); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	1	ST; QL (60/30); NDS
oxazepam	1	QL (120/30)
paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg	1	PA; QL (30/30)
paliperidone oral tablet extended release 24hr 3 mg, 6 mg	1	PA; QL (60/30)
paroxetine hcl oral suspension	1	QL (900/30)
paroxetine hcl oral tablet 10 mg	1	QL (180/30)
paroxetine hcl oral tablet 20 mg	1	QL (30/30)
paroxetine hcl oral tablet 30 mg	1	QL (60/30)
paroxetine hcl oral tablet 40 mg	1	QL (30/30)
paroxetine hcl oral tablet extended release 24 hr	1	QL (60/30)
perphenazine	1	
perphenazine-amitriptyline	1	
PERSERIS	1	QL (1/28); NDS
phenelzine	1	
pimozide	1	
protriptyline	1	
quetiapine oral tablet 100 mg, 25 mg, 50 mg	1	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	1	QL (90/30)
quetiapine oral tablet 200 mg	1	QL (90/30)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60/30)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30/30)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
RALDESY	1	NDS
ramelteon	1	QL (30/30)
REXULTI ORAL TABLET	1	QL (30/30); NDS
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	QL (2/28)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	1	QL (2/28); NDS
risperidone oral solution	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg	1	QL (120/30)
risperidone oral tablet 1 mg	1	QL (180/30)
risperidone oral tablet 2 mg	1	QL (90/30)
risperidone oral tablet 3 mg	1	QL (60/30)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg	1	QL (120/30)
risperidone oral tablet,disintegrating 1 mg	1	QL (180/30)
risperidone oral tablet,disintegrating 2 mg	1	QL (90/30)
risperidone oral tablet,disintegrating 3 mg	1	QL (60/30)
SECUADO	1	QL (30/30); NDS
sertraline oral concentrate	1	
sertraline oral tablet 100 mg, 25 mg	1	QL (60/30)
sertraline oral tablet 50 mg	1	QL (60/30)
SODIUM OXYBATE	1	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	1	PA; QL (16/28); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	1	PA; QL (18/28); NDS
tasimelteon	1	PA; QL (30/30); NDS
temazepam oral capsule 15 mg, 30 mg	1	QL (60/365)
thioridazine	1	
thiothixene	1	
tranylcypromine	1	
trazodone oral tablet 100 mg	1	
trazodone oral tablet 150 mg, 300 mg, 50 mg	1	
trifluoperazine	1	
trimipramine	1	
TRINTELLIX	1	ST; QL (30/30)

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Drug Name	Drug Tier	Requirements/ Limits
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (60/30)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90/30)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg	1	QL (90/30)
venlafaxine oral tablet 50 mg, 75 mg	1	QL (120/30)
VERSACLOZ	1	NDS
vilazodone oral tablet 10 mg, 20 mg	1	QL (30/30)
vilazodone oral tablet 40 mg	1	QL (30/30)
VRAYLAR	1	QL (30/30); NDS
zaleplon oral capsule 10 mg	1	QL (60/30)
zaleplon oral capsule 5 mg	1	QL (30/30)
ziprasidone hcl oral capsule 20 mg	1	QL (180/30)
ziprasidone hcl oral capsule 40 mg	1	QL (120/30)
ziprasidone hcl oral capsule 60 mg, 80 mg	1	QL (60/30)
ziprasidone mesylate	1	QL (6/30)
zolpidem oral tablet	1	QL (30/30)
ZURZUVAE	1	PA; NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	PA; QL (1/28); NDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution	1	B/D PA
amiodarone oral	1	
dofetilide	1	
flecainide	1	
lidocaine (pf) intravenous	1	
mexiletine oral capsule 150 mg, 250 mg	1	
mexiletine oral capsule 200 mg	1	
MULTAQ	1	QL (60/30)
pacerone oral tablet 100 mg, 200 mg	1	
propafenone oral capsule,extended release 12 hr	1	
propafenone oral tablet	1	
quinidine sulfate oral tablet	1	
sotalol af	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
sotalol oral	1	
SOTYLIZE	1	
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	
aliskiren	1	
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine oral tablet 10 mg, 5 mg	1	
amlodipine oral tablet 2.5 mg	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
atenolol-chlorthalidone	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide injection	1	
bumetanide oral	1	

Drug Name	Drug Tier	Requirements/ Limits
candesartan oral tablet 16 mg, 4 mg, 8 mg	1	QL (60/30)
candesartan oral tablet 32 mg	1	QL (30/30)
candesartan-hydrochlorothiazid	1	
captopril	1	
cartia xt	1	
carvedilol	1	
carvedilol phosphate	1	
chlorothiazide sodium	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1	
clonidine hcl oral tablet 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr	1	QL (4/28)
clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL (4/28)
diltiazem hcl intravenous solution	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30/30)
doxazosin oral tablet 8 mg	1	QL (60/30)
EDARBI	1	
EDARBYCLOR	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ethacrynate sodium	1	NDS
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide injection	1	
furosemide oral solution	1	
furosemide oral tablet 20 mg, 40 mg	1	
furosemide oral tablet 80 mg	1	
hydralazine injection	1	
hydralazine oral	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg	1	
hydrochlorothiazide oral tablet 50 mg	1	
indapamide	1	
irbesartan	1	QL (30/30)
irbesartan-hydrochlorothiazide	1	QL (30/30)
isosorbide-hydralazine	1	QL (180/30)
isradipine	1	
KERENDIA	1	PA; QL (30/30)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
losartan	1	QL (60/30)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (30/30)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (60/30)
matzim la	1	
metolazone	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 50 mg	1	
metoprolol succinate oral tablet extended release 24 hr 25 mg	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	1	
metyrosine	1	PA; NDS
minoxidil oral	1	
moexipril	1	
nadolol	1	
nebivolol	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
nicardipine intravenous solution	1	
nicardipine oral	1	
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nimodipine oral capsule	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	1	
olmesartan	1	
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	1	
ORENITRAM MONTH 1 TITRATION KT	1	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	1	PA; NDS
ORENITRAM MONTH 3 TITRATION KT	1	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; NDS
perindopril erbumine	1	
phenoxybenzamine	1	NDS
pindolol	1	
prazosin	1	
propranolol oral capsule,extended release 24 hr	1	
propranolol oral solution	1	
propranolol oral tablet	1	
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz	1	
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazid	1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30/30)
terazosin oral capsule 10 mg	1	QL (60/30)
tiadylt er	1	
timolol maleate oral	1	
torsemide oral	1	
trandolapril	1	
triamterene-hydrochlorothiazid	1	
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (60/30)
valsartan oral tablet 320 mg	1	QL (30/30)
valsartan-hydrochlorothiazide	1	QL (30/30)

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Covered Drugs By Category

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

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
jantoven oral tablet 1 mg	1	
jantoven oral tablet 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
pentoxifylline	1	
prasugrel hcl	1	
rivaroxaban	1	
ticagrelor	1	QL (60/30)
warfarin	1	
XARELTO DVT-PE TREAT 30D START	1	
XARELTO ORAL TABLET	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	
atorvastatin	1	QL (30/30)
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	
colestipol oral granules	1	
colestipol oral packet	1	
colestipol oral tablet	1	
ezetimibe	1	QL (30/30)
ezetimibe-simvastatin	1	QL (30/30)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	1	
fluvastatin oral capsule 20 mg	1	QL (30/30)
fluvastatin oral capsule 40 mg	1	QL (60/30)
fluvastatin oral tablet extended release 24 hr	1	QL (30/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
gemfibrozil	1	
icosapent ethyl	1	
lovastatin oral tablet 10 mg	1	QL (30/30)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60/30)
NEXLETOL	1	PA; QL (30/30)
NEXLIZET	1	PA; QL (30/30)
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	
NIACOR	1	
omega-3 acid ethyl esters	1	
pitavastatin calcium	1	QL (30/30)
pravastatin	1	QL (30/30)
prevalite	1	
REPATHA SURECLICK	1	PA; QL (6/28)
REPATHA SYRINGE	1	PA; QL (6/28)
rosuvastatin	1	QL (30/30)
simvastatin	1	QL (30/30)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	1	PA; QL (30/30); NDS
digoxin injection	1	
digoxin oral solution	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	1	
ENTRESTO SPRINKLE	1	QL (240/30)
ivabradine	1	PA; QL (60/30)
LANOXIN PEDIATRIC	1	
ranolazine	1	QL (60/30)
sacubitril-valsartan	1	QL (60/30)
VERQUVO	1	PA; QL (30/30)
VYNDAMAX	1	PA; NDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	PA
calcipotriene scalp	1	QL (120/30)
calcipotriene topical cream	1	QL (120/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene topical ointment	1	QL (120/30)
calcitriol topical	1	
COSENTYX (2 SYRINGES)	1	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	1	PA; NDS
COSENTYX PEN	1	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	1	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	1	PA; QL (10/28); NDS
SELARSDI INTRAVENOUS	1	PA; QL (104/180); NDS
SELARSDI SUBCUTANEOUS SOLUTION	1	PA; QL (0.5/28)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5/28)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1/28); NDS
selenium sulfide topical lotion	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	1	PA; QL (0.74/84); NDS
STELARA INTRAVENOUS	1	PA; QL (104/180); NDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1/28); NDS
TREMFYA INTRAVENOUS	1	PA; QL (20/28); NDS
TREMFYA ONE-PRESS	1	PA; QL (2/28); NDS
TREMFYA PEN	1	PA; QL (2/28); NDS
TREMFYA PEN INDUCTION PK(2PEN)	1	PA; QL (24/365); NDS
TREMFYA SUBCUTANEOUS SYRINGE	1	PA; QL (2/28); NDS
USTEKINUMAB INTRAVENOUS	1	PA; QL (104/180); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB SUBCUTANEOUS SOLUTION	1	PA; QL (0.5/28); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5/28); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1/28); NDS
ZORYVE TOPICAL CREAM 0.15 %	1	PA; QL (60/30)
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8/28); NDS
FLUOROURACIL TOPICAL CREAM 0.5 %	1	NDS
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
glydo	1	QL (60/30)
imiquimod topical cream in metered-dose pump	1	
imiquimod topical cream in packet 3.75 %	1	
imiquimod topical cream in packet 5 %	1	
lidocaine (pf) injection solution	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly in applicator	1	QL (60/30)
lidocaine hcl mucous membrane solution	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA; QL (90/30)
lidocaine topical ointment	1	QL (50/30)
lidocaine-prilocaine topical cream	1	QL (30/30)
methoxsalen	1	NDS
PANRETIN	1	NDS
pimecrolimus	1	PA; QL (100/30)
podofilox topical solution	1	
SANTYL	1	QL (180/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
silver sulfadiazine	1	
ssd	1	
tacrolimus topical	1	PA; QL (100/30)
VALCHLOR	1	PA; NDS
ZTLIDO	1	PA; QL (90/30)
THERAPY FOR ACNE		
adapalene topical gel 0.3 %	1	QL (45/30)
adapalene topical gel with pump 0.3 %	1	
amnesteem	1	
azelaic acid	1	
claravis	1	
clindacin etz topical swab	1	QL (69/30)
clindacin p	1	QL (69/30)
clindamycin phosphate topical gel	1	QL (120/30)
clindamycin phosphate topical gel, once daily	1	QL (120/30)
clindamycin phosphate topical lotion	1	QL (120/30)
clindamycin phosphate topical solution	1	QL (120/30)
clindamycin phosphate topical swab	1	QL (60/30)
ery pads	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical	1	
tazarotene topical cream	1	PA
tazarotene topical gel	1	PA
tretinoin microspheres	1	PA
tretinoin topical cream	1	PA
tretinoin topical gel 0.01 %	1	PA
tretinoin topical gel 0.025 %, 0.05 %	1	PA
zenatane	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream	1	QL (60/30)
gentamicin topical ointment	1	
mupirocin	1	QL (44/30)
mupirocin calcium	1	QL (30/30)
sulfacetamide sodium (acne)	1	
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	
ciclopirox topical cream	1	QL (90/28)
ciclopirox topical shampoo	1	QL (120/28)
ciclopirox topical solution	1	QL (6.6/28)
ciclopirox topical suspension	1	QL (60/28)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole topical cream	1	QL (45/28)
clotrimazole topical solution	1	QL (30/28)
clotrimazole-betamethasone topical cream	1	QL (45/28)
clotrimazole-betamethasone topical lotion	1	QL (60/28)
econazole nitrate topical cream	1	QL (85/28)
ketoconazole topical cream	1	QL (60/28)
ketoconazole topical shampoo	1	QL (120/28)
klayesta	1	QL (180/30)
naftifine topical cream	1	QL (60/28)
naftifine topical gel	1	QL (60/30)
nyamyc	1	QL (180/30)
nystatin topical cream	1	QL (30/28)
nystatin topical ointment	1	QL (30/28)
nystatin topical powder	1	QL (180/30)
nystatin-triamcinolone	1	QL (60/28)
nystop	1	QL (180/30)
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	QL (30/30)
penciclovir	1	QL (5/30)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	
alclometasone	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
betamethasone, augmented	1	
clobetasol scalp	1	QL (100/28)
clobetasol topical cream 0.05 %	1	QL (120/28)
clobetasol topical foam	1	QL (100/28)
clobetasol topical gel	1	QL (120/28)
clobetasol topical ointment	1	QL (120/28)
clobetasol topical shampoo	1	QL (236/28)
clobetasol-emollient topical cream	1	QL (120/28)
clobetasol-emollient topical foam	1	QL (100/28)
CLOCORTOLONE PIVALATE	1	
clodan	1	QL (236/28)
desonide topical cream	1	
desonide topical lotion	1	
desonide topical ointment	1	
desoximetasone topical cream	1	
desoximetasone topical gel	1	
desoximetasone topical ointment	1	
fluocinolone	1	

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Drug Name	Drug Tier	Requirements/ Limits
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	QL (120/30)
fluocinonide topical cream 0.1 %	1	QL (120/30)
fluocinonide topical gel	1	QL (120/30)
fluocinonide topical ointment	1	QL (120/30)
fluocinonide topical solution	1	QL (120/30)
fluticasone propionate topical cream	1	
fluticasone propionate topical ointment	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hydrocortisone butyrate topical cream	1	QL (120/30)
hydrocortisone butyrate topical ointment	1	QL (120/30)
hydrocortisone butyrate topical solution	1	QL (120/30)
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
mometasone topical	1	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment	1	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion	1	
permethrin	1	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
ringer's irrigation	1	
MISCELLANEOUS AGENTS		
acamprosate	1	
anagrelide	1	
carglumic acid	1	PA; LA; NDS
cevimeline	1	
CHEMET	1	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
CUVRIOR	1	PA; LA; QL (300/30); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
D5 % (D-GLUCOSE)-0.9 % SODCHLR	1	
d5 % and 0.9 % sodium chloride	1	
d5 %-0.45 % sodium chloride	1	
deferasirox oral granules in packet	1	PA; NDS
deferasirox oral tablet 180 mg, 360 mg	1	PA
deferasirox oral tablet 90 mg	1	PA
deferiprone	1	PA; NDS
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	
dextrose 5 %-lactated ringers	1	
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	1	
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w)	1	
disulfiram	1	
droxidopa oral capsule 100 mg	1	PA; QL (90/30)
droxidopa oral capsule 200 mg, 300 mg	1	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	1	PA; NDS
FERRIPROX ORAL SOLUTION	1	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	1	PA; NDS
glutamine (sickle cell)	1	PA; QL (180/30); NDS
INCRELEX	1	PA; LA; NDS
kionex oral suspension	1	
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
LOKELMA	1	
midodrine	1	
nitisinone	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
pilocarpine hcl oral tablet 5 mg	1	
pilocarpine hcl oral tablet 7.5 mg	1	
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; LA; NDS
REVCOVI	1	PA; NDS
REZDIFFRA	1	PA; QL (30/30); NDS
riluzole	1	
risedronate oral tablet 30 mg	1	QL (30/30)
sevelamer carbonate oral powder in packet 0.8 gram	1	PA; QL (510/30)
sevelamer carbonate oral powder in packet 2.4 gram	1	PA; QL (150/30)
sevelamer carbonate oral tablet	1	PA; QL (510/30)
sodium chloride 0.9 % intravenous	1	
SODIUM CHLORIDE IRRIGATION	1	
sodium phenylbutyrate	1	PA; NDS
sodium polystyrene sulfonate	1	
sps (with sorbitol) oral	1	
trientine oral capsule 250 mg	1	PA; QL (240/30); NDS
TZIELD	1	PA; QL (14/999); NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM	1	QL (120/30)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	QL (30/30)
water for irrigation, sterile	1	
XIAFLEX	1	PA; NDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	B/D PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	QL (60/30)
NICOTROL NS	1	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	1	
varenicline tartrate oral tablet 1 mg (56 pack)	1	
varenicline tartrate oral tablets,dose pack	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (60/30)
chlorhexidine gluconate mucous membrane	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
fluoride (sodium) dental	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (30/30)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (30/30)
kourzeq	1	
oralone	1	
periogard	1	
sodium fluoride 5000 dry mouth	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	1	
neomycin-polymyxin-hc otic (ear)	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
DEPO-MEDROL	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution	1	
fludrocortisone	1	
hydrocortisone oral	1	
hydrocortisone sod succinate	1	
MEDROL ORAL TABLET 2 MG	1	B/D PA
methylprednisolone acetate	1	
methylprednisolone oral tablet	1	B/D PA
methylprednisolone oral tablets,dose pack	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral syringe	1	
prednisone intensol	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet,delayed release (dr/ec)	1	NDS
prednisone oral tablets,dose pack	1	
SOLU-CORTEF ACT-O-VIAL (PF)	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	QL (90/30)
acarbose oral tablet 25 mg	1	QL (360/30)
acarbose oral tablet 50 mg	1	QL (180/30)
alcohol pads	1	PA
ALCOHOL PREP PADS	1	PA
ALCOHOL SWABS	1	PA
ALCOHOL WIPES	1	PA
BAQSIMI	1	
CARETOUCH ALCOHOL PREP PAD	1	PA
CURITY ALCOHOL SWABS	1	PA
CYCLOSET	1	QL (180/30)
dapagliflozin oral tablet 10 mg	1	QL (30/30)
dapagliflozin oral tablet 5 mg	1	QL (60/30)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	QL (30/30)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	QL (60/30)
diazoxide	1	
DROPSAFE ALCOHOL PREP PADS	1	PA

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT ALCOHOL PAD	1	PA
EASY TOUCH ALCOHOL PREP PADS	1	PA
FARXIGA ORAL TABLET 10 MG	1	QL (30/30)
FARXIGA ORAL TABLET 5 MG	1	QL (60/30)
FIASP FLEXTOUCH U-100 INSULIN	1	
FIASP PENFILL U-100 INSULIN	1	
FIASP U-100 INSULIN	1	
glimepiride oral tablet 1 mg	1	QL (240/30)
glimepiride oral tablet 2 mg	1	QL (120/30)
glimepiride oral tablet 4 mg	1	QL (60/30)
glipizide oral tablet 10 mg	1	QL (120/30)
GLIPIZIDE ORAL TABLET 15 MG	1	QL (60/30)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)
glipizide oral tablet 5 mg	1	QL (240/30)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60/30)
glipizide oral tablet extended release 24hr 2.5 mg	1	QL (240/30)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120/30)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240/30)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT (HUMAN)	1	
GVOKE	1	QL (0.8/30)
GVOKE HYPOPEN 1-PACK	1	QL (0.8/30)
GVOKE HYPOPEN 2-PACK	1	QL (0.8/30)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	QL (0.8/30)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	QL (0.8/30)
HUMALOG JUNIOR KWIKPEN U-100	1	
HUMALOG KWIKPEN INSULIN	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25 KWIKPEN	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75-25(U-100)INSULIN	1	
HUMALOG U-100 INSULIN	1	
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	
HUMULIN N NPH INSULIN KWIKPEN	1	
HUMULIN N NPH U-100 INSULIN	1	
HUMULIN R REGULAR U-100 INSULIN	1	
HUMULIN R U-500 (CONC) KWIKPEN	1	NDS
INSULIN LISPRO	1	
INSULIN LISPRO PROTAMIN-LISPRO	1	
JANUMET	1	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60/30)
JANUVIA	1	QL (30/30)
JARDIANCE	1	QL (30/30)
JENTADUETO	1	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	1	
LANTUS U-100 INSULIN	1	
LYUMJEV KWIKPEN U-100 INSULIN	1	
LYUMJEV KWIKPEN U-200 INSULIN	1	
LYUMJEV U-100 INSULIN	1	
metformin oral solution	1	QL (765/30)
metformin oral tablet 1,000 mg	1	QL (75/30)
metformin oral tablet 500 mg	1	QL (150/30)
metformin oral tablet 850 mg	1	QL (90/30)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120/30)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60/30)
metformin oral tablet extended release 24hr 1,000 mg	1	ST; QL (60/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
metformin oral tablet extended release 24hr 500 mg	1	QL (150/30)
miglitol oral tablet 100 mg	1	QL (90/30)
miglitol oral tablet 25 mg	1	QL (360/30)
miglitol oral tablet 50 mg	1	QL (180/30)
MOUNJARO	1	PA; QL (2/28)
nateglinide oral tablet 120 mg	1	QL (90/30)
nateglinide oral tablet 60 mg	1	QL (180/30)
NOVOLIN R FLEXPEN	1	
NOVOLOG FLEXPEN U-100 INSULIN	1	
NOVOLOG PENFILL U-100 INSULIN	1	
NOVOLOG U-100 INSULIN ASPART	1	
OZEMPIC ORAL	1	PA; QL (30/30)
OZEMPIC SUBCUTANEOUS	1	PA; QL (3/28)
pioglitazone	1	QL (30/30)
pioglitazone-metformin	1	QL (90/30)
PRO COMFORT ALCOHOL PADS	1	PA
PURE COMFORT ALCOHOL PADS	1	PA
repaglinide oral tablet 0.5 mg	1	QL (960/30)
repaglinide oral tablet 1 mg	1	QL (480/30)
repaglinide oral tablet 2 mg	1	QL (240/30)
RYBELSUS	1	PA; QL (30/30)
sitagliptin phos-metformin oral tablet	1	QL (60/30)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	QL (30/30)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	QL (60/30)
sitagliptin phosphate	1	QL (30/30)
SOLIQUA 100/33	1	QL (15/24)
TOUJEO MAX U-300 SOLOSTAR	1	
TOUJEO SOLOSTAR U-300 INSULIN	1	
TRADJENTA	1	QL (30/30)
TRUE COMFORT ALCOHOL PADS	1	PA
TRUE COMFORT PRO ALCOHOL PADS	1	PA
TRULICITY	1	PA; QL (2/28)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (60/30)
XULTOPHY 100/3.6	1	QL (15/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; NDS
cabergoline	1	
calcitonin (salmon) injection	1	NDS
calcitonin (salmon) nasal	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	1	PA
cinacalcet oral tablet 30 mg	1	QL (60/30)
cinacalcet oral tablet 60 mg	1	QL (60/30)
cinacalcet oral tablet 90 mg	1	QL (120/30)
danazol	1	
desmopressin injection	1	
desmopressin nasal spray with pump	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral	1	
doxercalciferol	1	
ELAPRASE	1	PA; NDS
FABRAZYME	1	NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL	1	PA; NDS
LUMIZYME	1	PA; NDS
mifepristone oral tablet 300 mg	1	PA; QL (120/30); NDS
NAGLAZYME	1	PA; NDS
pamidronate	1	
paricalcitol oral	1	
RAYALDEE	1	NDS
sapropterin	1	PA; NDS
SOMAVERT	1	PA; QL (30/30); NDS
SYNAREL	1	NDS
testosterone cypionate	1	
testosterone enanthate	1	
testosterone transdermal gel	1	PA; QL (300/30)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300/30)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	QL (150/30)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; QL (300/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	1	PA; QL (300/30)
tolvaptan (polycys kidney dis) oral tablet	1	PA; NDS
tolvaptan oral tablet 15 mg	1	PA; QL (120/30); NDS
tolvaptan oral tablet 30 mg	1	PA; QL (60/30); NDS
zoledronic acid intravenous solution	1	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	1	B/D PA
THYROID HORMONES		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine oral tablet 175 mcg, 300 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny	1	
liothyronine oral	1	
SYNTHROID	1	
unithroid	1	

Drug Name	Drug Tier	Requirements/ Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION	1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	1	
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	1	
glycopyrrolate injection	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
loperamide oral capsule	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA
alosetron oral tablet 1 mg	1	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
aprepitant oral capsule 125 mg	1	B/D PA; NDS
aprepitant oral capsule 40 mg, 80 mg	1	B/D PA
aprepitant oral capsule,dose pack	1	B/D PA
balsalazide	1	
betaine	1	NDS
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	1	NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	1	
compro	1	
constulose	1	
CORTIFOAM	1	NDS
CREON	1	
cromolyn oral	1	
dronabinol oral capsule	1	B/D PA; QL (60/30)
enulose	1	
GATTEX 30-VIAL	1	PA; NDS
GATTEX ONE-VIAL	1	PA; NDS
gavilyte-c	1	
generlac	1	
granisetron hcl oral	1	B/D PA
hydrocortisone rectal	1	
hydrocortisone topical cream with perineal applicator	1	
IQIRVO	1	PA; QL (30/30); NDS
lactulose oral solution	1	
LINZESS	1	QL (30/30)
lubiprostone	1	QL (60/30)
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	
mesalamine rectal enema	1	
mesalamine with cleansing wipe	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
MOVANTIK	1	QL (30/30)
nitroglycerin rectal	1	
ondansetron hcl (pf)	1	
ondansetron hcl intravenous	1	
ondansetron hcl oral solution	1	B/D PA
ondansetron hcl oral syringe 2 mg/2.5 ml	1	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA
palonosetron intravenous solution 0.25 mg/5 ml	1	
peg 3350-electrolytes	1	
peg-electrolyte soln	1	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	
prochlorperazine maleate	1	
procto-med hc	1	
proctosol hc topical	1	
proctozone-hc	1	
REMICADE	1	PA; QL (20/30); NDS
SANCUSO	1	NDS
scopolamine base	1	QL (10/30)
SKYRIZI INTRAVENOUS	1	PA; QL (30/180); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; QL (2.4/56); NDS
sodium,potassium,mag sulfates	1	
SUCRAID	1	PA; NDS
SUFLAVE	1	
sulfasalazine	1	
SUTAB	1	
TRULANCE	1	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VOWST	1	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	1	
ULCER THERAPY		
esomeprazole magnesium oral capsule,delayed release(dr/ec)	1	QL (60/30)
famotidine oral suspension for reconstitution	1	
famotidine oral tablet 20 mg, 40 mg	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
lansoprazole oral capsule,delayed release(dr/ec)	1	QL (60/30)
misoprostol	1	
omeprazole oral capsule,delayed release(dr/ec)	1	QL (60/30)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (60/30)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	QL (60/30)
sucralfate oral suspension	1	
sucralfate oral tablet	1	
TALICIA	1	QL (168/180)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; NDS
ARCALYST	1	PA; NDS
BESREMI	1	PA; LA; QL (2/28); NDS
BESREMI PEN	1	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	1	PA; QL (14/28); NDS
GENOTROPIN	1	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NDS
NIVESTYM	1	PA; NDS
NYVEPRIA	1	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	1	QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	1	QL (2/28); NDS
plerixafor	1	B/D PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; NDS
RETACRIT	1	PA
ZARXIO	1	PA; NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	PA; V; QL (1/365)
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	PA; V; QL (1/365)
ATGAM	1	B/D PA
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	1	NDS
GAMMAGARD LIQUID	1	B/D PA; NDS
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 (100 ML)	1	B/D PA; NDS
GAMMAKED	1	B/D PA; NDS
GAMMAPLEX	1	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	1	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	1	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	1	B/D PA
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V; QL (5/365)
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	V
KINRIX (PF)	1	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MRESVIA (PF)	1	PA; V; QL (1/365)
OCTAGAM	1	B/D PA; NDS
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	1	
PRIORIX (PF)	1	V
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	B/D PA; V; QL (5/365)
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2/999)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	1	V; QL (1/999)
STAMARIL (PF)	1	V
TENIVAC (PF)	1	V
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VAXCHORA VACCINE	1	V
VIMKUNYA (PF)	1	V; QL (1/999)
VIVOTIF	1	V; QL (4/720)
XEMBIFY	1	B/D PA; NDS
YF-VAX (PF)	1	V

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; QL (200/30)
AUTOPEN 1 TO 21 UNITS	1	
AUTOPEN 2 TO 42 UNITS	1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	1	PA; QL (200/30)
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT)	1	QL (4/28)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	1	QL (10/30)
CEQUR SIMPLICITY DEVICE 2 UNIT (240 UNIT)	1	QL (5/20)
CEQUR SIMPLICITY INSERTER	1	QL (1/365)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	1	PA
DROPLET MICRON PEN NEEDLE	1	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200/30)
INPEN (FOR HUMALOG) BLUE	1	
INPEN (FOR HUMALOG) GREY	1	
INPEN (FOR HUMALOG) PINK	1	
INPEN (NOVOLOG OR FIASP) BLUE	1	
INPEN (NOVOLOG OR FIASP) GREY	1	
INPEN (NOVOLOG OR FIASP) PINK	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	1	PA; QL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
NANO PEN NEEDLE	1	PA; QL (200/30)
NOVOFINE 32	1	PA; QL (200/30)
NOVOFINE PLUS	1	PA; QL (200/30)
NOVOPEN ECHO	1	
OMNIPOD 5 (LIBRE 2/3 PLUS)	1	QL (20/30)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	QL (1/365)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	QL (20/30)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	1	QL (1/365)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	1	QL (20/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	PA; QL (200/30)
PENTIPS PEN NEEDLE	1	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	1	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"	1	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"	1	PA; QL (200/30)
TRUEPLUS INSULIN	1	PA; QL (200/30)
TRUEPLUS PEN NEEDLE	1	PA; QL (200/30)
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	PA; QL (200/30)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	PA; QL (200/30)
UNIFINE PENTIPS	1	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	1	PA; QL (200/30)
UNIFINE PENTIPS PLUS	1	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	1	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	1	PA; QL (200/30)
V-GO 20	1	QL (30/30)
V-GO 30	1	QL (30/30)
V-GO 40	1	QL (30/30)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	

CAPITALIZED = BRAND NAME DRUG *Lowercase italic = Generic drug*

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
colchicine oral tablet	1	QL (120/30)
febuxostat	1	
MITIGARE	1	QL (120/30)
probenecid	1	
probenecid-colchicine	1	
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg	1	QL (30/30)
alendronate oral tablet 35 mg, 70 mg	1	QL (4/28)
ibandronate oral	1	QL (1/28)
PROLIA	1	QL (1/180)
raloxifene	1	QL (30/30)
risedronate oral tablet 150 mg	1	QL (1/28)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4/28)
risedronate oral tablet 5 mg	1	QL (30/30)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	1	PA; QL (2.48/28); NDS
OTHER RHEUMATOLOGICALS		
BENLYSTA	1	PA; NDS
ENBREL MINI	1	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	1	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	1	PA; QL (8/28); NDS
ENBREL SURECLICK	1	PA; QL (8/28); NDS
HADLIMA	1	PA; QL (4.8/28); NDS
HADLIMA PUSHTOUCH	1	PA; QL (4.8/28); NDS
HADLIMA(CF)	1	PA; QL (2.4/28); NDS
HADLIMA(CF) PUSHTOUCH	1	PA; QL (2.4/28); NDS
KINERET	1	PA; QL (20.1/30); NDS
leflunomide oral tablet 10 mg	1	QL (30/30)
leflunomide oral tablet 20 mg	1	QL (30/30)
ORENCIA CLICKJECT	1	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; QL (2.8/28); NDS
OTEZLA	1	PA; QL (60/30); NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; QL (110/365); NDS
OTEZLA XR	1	PA; QL (30/30); NDS
OTEZLA XR INITIATION	1	PA; QL (82/365); NDS
penicillamine	1	NDS
RIDAURA	1	NDS
RINVOQ LQ	1	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; QL (168/365); NDS
TYENNE AUTOINJECTOR	1	PA; QL (3.6/28); NDS
TYENNE SUBCUTANEOUS	1	PA; QL (3.6/28); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	1	
deblitane	1	
DEPO-ESTRADIOL	1	
DEPO-SUBQ PROVERA 104	1	
dotti	1	QL (8/28)
DUAVEE	1	PA
emzahh	1	
errin	1	
estradiol oral tablet 0.5 mg, 1 mg	1	
estradiol oral tablet 2 mg	1	
estradiol transdermal patch semiweekly	1	QL (8/28)
estradiol transdermal patch weekly	1	QL (4/28)
estradiol vaginal	1	
estradiol valerate	1	
ESTRING	1	
fyavolv	1	
gallifrey	1	
heather	1	
incassia	1	
jencycla	1	
lyza	1	
medroxyprogesterone intramuscular	1	
medroxyprogesterone oral	1	
meleya	1	
nora-be	1	
norethindrone (contraceptive)	1	
norethindrone acetate	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	
orquidea	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN INJECTION	1	
PREMARIN ORAL	1	
PREMARIN VAGINAL	1	
PREMPRO	1	
progesterone micronized oral	1	
sharobel	1	
yuvafem	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	1	
etonogestrel-ethinyl estradiol	1	
LILETTA	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
NEXPLANON	1	
terconazole	1	
tranexamic acid oral	1	
vandazole	1	
zafemy	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle	1	
altavera (28)	1	
alyacen 1/35 (28)	1	
alyacen 7/7/7 (28)	1	
amethyst (28)	1	
apri	1	
aranelle (28)	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30 (21)	1	
aurovela 1/20 (21)	1	
aurovela 24 fe	1	
aurovela fe 1.5/30 (28)	1	
aurovela fe 1-20 (28)	1	
aviane	1	
ayuna	1	
azurette (28)	1	
balziva (28)	1	
blisovi 24 fe	1	
blisovi fe 1.5/30 (28)	1	
blisovi fe 1/20 (28)	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq (28)	1	
cryselle (28)	1	
cyred eq	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7 (28)	1	
daysee	1	
desog-e.estradiol/e.estradiol	1	
dolishale	1	
drospirenone-e.estradiol-lm.fa	1	
drospirenone-ethinyl estradiol	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
elinest	1	
enskyce	1	
estarylla	1	
falmina (28)	1	
feirza	1	
finzala	1	
galbriela	1	
gemmily	1	
hailey	1	
hailey 24 fe	1	
hailey fe 1.5/30 (28)	1	
hailey fe 1/20 (28)	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel (28)	1	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30 (21)	1	
junel 1/20 (21)	1	
junel fe 1.5/30 (28)	1	
junel fe 1/20 (28)	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva (28)	1	
kelnor 1/35 (28)	1	
kurvelo (28)	1	

Drug Name	Drug Tier	Requirements/ Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	
larin 1/20 (21)	1	
larin 24 fe	1	
larin fe 1.5/30 (28)	1	
larin fe 1/20 (28)	1	
lessina	1	
levonest (28)	1	
levonorgest-eth.estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic	1	
lojaimiess	1	
loryna (28)	1	
low-ogestrel (28)	1	
lo-zumandimine (28)	1	
luizza	1	
lutera (28)	1	
marlissa (28)	1	
microgestin 1.5/30 (21)	1	
microgestin 1/20 (21)	1	
microgestin fe 1.5/30 (28)	1	
microgestin fe 1/20 (28)	1	
mili	1	
minzoya	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
mono-linyah	1	
necon 0.5/35 (28)	1	
nikki (28)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	
norethindrone-e.estradiol-iron oral capsule	1	
norethindrone-e.estradiol-iron oral tablet,chewable	1	
norgestimate-ethinyl estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7 (28)	1	
nylia 1/35 (28)	1	
nylia 7/7/7 (28)	1	
ocella	1	
philith	1	
pimtrea (28)	1	
portia 28	1	
reclipsen (28)	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
simliya (28)	1	
simpesse	1	
sprintec (28)	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1-20 eq (28)	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz (28)	1	
tydemy	1	
valtya	1	
velivet triphasic regimen (28)	1	
vestura (28)	1	
vienva	1	
viorele (28)	1	
volnea (28)	1	
vyfemla (28)	1	
vylibra	1	
wera (28)	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
zovia 1-35 (28)	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
zumandimine (28)	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	1	
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	
BESIVANCE	1	
ciprofloxacin hcl ophthalmic (eye)	1	
erythromycin ophthalmic (eye)	1	
gentamicin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye)	1	
NATACYN	1	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
ofloxacin ophthalmic (eye)	1	
polymyxin b sulf-trimethoprim	1	
tobramycin ophthalmic (eye)	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	1	
ANTIVIRALS		
trifluridine	1	
ZIRGAN	1	

Drug Name	Drug Tier	Requirements/ Limits
BETA-BLOCKERS		
carteolol	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %	1	
timolol maleate ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution	1	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	1	
ATROPINE SULFATE (PF)	1	
azelastine ophthalmic (eye)	1	
cromolyn ophthalmic (eye)	1	
cyclosporine ophthalmic (eye)	1	QL (60/30)
CYSTARAN	1	PA; NDS
epinastine	1	
EYLEA	1	PA; QL (0.1/28); NDS
MIEBO (PF)	1	QL (3/30)
OXERVATE	1	PA; QL (112/56); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %	1	
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfacetamide-prednisolone	1	
XDEMVY	1	PA; QL (10/42); NDS
XIIDRA	1	QL (60/30)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	1	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	1	
ILEVRO	1	
ketorolac ophthalmic (eye)	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
acetazolamide sodium	1	
methazolamide	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	1	
brimonidine-timolol	1	
brinzolamide	1	
dorzolamide	1	
dorzolamide-timolol	1	
latanoprost	1	

Drug Name	Drug Tier	Requirements/ Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	
travoprost	1	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
tobramycin-dexamethasone	1	
tobramycin-lotepred	1	
ZYLET	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	1	
EYSUVIS	1	QL (16.6/30)
fluorometholone	1	
INVELTYS	1	

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT	1	
LOTEMAX SM	1	
loteprednol etabonate	1	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
SYMPATHOMIMETICS		
apraclonidine	1	
brimonidine ophthalmic (eye)	1	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	1	
desloratadine oral tablet	1	QL (30/30)
diphenhydramine hcl injection solution 50 mg/ml	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	1	QL (2/30)
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	QL (2/30)
EPINEPHRINE INJECTION INJECTOR-AUTO 0.3 MG/0.3 ML	1	QL (2/30)
epinephrine injection solution	1	
hydroxyzine hcl oral tablet	1	PA
hydroxyzine pamoate	1	PA
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL (30/30)
promethazine oral	1	PA
promethazine rectal	1	
promethegan rectal suppository 25 mg, 50 mg	1	
PULMONARY AGENTS		
acetylcysteine	1	B/D PA
ADEMPAS	1	PA; LA; QL (90/30); NDS
ADVAIR HFA	1	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	QL (17/30)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (17/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	QL (36/30)
albuterol sulfate inhalation solution for nebulization	1	B/D PA
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (56/28); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (84/28); NDS
ambrisentan	1	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	1	QL (60/30)
arformoterol	1	B/D PA
ARNUITY ELLIPTA	1	QL (30/30)
ATROVENT HFA	1	QL (25.8/30)
bosentan oral tablet	1	PA; LA; NDS
BREO ELLIPTA	1	QL (60/30)
breyna	1	QL (10.3/30)
budesonide inhalation	1	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	1	QL (8/30)
cromolyn inhalation	1	B/D PA
FASENRA PEN	1	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; QL (1/28); NDS
flunisolide	1	QL (50/30)
FLUTICASONE PROPIONATE NASAL	1	QL (16/30)
fluticasone propion-salmeterol inhalation blister with device	1	QL (60/30)
formoterol fumarate	1	B/D PA; QL (120/30)
HAEGARDA	1	PA; LA; NDS
icatibant	1	PA; QL (18/30); NDS
INCRUSE ELLIPTA	1	QL (30/30)
ipratropium bromide inhalation hfa aerosol inhaler	1	QL (25.8/30)
ipratropium bromide inhalation solution	1	B/D PA
ipratropium-albuterol	1	B/D PA
JASCAYD	1	PA; QL (60/30); NDS
KALYDECO ORAL TABLET	1	PA; QL (56/28); NDS
levalbuterol hcl	1	B/D PA
LEVALBUTEROL TARTRATE	1	QL (30/30)
macitentan	1	PA; NDS
MOMETASONE NASAL	1	QL (34/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
montelukast	1	QL (30/30)
nintedanib	1	PA; QL (60/30); NDS
OFEV	1	PA; QL (60/30); NDS
OHTUVAYRE	1	PA; QL (150/30); NDS
OPSUMIT	1	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	1	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	1	PA; QL (112/28); NDS
PERFOROMIST	1	B/D PA; QL (120/30); NDS
pirfenidone oral capsule	1	PA; QL (270/30); NDS
pirfenidone oral tablet 267 mg	1	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90/30); NDS
pirfenidone oral tablet 801 mg	1	PA; QL (90/30); NDS
PULMICORT	1	B/D PA; QL (120/30)
PULMOZYME	1	B/D PA; QL (150/30); NDS
roflumilast oral tablet 250 mcg	1	PA; QL (30/30)
roflumilast oral tablet 500 mcg	1	PA; QL (30/30)
RYALTRIS	1	ST
sajazir	1	PA; QL (18/30); NDS
SEREVENT DISKUS	1	QL (60/30)
sildenafil (pulm.hypertension) oral tablet	1	PA; QL (90/30)
SPIRIVA RESPIMAT	1	ST; QL (4/30)
SYMDEKO	1	PA; QL (56/28); NDS
tadalafil (pulm. hypertension)	1	PA; QL (60/30)
terbutaline	1	
THEO-24	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	1	QL (30/30)
TRELEGY ELLIPTA	1	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; QL (84/28); NDS
TYVASO	1	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	1	B/D PA; NDS
TYVASO REFILL KIT	1	B/D PA; NDS
TYVASO STARTER KIT	1	B/D PA; NDS
VENTOLIN HFA	1	QL (36/30)
WINREVAIR	1	PA; QL (1/21); NDS
wixela inhub	1	QL (60/30)

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 6.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
XHANCE	1	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1/28); NDS
YUPELRI	1	B/D PA; QL (90/30); NDS
zafirlukast	1	QL (60/30)
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	
fesoterodine	1	QL (30/30)
GEMTESA	1	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	QL (60/30)
solifenacin	1	
tolterodine	1	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	
dutasteride	1	
dutasteride-tamsulosin	1	
finasteride oral tablet 5 mg	1	QL (30/30)
tamsulosin	1	QL (60/30)
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	
CYSTAGON	1	LA
ELMIRON	1	
K-PHOS ORIGINAL	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	1	
potassium citrate oral tablet extended release 15 meq, 5 meq (540 mg)	1	
RENACIDIN	1	
tadalafil oral tablet 2.5 mg	1	PA; QL (60/30)
tadalafil oral tablet 5 mg	1	PA; QL (30/30)

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	1	PA; QL (360/30)
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
lactated ringers intravenous	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water intravenous parenteral solution	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	
MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK 3 GRAM/100 ML (3 %)	1	
magnesium sulfate injection	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex	1	
potassium chloride in lr-d5	1	
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	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	1	
potassium chloride intravenous solution 2 meq/ml (20 ml)	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
potassium chloride oral tablet,er particles/crystals	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl	1	
potassium chloride-d5-0.9%nacl	1	
ringer's intravenous	1	
sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)	1	
sodium chloride 0.45 % intravenous	1	
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	
sodium chloride intravenous solution 2.5 meq/ml	1	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	1	
TPN ELECTROLYTES	1	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
CLINISOL SF 15 %	1	B/D PA
electrolyte-48 in d5w	1	
intralipid intravenous emulsion 20 %	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
KABIVEN	1	B/D PA
PERIKABIVEN	1	B/D PA
PLENAMINE	1	B/D PA
premasol 10 %	1	B/D PA; NDS
PROSOL 20 %	1	B/D PA
travasol 10 %	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
bal-care dha	1	
c-nate dha	1	
complete natal dha	1	
elite-ob	1	

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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
fluoride (sodium) oral tablet	1	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
folivane-ob	1	
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
m-natal plus	1	
pnv-dha	1	
pnv-omega	1	
pnv-select	1	
pr natal 400	1	

Drug Name	Drug Tier	Requirements/ Limits
pr natal 400 ec	1	
pr natal 430	1	
pr natal 430 ec	1	
prenatal plus (calcium carb)	1	
prenatal vitamin plus low iron	1	
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trinatal rx 1	1	
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westab plus	1	
westgel dha	1	

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NOTES

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This formulary was updated on 11/01/2026. For more recent information or other questions, please contact HealthSpring Customer Service, at **1-800-668-3813** (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, or visit **www.healthspring.com**. The described products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.