

2026 HealthSpringSM Formulary (List of Covered Drugs or “Drug List”)

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

Plans covered:

- HealthSpring Preferred AL (HMO) – Alabama
- HealthSpring Preferred (HMO) – Alabama, North Carolina
- HealthSpring Preferred Plus (HMO) – Alabama, North Carolina
- HealthSpring Preferred Savings (HMO) – North Carolina
- HealthSpring Preferred Select (HMO) – North Carolina



HPMS Approved Formulary File Submission 00026100

This formulary was updated on 09/19/2025. For more recent information or other questions, please contact HealthSpring Customer Service at 1-800-668-3813 (TTY users call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit www.healthspring.com. 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 plans, which is current as of 09/19/2025. For a complete updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the 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 Comprehensive formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HealthSpring in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthSpring will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a HealthSpring network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.healthspring.com.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a

brand name drug, or, adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section 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 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/19/2025. To get updated information about the drugs covered by HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR, HYPERTENSION /LIPIDS”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drug Index that begins on page 85.

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” will tell which Part D drugs are covered.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthSpring requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring before you fill 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 formulary that begins on page 8.

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

You can ask HealthSpring to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the HealthSpring formulary?” on page 3 for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

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

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

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

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the HealthSpring formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able

to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
 - If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
 - If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

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

Generally, HealthSpring will only approve your request for an exception if the alternative drug is included in our 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 tiering exception, including an exception to a coverage restriction. **When you request an exception, your**

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

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

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



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>.

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

HealthSpring's formulary

The drug list that begins on page 8 provides coverage information about all the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 85.

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

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

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

Some HealthSpring plans offer 100-day extended supplies for certain medications. Please refer to your Evidence of Coverage (EOC) for more information about this coverage. To access your EOC, go to www.HealthSpring.com/Resources.

What is a preferred network pharmacy?

Our plan includes preferred network pharmacies. You may save money by using a preferred pharmacy. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY users call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit www.healthspring.com, or you can visit www.HealthSpring.com/Resources for the most current Pharmacy Directory.

Drug Tier and Cost-Sharing

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

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

Tier 2 - Generic Drugs: This tier includes generic drugs, but generally cost a little more than preferred generic drugs.

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

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

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

Cost-sharing for each tier 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.

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

For members receiving Extra Help:

Your Low-Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for information on your copay levels or call Customer Service.

Drug List Table of Contents:

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

	Page
ANTI – INFECTIVES	8
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	18
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	29
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	45
DERMATOLOGICALS/TOPICAL THERAPY	50
DIAGNOSTICS / MISCELLANEOUS AGENTS	55
EAR, NOSE / THROAT MEDICATIONS	58
ENDOCRINE/DIABETES	58
GASTROENTEROLOGY	64
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	67
MISCELLANEOUS SUPPLIES	69
MUSCULOSKELETAL / RHEUMATOLOGY	71
OBSTETRICS / GYNECOLOGY	72
OPHTHALMOLOGY	76
RESPIRATORY AND ALLERGY	78
UROLOGICALS	81
VITAMINS, HEMATINICS / ELECTROLYTES	82

Drug List Key:

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

EX – Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users 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. 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).

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>caspofungin</i>	4	PA
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA ORAL	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>ketoconazole oral</i>	4	
<i>micafungin</i>	4	
MICAFUNGIN IN 0.9 % SODIUM CHL	5	NDS
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	4	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole intravenous</i>	5	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
<i>voriconazole-hpbc</i>	5	PA; NDS
ANTIVIRALS		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir</i>	4	
<i>amantadine hcl</i>	3	
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	3	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)
BARACLUDGE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
COMPLERA	5	QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

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

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>darunavir oral tablet 600 mg</i>	4	QL (60/30)
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	5	QL (30/30); NDS
EDURANT PED	5	QL (180/30); NDS
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabine-tenofovir</i>	4	QL (30/30)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	4	QL (680/28)
<i>entecavir</i>	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS
<i>etravirine</i>	4	QL (60/30)
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	3	QL (60/30)
<i>fosamprenavir</i>	4	QL (120/30)
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

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

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (180/30)
JULUCA	5	NDS
KALETRA ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)
LIVTENCITY	5	PA; LA; QL (120/30); NDS
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	5	QL (20/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	5	QL (11/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	5	QL (30/90); NDS
PIFELTRO	5	NDS
PREVYMIS ORAL PELLETS IN PACKET	5	QL (120/30); NDS
PREVYMIS ORAL TABLET	5	QL (30/30); NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	5	QL (240/30); NDS
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	4	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY ORAL SOLUTION	5	NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 50 MG	5	QL (60/30); NDS
TIVICAY PD	5	QL (180/30); NDS
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	4	QL (300/30)
TROGARZO	5	NDS
TYBOST	3	
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120/30); NDS
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	4	
CEFEPIME IN DEXTROSE 5 %	4	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
CEFEPIME INTRAVENOUS	4	PA
<i>cefixime</i>	4	
<i>cefoxitin</i>	4	PA
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefpodoxime oral suspension for reconstitution</i>	4	
<i>cefpodoxime oral tablet 100 mg</i>	4	
<i>cefpodoxime oral tablet 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil</i>	2	
<i>ceftazidime</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	4	
<i>azithromycin oral suspension for reconstitution</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	4	
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>clarithromycin oral tablet 250 mg</i>	4	
<i>clarithromycin oral tablet 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin lactobionate</i>	4	PA
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg, 500 mg</i>	3	
<i>fidaxomicin</i>	5	QL (20/10); NDS
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	3	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	4	
<i>aztreonam injection recon soln 1 gram</i>	3	PA
<i>aztreonam injection recon soln 2 gram</i>	4	PA
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	4	
<i>clindamycin hcl</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	PA
CLINDAMYCIN IN 5 % DEXTROSE	4	PA
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	PA
<i>cycloserine</i>	5	NDS
<i>dapsone oral</i>	3	
DAPTOMYCIN IN 0.9 % SOD CHLOR	5	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA
<i>gentamicin injection</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>hydroxychloroquine</i>	2	
<i>imipenem-cilastatin</i>	4	
IMPAVIDO	5	PA; NDS
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	4	PA
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	4	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	4	
<i>meropenem intravenous recon soln 500 mg</i>	3	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	
<i>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	4	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS
ORBACTIV	5	PA; QL (3/30); NDS
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	
<i>polymyxin b sulfate</i>	4	PA
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/30)
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	
SIRTURO	5	PA; LA; NDS
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
STREPTOMYCIN	5	PA; NDS
<i>tigecycline</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tinidazole</i>	3	
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4	
<i>vancomycin oral capsule 125 mg</i>	3	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	3	PA; QL (80/10)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)
<i>vancomycin oral recon soln 50 mg/ml</i>	4	QL (450/10)
VANCOMYCIN- DILUENT COMBO NO.1	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	NDS
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
EXTENCILLINE	4	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA
<i>nafcillin injection recon soln 10 gram</i>	5	PA; NDS
<i>oxacillin</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin in 5 % dextrose</i>	4	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline</i>	4	
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	4	
<i>doxycycline monohydrate oral tablet 75 mg</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	4	
<i>mondoxylene nl oral capsule 100 mg</i>	4	
NUZYRA INTRAVENOUS	5	PA; NDS
NUZYRA ORAL	5	NDS
<i>tetracycline oral capsule</i>	4	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg</i>	4	
<i>nitrofurantoin monohyd/m-cryst</i>	4	
<i>trimethoprim</i>	2	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	3	
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	4	
<i>mesna intravenous</i>	4	B/D PA
<i>mesna oral</i>	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
ADCETRIS	5	PA; NDS
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIQOPA	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30/180); NDS
<i>anastrozole</i>	1	
ANKTIVA	5	PA; NDS
<i>arsenic trioxide</i>	5	B/D PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60/30); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240/30); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66/28); NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	5	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BIZENGRI	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA; NDS
BORUZU	5	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180/30); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330/30); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS
BRUKINSA ORAL CAPSULE	5	PA; LA; NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COLUMVI	5	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION	5	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	3	B/D PA
CYCLOPHOSPHAMID E ORAL TABLET	3	B/D PA
<i>cyclosporine modified</i>	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	5	PA; NDS
DANZITEN	5	PA; QL (112/28); NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30/30); NDS
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; QL (60/30); NDS
DATROWAY	5	PA; NDS
<i>daunorubicin</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA
DOCIVYX	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
<i>doxorubicin intravenous solution</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; NDS
DROXIA	3	
ELAHERE	5	PA; LA; NDS
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMPLICITI	5	PA; NDS
EMRELIS	5	PA; NDS
ENHERTU	5	PA; NDS
ENVARBUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; NDS
<i>eribulin</i>	5	PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
EULEXIN	5	NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (330/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (240/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (180/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	2	
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	5	PA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gefitinib</i>	5	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126/28); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84/28); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168/28); NDS
GRAFAPEX	5	B/D PA; NDS
HERNEXEOS	5	PA; QL (90/30); NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
IBTROZI	5	PA; QL (90/30); NDS
ICLUSIG	5	PA; QL (30/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; QL (180/30)
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
IMDELLTRA	5	PA; NDS
IMFINZI	5	PA; NDS
IMJUDO	5	PA; NDS
IMKELDI	5	PA; QL (280/28); NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
<i>irinotecan</i>	4	B/D PA
ITOVEBI	5	PA; QL (60/30); NDS
IWILFIN	5	PA; LA; QL (240/30); NDS
IXEMPRA	5	B/D PA; NDS
JAKAFI	5	PA; QL (60/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	5	B/D PA; NDS
JYLAMVO	4	
KADCYLA	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)- 2.5 MG	5	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)- 2.5 MG	5	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
KLISYRI (250 MG)	4	ST; QL (5/30)
KLISYRI (350 MG)	4	ST; QL (5/30)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
KRAZATI	5	PA; QL (180/30); NDS
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60/30); NDS
<i>lenalidomide</i>	5	PA; LA; QL (28/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	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)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
LEUPROLIDE ACETATE (3 MONTH)	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LOQTORZI	5	PA; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUNSUMIO	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT-PED	5	PA; NDS
LUPRON DEPOT-PED (3 MONTH)	5	PA; NDS
LUTRATE DEPOT (3 MONTH)	4	PA
LYNOZYFIC	5	PA; NDS
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (90/30); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (120/30); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (150/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
MARGENZA	5	PA; LA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	3	PA
<i>megestrol oral tablet 20 mg</i>	4	PA
<i>megestrol oral tablet 40 mg</i>	3	PA
MEKINIST ORAL RECON SOLN	5	PA; QL (1200/30); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine oral suspension</i>	5	NDS
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	1	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
<i>mitoxantrone</i>	4	B/D PA
MODEYSO	5	PA; QL (20/28); NDS
MONJUVI	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	5	B/D PA; NDS
NERLYNX	5	PA; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112/28); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120/28); NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	PA; NDS
<i>octreotide acetate injection syringe</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide, microspheres</i>	5	PA; NDS
ODOMZO	5	PA; LA; QL (30/30); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56/28); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180/30); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96/28); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16/28); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24/28); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDIVO QVANTIG	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; LA; NDS

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Covered Drugs By Category

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

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; LA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL TABLET 80 MG	5	PA; LA; QL (120/30); NDS
REVLIMID	5	PA; LA; QL (28/28); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120/30); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60/30); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240/30); NDS
REZLIDHIA	5	PA; QL (60/30); NDS
REZUROCK	5	PA; LA; QL (30/30); NDS
<i>romidepsin intravenous recon soln</i>	5	PA; NDS
ROMVIMZA	5	PA; LA; QL (8/28); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	5	PA; NDS
RYDAPT	5	PA; QL (224/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
RYLAZE	5	B/D PA; NDS
SARCLISA	5	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
SYLVANT	5	B/D PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral capsule</i>	2	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
<i>tamoxifen</i>	2	
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TECENTRIQ HYBREZA	5	PA; LA; NDS
TECVAYLI	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; NDS
<i>temsirolimus</i>	5	B/D PA; NDS
TEPMETKO	5	PA; LA; QL (60/30); NDS
TEVIMBRA	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112/28); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; NDS
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	4	
TRAZIMERA	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>tratinostat</i> (<i>antineoplastic</i>)	5	NDS
TRIPTODUR	4	PA; QL (1/168)
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
VECTIBIX	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VONJO	5	PA; QL (120/30); NDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60/30); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30/30); NDS
VYLOY	5	PA; NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	5	PA; QL (60/30); NDS
XALKORI ORAL PELLET 150 MG	5	PA; QL (180/30); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; QL (120/30); NDS
XATMEP	4	
XERMELO	5	PA; LA; QL (84/28); NDS
XOSPATA	5	PA; LA; NDS
XPOVIO	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS

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Covered Drugs By Category

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

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

BRIVIACT INTRAVENOUS	5	NDS
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT ORAL TABLET	5	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	2	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	2	QL (120/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	
DILANTIN	3	
<i>divalproex</i>	2	
EPIDIOLEX	5	PA; LA; NDS
EPRONTIA	4	PA
<i>eslicarbazepine oral tablet 200 mg</i>	5	QL (180/30); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	5	QL (90/30); NDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60/30); NDS
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	5	QL (720/30); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	4	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60/30); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lacosamide intravenous</i>	5	QL (1200/30); NDS
<i>lacosamide oral solution</i>	3	QL (1200/30)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>lamotrigine oral tablets, dose pack</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	2	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	QL (30/30); NDS
<i>perampanel oral tablet 2 mg</i>	4	QL (60/30)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	QL (60/30); NDS
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin oral capsule 200 mg</i>	2	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension</i>	5	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	2	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate oral capsule,extended release 24hr</i>	4	PA
<i>topiramate oral solution</i>	4	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIGAFYDE	5	PA; LA; QL (900/30); NDS
<i>vigpoder</i>	5	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 25 MG	5	PA; QL (480/30); NDS
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA; QL (56/365)

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; LA; QL (1080/30); NDS

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>trihexyphenidyl</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	
<i>migergot</i>	5	NDS
<i>naratriptan</i>	2	QL (18/28)
NURTEC ODT	5	PA; QL (16/30); NDS
<i>rizatriptan oral tablet</i>	2	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	3	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (56/365); NDS
BRIUMVI	5	PA; QL (24/168); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; QL (14/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120/365)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
EDARAVONE	5	PA; NDS
<i> fingolimod</i>	5	PA; QL (30/30); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
INGREZZA	5	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (56/365); NDS
INGREZZA SPRINKLE	5	PA; LA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
KESIMPTA PEN	5	PA; QL (1.6/28); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	3	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	2	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	2	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	2	PA; QL (98/365)
<i>memantine-donepezil</i>	3	PA
NUEDEXTA	5	PA; NDS
RADICAVA	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>teriflunomide</i>	5	PA; QL (30/30); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
VUMERITY	5	PA; QL (120/30); NDS

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>pyridostigmine bromide oral syrup</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
<i>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA; NDS
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; LA; NDS
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	4	QL (4500/30)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	4	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	4	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine</i>	4	QL (4/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl injection</i>	5	NDS
<i>buprenorphine hcl sublingual</i>	3	
<i>endocet</i>	4	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120/30); NDS
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml</i>	4	QL (5550/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>	3	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (360/30); NDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>	4	QL (390/30); NDS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	3	QL (50/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
INFUMORPH P/F	5	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30)
<i>methadone oral tablet 5 mg</i>	3	QL (240/30)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine oral solution</i>	4	QL (900/30); NDS
<i>morphine oral tablet</i>	4	QL (180/30); NDS
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	4	QL (120/30); NDS
<i>morphine oral tablet extended release 200 mg</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	4	QL (360/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	4	QL (180/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	4	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	4	QL (90/30); NDS
SUBLOCADE	5	NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	4	
<i>buprenorphine-naloxone sublingual tablet</i>	2	
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	2	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	PA; QL (300/28)
<i>diclofenac sodium topical gel 1 %</i>	3	QL (1000/28)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	PA; QL (224/28)
<i>diflunisal</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	2	
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	2	QL (240/30); NDS
VIVITROL	5	NDS
ZIMHI	4	
ZUBSOLV	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2/56); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA	5	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	4	QL (150/30)
<i>amitriptyline</i>	2	
<i>amoxapine</i>	3	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60/30)
ARISTADA INITIO	5	QL (4.8/365); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTEN DED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTEN DED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTEN DED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTEN DED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>armodafinil</i>	3	PA; QL (30/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
AUVELITY	5	ST; QL (60/30); NDS
BELSOMRA	4	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	QL (60/30)
<i>buspirone</i>	2	
CAPLYTA	5	QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral concentrate 100 mg/ml</i>	4	
<i>chlorpromazine oral concentrate 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet</i>	2	
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
COBENFY	5	ST; QL (60/30); NDS
COBENFY STARTER PACK	5	ST; QL (56/180); NDS
<i>desipramine</i>	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	4	
<i>dextroamphetamine sulfate oral solution</i>	5	QL (1800/30); NDS
<i>dextroamphetamine sulfate oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (360/30)
<i>diazepam oral concentrate</i>	2	QL (360/30)
<i>diazepam oral solution</i>	2	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
<i>doxepin oral tablet</i>	4	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (120/30)
EMSAM	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	3	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT TITRATION PACK A	4	PA; QL (16/365)
FANAPT TITRATION PACK B	4	PA; QL (24/365)
FANAPT TITRATION PACK C	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine (pmd)</i>	3	QL (120/30)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	QL (120/30)
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<i>imipramine hcl</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5/180); NDS

Drug Name	Drug Tier	Requirements/ Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5/180); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lisdexamfetamine oral tablet, chewable</i>	4	QL (30/30)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam injection</i>	4	
<i>lorazepam intensol</i>	4	QL (150/30)
<i>lorazepam oral concentrate</i>	4	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	4	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	4	QL (150/30)
<i>loxapine succinate</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30/30)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60/30)
MARPLAN	4	QL (180/30)
<i>metadate er</i>	3	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	3	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone</i>	4	
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	QL (30/30)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
OPIPZA ORAL FILM 10 MG	5	ST; QL (90/30); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (60/30); NDS
<i>oxazepam</i>	4	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	5	QL (1/28); NDS
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	2	QL (90/30)
<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
RALDESY	5	NDS
<i>ramelteon</i>	3	QL (30/30)
REXULTI ORAL TABLET	5	QL (30/30); NDS
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	QL (2/28)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2/28); NDS
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	QL (90/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (16/28); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (18/28); NDS
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (60/365)
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	3	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60/30)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	5	NDS
<i>vilazodone</i>	4	QL (30/30)
VRAYLAR ORAL CAPSULE	5	QL (30/30); NDS
<i>zaleplon oral capsule 10 mg</i>	4	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30/30)
<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZURZUVAE	5	PA; NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; QL (2/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; QL (1/28); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide</i>	3	
<i>flecainide</i>	2	
<i>lidocaine (pf) intravenous</i>	4	
<i>mexiletine</i>	2	
MULTAQ	3	QL (60/30)
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride- hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan- hcthiamid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril- hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	2	
<i>bisoprolol- hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan- hydrochlorothiazid</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>captopril</i>	1	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral</i>	2	
<i>dilt-xr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	3	
EDARBYCLOR	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>epplerenone</i>	2	
<i>ethacrynate sodium</i>	5	NDS
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<i>isradipine</i>	3	
KERENDIA	3	PA; QL (30/30)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine oral capsule</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torse mide oral</i>	2	
<i>trandolapril</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	5	NDS
<i>aminocaproic acid oral tablet</i>	4	
<i>aspirin-dipyridamole</i>	4	
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dabigatran etexilate</i>	4	
<i>dipyridamole oral</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>DOPTELET (10 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET (15 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET (30 TAB PACK)</i>	5	PA; LA; NDS
<i>ELIQUIS DVT-PE TREAT 30D START</i>	3	
<i>ELIQUIS ORAL TABLET</i>	3	
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	5	PA; QL (360/30); NDS
<i>eltrombopag olamine oral powder in packet 25 mg</i>	5	PA; QL (180/30); NDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg</i>	5	PA; QL (30/30); NDS
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60/30); NDS
<i>enoxaparin</i>	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5 % dex</i>	4	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4	
<i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	3	
<i>heparin (porcine) injection solution 10,000 unit/ml</i>	4	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel hcl</i>	3	
<i>rivaroxaban</i>	3	
<i>ticagrelor</i>	4	QL (60/30)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	

Drug Name	Drug Tier	Requirements/ Limits
XARELTO ORAL TABLET	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	1	QL (30/30)
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	4	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	3	
<i>pitavastatin calcium</i>	1	QL (30/30)
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	3	
REPATHA PUSHTRONEX	3	PA; QL (7/28)
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; QL (30/30); NDS
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO SPRINKLE	3	QL (240/30)
<i>ivabradine</i>	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	3	QL (60/30)
<i>sacubitril-valsartan</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	5	PA; NDS
VYNDAQEL	5	PA; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
DERMATOLOGICALS/ TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)

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Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>calcitriol topical</i>	4	
COSENTYX (2 SYRINGES)	5	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	5	PA; NDS
COSENTYX PEN	5	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	5	PA; QL (10/28); NDS
SELARSDI INTRAVENOUS	5	PA; QL (104/180); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5/28)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
<i>selenium sulfide topical lotion</i>	4	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
STELARA INTRAVENOUS	5	PA; QL (104/180); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TREMFYA INTRAVENOUS	5	PA; QL (20/28); NDS
TREMFYA PEN	5	PA; QL (2/28); NDS
TREMFYA PEN INDUCTION PK-CROHN	5	PA; QL (24/365); NDS
TREMFYA SUBCUTANEOUS	5	PA; QL (2/28); NDS
USTEKINUMAB INTRAVENOUS	5	PA; QL (104/180); NDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
ZORYVE TOPICAL CREAM 0.15 %	4	PA; QL (60/30)

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

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
THERAPY FOR ACNE		
<i>adapalene topical gel 0.3 %</i>	4	QL (45/30)
<i>adapalene topical gel with pump</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	4	QL (69/30)
<i>clindacin p</i>	4	QL (69/30)
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	4	QL (120/30)
<i>clindamycin phosphate topical swab</i>	4	QL (60/30)
<i>ery pads</i>	3	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	4	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream</i>	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tazarotene topical gel</i>	4	PA
<i>tretinoin microspheres</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %</i>	3	PA
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	4	PA
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	QL (60/30)
<i>gentamicin topical ointment</i>	4	
<i>mupirocin</i>	4	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	2	QL (90/28)
<i>ciclopirox topical shampoo</i>	2	QL (120/28)
<i>ciclopirox topical solution</i>	2	QL (6.6/28)
<i>ciclopirox topical suspension</i>	2	QL (60/28)
<i>clotrimazole topical cream</i>	2	QL (45/28)
<i>clotrimazole topical solution</i>	2	QL (30/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole- betamethasone topical cream</i>	2	QL (45/28)
<i>clotrimazole- betamethasone topical lotion</i>	4	QL (60/28)
<i>econazole nitrate</i>	4	QL (85/28)
<i>ketoconazole topical cream</i>	4	QL (60/28)
<i>ketoconazole topical shampoo</i>	4	QL (120/28)
<i>klayesta</i>	3	QL (180/30)
<i>naftifine topical cream</i>	4	QL (60/28)
<i>naftifine topical gel</i>	4	QL (60/30)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	4	QL (30/28)
<i>nystatin topical ointment</i>	4	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	QL (30/30)
<i>penciclovir</i>	4	QL (5/30)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone</i>	4	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate</i>	4	

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

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Covered Drugs By Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone valerate topical ointment</i>	3	
<i>mometasone topical cream</i>	2	
<i>mometasone topical ointment</i>	4	
<i>mometasone topical solution</i>	4	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	4	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion</i>	4	
<i>triamcinolone acetonide topical ointment</i>	4	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>anagrelide</i>	2	
<i>carglumic acid</i>	5	PA; LA; NDS
<i>cevimeline</i>	4	
CHEMET	5	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; LA; QL (300/30); NDS
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
D5 % (D-GLUCOSE)- 0.9 % SODCHLR	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>deferasirox oral granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferiprone</i>	5	PA; NDS
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5 %-lactated ringers</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS
FERRIPROX ORAL SOLUTION	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NDS
<i>glutamine (sickle cell)</i>	5	PA; QL (180/30); NDS

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Drug Name	Drug Tier	Requirements/ Limits
INCRELEX	5	PA; LA; NDS
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	3	
LOKELMA	3	
<i>midodrine oral tablet 10 mg</i>	4	
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	3	
<i>nitisinone</i>	5	NDS
<i>pilocarpine hcl oral</i>	4	
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NDS
REVCOVI	5	PA; NDS
REZDIFFRA	5	PA; QL (30/30); NDS
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	2	QL (30/30)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	PA; QL (510/30)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	PA; QL (150/30)
<i>sevelamer carbonate oral tablet</i>	4	PA; QL (510/30)
<i>sodium chloride 0.9 % intravenous</i>	4	
SODIUM CHLORIDE IRRIGATION	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol) oral</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	5	PA; QL (14/999); NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM	3	QL (120/30)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30/30)
<i>water for irrigation, sterile</i>	4	
XIAFLEX	5	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	QL (60/30)
NICOTROL NS	4	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	4	
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets, dose pack</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>fluoride (sodium) dental</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>kourzeq</i>	3	
<i>oralone</i>	3	
<i>periogard</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	
<i>triamcinolone acetonide dental</i>	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	4	
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<i>ofloxacin otic (ear)</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	4	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone sod succinate</i>	4	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylprednisolone acetate</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>methylprednisolone oral tablets, dose pack</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	2	
<i>prednisone oral tablets, dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH ALCOHOL PREP PADS	2	PA
FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP U-100 INSULIN	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5- 500 mg</i>	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GVOKE	3	QL (0.8/30)
GVOKE HYOPEN 1- PACK	3	QL (0.8/30)
GVOKE HYOPEN 2- PACK	3	QL (0.8/30)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75- 25(U-100)INSULIN	3	
HUMALOG TEMPO PEN(U-100)INSULN	3	
HUMALOG U-100 INSULIN	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULIN	3	
HUMULIN R U-500 (CONC) INSULIN	5	NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN ASPART U-100	3	
INSULIN LISPRO	3	
INSULIN LISPRO PROTAMIN-LISPRO	3	
IV PREP WIPES	2	PA
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV TEMPO PEN(U-100)INSULN	3	
LYUMJEV U-100 INSULIN	3	
<i>metformin oral solution</i>	1	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>migliitol oral tablet 100 mg</i>	4	QL (90/30)
<i>migliitol oral tablet 25 mg</i>	4	QL (360/30)
<i>migliitol oral tablet 50 mg</i>	4	QL (180/30)
MOUNJARO	3	PA; QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
NOVOLIN R FLEXPEN	4	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
PRO COMFORT ALCOHOL PADS	2	PA
PURE COMFORT ALCOHOL PADS	2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	PA; QL (30/30)
SOLIQUA 100/33	3	QL (15/24)
SYMLINPEN 120	5	PA; QL (10.8/30); NDS
SYMLINPEN 60	5	PA; QL (6/30); NDS
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	QL (30/30)
TRUE COMFORT ALCOHOL PADS	2	PA
TRUE COMFORT PRO ALCOHOL PADS	2	PA
TRULICITY	3	PA; QL (2/28)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60/30)
XULTOPHY 100/3.6	3	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitonin (salmon) injection</i>	5	NDS
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule</i>	3	
<i>calcitriol oral solution</i>	4	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; NDS
LUMIZYME	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS
NAGLAZYME	5	PA; NDS
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	4	
RAYALDEE	5	NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	5	NDS
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	3	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	QL (150/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
<i>tolvaptan (polycys kidney dis) oral tablet</i>	5	PA; NDS
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
THYROID HORMONES		
<i>levo-t</i>	3	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
<i>unithroid</i>	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	4	
ATROPINE INTRAVENOUS SOLUTION 0.4 MG/ML	4	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine</i>	4	
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	4	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate injection</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA
<i>alosetron oral tablet 1 mg</i>	5	PA; NDS
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; NDS
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	
<i>budesonide oral tablet, delayed and extended release</i>	5	NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
<i>compro</i>	4	
<i>constulose</i>	2	
CORTIFOAM	5	NDS
CREON	3	
<i>cromolyn oral</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (60/30)
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	4	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>lactulose oral solution</i>	2	
LINZESS	4	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>lubiprostone</i>	3	QL (60/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
MOVANTIK	4	QL (30/30)
<i>nitroglycerin rectal</i>	4	
OICALIVA	5	PA; LA; QL (30/30); NDS
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>peg 3350-electrolytes</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>peg-electrolyte soln</i>	1	
<i>prochlorperazine</i>	4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI INTRAVENOUS	5	PA; QL (30/180); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
<i>sodium,potassium,mag sulfates</i>	4	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine</i>	2	
SUTAB	4	

Drug Name	Drug Tier	Requirements/ Limits
TRULANCE	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VOWST	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT	4	
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	3	QL (60/30)
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/180)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION	5	QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2/28); NDS
<i>plerixafor</i>	5	B/D PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; NDS
RETACRIT	4	PA
ZARXIO	5	PA; NDS

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ABRYSVO (PF)	3	PA; V; QL (1/365)
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	V
AREXVY (PF)	3	PA; V; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	V
BEXSERO	3	V
BOOSTRIX TDAP	3	V

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; V
<i>fomepizole</i>	5	NDS
GAMMAGARD LIQUID	5	B/D PA; NDS
GAMMAKED	5	B/D PA; NDS
GAMMAPLEX	5	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	4	B/D PA
GARDASIL 9 (PF)	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	3	B/D PA; V
HIBERIX (PF)	3	

Drug Name	Drug Tier	Requirements/ Limits
IMOVAX RABIES VACCINE (PF)	3	B/D PA; V; QL (5/365)
INFANRIX (DTAP) (PF)	3	
IPOL	3	V
IXIARO (PF)	3	V
JYNNEOS (PF)	3	V
KINRIX (PF)	3	
MENQUADFI (PF)	3	V
MENVEO A-C-Y-W-135-DIP (PF)	3	V
M-M-R II (PF)	3	V
MRESVIA (PF)	3	PA; V; QL (1/365)
OCTAGAM	5	B/D PA; NDS
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	3	V
PENMENVY MEN A-B-C-W-Y (PF)	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF-62 DU/0.5 ML	3	
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	B/D PA; V; QL (5/365)
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX ORAL SUSPENSION	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	V; QL (2/999)
STAMARIL (PF)	3	V
TENIVAC (PF)	3	V
TICE BCG	4	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI	3	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF)	3	V
VAXCHORA VACCINE	3	V
VIMKUNYA	3	V; QL (1/999)
VIVOTIF	3	V; QL (4/720)

Drug Name	Drug Tier	Requirements/ Limits
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	PA; QL (200/30)
CEQUR SIMPLICITY	3	QL (10/30)
CEQUR SIMPLICITY INSERTER	3	QL (1/365)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	2	PA
DROPLET MICRON PEN NEEDLE	2	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	2	PA; QL (200/30)
NANO PEN NEEDLE	2	PA; QL (200/30)
NOVOFINE 32	2	PA; QL (200/30)
NOVOFINE PLUS	2	PA; QL (200/30)
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL (20/30)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1/365)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (20/30)
OMNIPOD 5 INTRO(G6/LIBRE2PL US)	3	QL (1/365)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; QL (200/30)
PENTIPS PEN NEEDLE	2	PA; QL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)
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"	2	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"	2	PA; QL (200/30)
TRUEPLUS INSULIN	2	PA; QL (200/30)
TRUEPLUS PEN NEEDLE	2	PA; QL (200/30)
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	2	PA; QL (200/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	PA; QL (200/30)
UNIFINE PENTIPS PLUS	2	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	2	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	2	PA; QL (200/30)
V-GO 20	3	QL (30/30)
V-GO 30	3	QL (30/30)
V-GO 40	3	QL (30/30)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	3	
MITIGARE	3	QL (120/30)
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
<i>ibandronate oral</i>	2	QL (1/28)

Drug Name	Drug Tier	Requirements/ Limits
PROLIA	4	QL (1/180)
<i>raloxifene</i>	2	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	2	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	2	QL (30/30)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; QL (2.48/28); NDS

OTHER RHEUMATOLOGICALS

AURANOFIN	5	NDS
BENLYSTA	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HADLIMA	5	PA; QL (4.8/28); NDS
HADLIMA PUSHTOUCH	5	PA; QL (4.8/28); NDS
HADLIMA(CF)	5	PA; QL (2.4/28); NDS
HADLIMA(CF) PUSHTOUCH	5	PA; QL (2.4/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
KINERET	5	PA; QL (20.1/30); NDS
<i>leflunomide</i>	2	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
OTEZLA	5	PA; QL (60/30); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS
<i>penicillamine</i>	5	NDS
RIDAURA	5	NDS
RINVOQ LQ	5	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168/365); NDS

Drug Name	Drug Tier	Requirements/ Limits
TYENNE AUTOINJECTOR	5	PA; QL (3.6/28); NDS
TYENNE SUBCUTANEOUS	5	PA; QL (3.6/28); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
<i>dotti</i>	2	QL (8/28)
DUAVEE	4	PA
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	QL (8/28)
<i>estradiol transdermal patch weekly</i>	2	QL (4/28)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
ESTRING	4	
<i>fyavolv</i>	3	
<i>gallifrey</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone oral</i>	1	
<i>meleya</i>	3	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
<i>orquidea</i>	2	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO	3	
<i>progesterone micronized</i>	2	
<i>sharobel</i>	3	
<i>yuvafem</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	4	
NEXPLANON	3	
<i>terconazole vaginal cream</i>	4	
<i>terconazole vaginal suppository</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid oral</i>	3	
<i>vandazole</i>	4	
<i>zafemy</i>	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	
<i>alyacen 1/35 (28)</i>	2	
<i>alyacen 7/7/7 (28)</i>	2	
<i>amethia</i>	2	
<i>amethyst (28)</i>	2	
<i>apri</i>	2	
<i>aranelle (28)</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30 (21)</i>	2	
<i>aurovela 1/20 (21)</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30 (28)</i>	2	
<i>aurovela fe 1-20 (28)</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	
<i>balziva (28)</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	2	
<i>blisovi fe 1/20 (28)</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>charlotte 24 fe</i>	2	
<i>chateal eq (28)</i>	2	
<i>cryselle (28)</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35 (28)</i>	2	
<i>dasetta 7/7/7 (28)</i>	2	
<i>daysee</i>	2	
<i>desog- e.estradiol/e.estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone- e.estradiol-lm.fa</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	
<i>feirza</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30 (28)</i>	2	
<i>hailey fe 1/20 (28)</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel (28)</i>	2	
<i>jolessa</i>	2	
<i>joyeaux</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30 (21)</i>	2	
<i>junel 1/20 (21)</i>	2	
<i>junel fe 1.5/30 (28)</i>	2	
<i>junel fe 1/20 (28)</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	
<i>kurvelo (28)</i>	2	
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	
<i>larin 1/20 (21)</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30 (28)</i>	2	
<i>larin fe 1/20 (28)</i>	2	
<i>lessina</i>	2	
<i>levonest (28)</i>	2	
<i>levonorgest- eth.estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estradiol</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	
<i>lojaimiess</i>	2	
<i>loryna (28)</i>	2	
<i>low-ogestrel (28)</i>	2	
<i>lo-zumandimine (28)</i>	2	
<i>lutra (28)</i>	2	
<i>marlissa (28)</i>	2	
<i>merzee</i>	2	
<i>microgestin 1.5/30 (21)</i>	2	
<i>microgestin 1/20 (21)</i>	2	
<i>microgestin fe 1.5/30 (28)</i>	2	
<i>microgestin fe 1/20 (28)</i>	2	
<i>mili</i>	2	
<i>minzoya</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki (28)</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7 (28)</i>	2	
<i>nylia 1/35 (28)</i>	2	
<i>nylia 7/7/7 (28)</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea (28)</i>	2	
<i>portia 28</i>	2	
<i>reclipsen (28)</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>simliya (28)</i>	2	
<i>simpesse</i>	2	
<i>sprintec (28)</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec (28)</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz (28)</i>	2	
<i>tydemy</i>	2	
<i>valtya</i>	2	
<i>velivet triphasic regimen (28)</i>	2	
<i>vestura (28)</i>	2	
<i>vienva</i>	2	
<i>violele (28)</i>	2	
<i>volnea (28)</i>	2	
<i>vyfemla (28)</i>	2	
<i>vylibra</i>	2	
<i>wera (28)</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>zovia 1-35 (28)</i>	2	
<i>zumandimine (28)</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	3	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
ATROPINE SULFATE (PF)	3	
<i>azelastine ophthalmic (eye)</i>	4	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	QL (60/30)
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	
EYLEA	5	PA; QL (0.1/28); NDS
MIEBO (PF)	3	QL (3/30)
OXERVATE	5	PA; QL (112/56); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	4	
<i>sulfacetamide- prednisolone</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
XDEMVY	5	PA; QL (10/42); NDS
XIIDRA	3	QL (60/30)
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
<i>bromfenac</i>	4	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	4	
ILEVRO	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	4	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>travoprost</i>	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	4	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	4	
<i>difluprednate</i>	3	
EYSUVIS	3	QL (16.6/30)
<i>fluorometholone</i>	3	
INVELTYS	3	
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
SYMPATHOMIMETICS		
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	2	QL (2/30)
<i>epinephrine injection solution</i>	4	
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>hydroxyzine pamoate oral capsule 100 mg</i>	4	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	PA
<i>levocetirizine oral solution</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine oral tablet</i>	1	QL (30/30)
<i>promethazine oral</i>	4	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR HFA	3	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (17/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56/28); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84/28); NDS
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	2	QL (60/30)
<i>arformoterol</i>	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
<i>bosentan oral tablet</i>	5	PA; LA; NDS
BREO ELLIPTA	3	QL (60/30)
<i>breyana</i>	3	QL (10.3/30)
BROVANA	4	B/D PA
<i>budesonide inhalation</i>	3	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	3	QL (8/30)
<i>cromolyn inhalation</i>	3	B/D PA
FASENRA PEN	5	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1/28); NDS
<i>flunisolide</i>	3	QL (50/30)
FLUTICASONE PROPIONATE NASAL	2	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	QL (60/30)

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Drug Name	Drug Tier	Requirements/ Limits
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
HAEGARDA	5	PA; LA; NDS
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	2	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
KALYDECO ORAL TABLET	5	PA; QL (56/28); NDS
<i>levalbuterol hcl</i>	3	B/D PA
LEVALBUTEROL TARTRATE	4	QL (30/30)
MOMETASONE NASAL	2	QL (34/30)
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	1	QL (30/30)
<i>montelukast oral tablet, chewable</i>	1	QL (30/30)
OFEV	5	PA; QL (60/30); NDS
OHTUVAYRE	5	PA; QL (150/30); NDS
OPSUMIT	5	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
PERFOROMIST	5	B/D PA; QL (120/30); NDS
<i>pirfenidone oral capsule</i>	5	PA; QL (270/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS
PULMICORT	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	4	PA; QL (30/30)
RYALTRIS	4	ST
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SPIRIVA RESPIMAT	4	ST; QL (4/30)
SYMDEKO	5	PA; QL (56/28); NDS
<i>tadalafil (pulm.hypertension)</i>	4	PA; QL (60/30)
<i>terbutaline</i>	4	
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr</i>	3	
<i>theophylline oral tablet extended release 24 hr</i>	3	
<i>tiotropium bromide</i>	4	QL (30/30)
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
TYVASO	5	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA; NDS
TYVASO REFILL KIT	5	B/D PA; NDS
TYVASO STARTER KIT	5	B/D PA; NDS
VENTOLIN HFA	3	QL (36/30)
WINREVAIR	5	PA; QL (1/21); NDS
<i>wixela inhub</i>	2	QL (60/30)
XHANCE	4	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
YUPELRI	5	B/D PA; QL (90/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>zafirlukast</i>	4	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	4	
<i>fesoterodine</i>	3	QL (30/30)
GEMTESA	4	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	QL (60/30)
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium citrate oral tablet extended release</i>	4	
RENACIDIN	4	
<i>sildenafil</i>	1	EX; QL (6/30)
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (60/30)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30/30)

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	4	PA; QL (360/30)
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	4	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	4	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	4	
TPN ELECTROLYTES	4	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	5	B/D PA; NDS
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>bal-care dha</i>	3	
<i>c-nate dha</i>	3	
<i>complete natal dha</i>	3	
<i>elite-ob</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob</i>	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus</i>	3	
<i>pnv-dha</i>	3	
<i>pnv-omega</i>	3	
<i>pnv-select</i>	3	
<i>pr natal 400</i>	3	
<i>pr natal 400 ec</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pr natal 430</i>	3	
<i>pr natal 430 ec</i>	3	
<i>prenatal plus (calcium carb)</i>	3	
<i>prenatal vitamin plus low iron</i>	3	
<i>se-natal 19</i>	3	
<i>se-natal 19 chewable</i>	3	
<i>taron-c dha</i>	3	
<i>trinatal rx 1</i>	3	
<i>wescap-pn dha</i>	3	
<i>wesnate dha</i>	3	
<i>westab plus</i>	3	
<i>westgel dha</i>	2	

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

Index

A

abacavir	8	allopurinol.....	71	ARIKAYCE	13
abacavir-lamivudine	8	alosectron	64	aripiprazole.....	38
ABELCET.....	8	alprazolam	38	ARISTADA	38
ABILIFY ASIMTUFII.....	37	altavera (28).....	73	ARISTADA INITIO.....	38
ABILIFY MAINTENA.....	38	ALUNBRIG.....	18	armodafinil.....	38
abiraterone.....	18	alyacen 1/35 (28).....	73	ARNUITY ELLIPTA.....	79
ABRYSVO (PF).....	67	alyacen 7/7/7 (28).....	73	arsenic trioxide	18
acamprosate	55	ALYFTREK	79	asenapine maleate.....	38
acarbose	59	amantadine hcl.....	8	ashlyna.....	73
acebutolol.....	45	ambrisentan	79	aspirin-dipyridamole	48
acetaminophen-codeine.....	35	amethia	73	ASSURE ID INSULIN	
acetazolamide.....	77	amethyst (28).....	73	SAFETY	69
acetazolamide sodium	77	amikacin.....	13	atazanavir.....	8
acetic acid	58	amiloride	45	atenolol.....	45
acetylcysteine	79	amiloride-		atenolol-chlorthalidone	45
acitretin	50	hydrochlorothiazide.....	45	ATGAM	67
ACTHIB (PF).....	67	aminocaproic acid	48	atomoxetine.....	38
ACTIMMUNE	67	amiodarone	45	atorvastatin.....	49
acyclovir.....	8, 54	amitriptyline.....	38	atovaquone	13
acyclovir sodium	8	amlodipine.....	45	atovaquone-proguanil	13
ADACEL(TDAP		amlodipine-atorvastatin	49	atropine	64, 77
ADOLESN/ADULT)(PF).....	67	amlodipine-benazepril.....	45	ATROPINE	64
adapalene	53	amlodipine-olmesartan.....	45	ATROPINE SULFATE (PF).....	77
ADCETRIS.....	18	amlodipine-valsartan	45	ATROVENT HFA	79
adefovir	8	amlodipine-valsartan-		aubra eq.....	73
ADEMPAS	79	hcthiamid.....	45	AUGMENTIN.....	16
ADSTILADRIN	18	ammonium lactate.....	52	AUGTYRO	18
ADVAIR HFA	79	amnestem	53	AURANOFIN	71
ADVOCATE PEN NEEDLE	69	amoxapine	38	aurovela 1.5/30 (21).....	73
afirmelle	73	amoxicillin	16	aurovela 1/20 (21).....	73
AIMOVIG AUTOINJECTOR.....	33	amoxicillin-pot clavulanate	16	aurovela 24 fe	73
AKEEGA.....	18	amphotericin b	8	aurovela fe 1.5/30 (28).....	73
ala-cort.....	54	amphotericin b liposome	8	aurovela fe 1-20 (28).....	73
albendazole.....	13	ampicillin	16	AUSTEDO.....	33
albuterol sulfate.....	79	ampicillin sodium.....	16	AUSTEDO XR.....	33
ALBUTEROL SULFATE	79	ampicillin-sulbactam.....	16	AUSTEDO XR TITRATION	
alclometasone.....	54	anagrelide	56	KT(WK1-4).....	33
alcohol pads.....	59	anastrozole	18	AUVELITY	38
ALCOHOL PREP PADS	59	ANKTIVA.....	18	aviane.....	73
ALCOHOL SWABS.....	59	ANORO ELLIPTA	79	AVMAPKI-FAKZYNJA.....	18
ALCOHOL WIPES	59	apraclonidine.....	78	ayuna	73
ALDURAZYME	62	aprepitant	64, 65	AYVAKIT	18
ALECENSA.....	18	apri.....	73	azacitidine	18
alendronate.....	71	APTIVUS.....	8	AZASITE	76
alfuzosin.....	81	aranelle (28).....	73	azathioprine.....	18
ALIQOPA	18	ARCALYST.....	67	azathioprine sodium	18
aliskiren.....	45	AREXVY (PF)	67	azelaic acid	53
		arformoterol.....	79	azelastine	58, 77

azithromycin.....	12, 13	blisovi fe 1.5/30 (28).....	73	CAPRELSA.....	19
aztreonam.....	13	blisovi fe 1/20 (28).....	73	captopril.....	46
azurette (28).....	73	BOOSTRIX TDAP.....	67	carbamazepine.....	29
B		bortezomib.....	19	CARBAMAZEPINE.....	29
bacitracin.....	76	BORTEZOMIB.....	19	carbidopa.....	32
bacitracin-polymyxin b.....	76	BORUZU.....	19	carbidopa-levodopa.....	32
baclofen.....	34	bosentan.....	79	carbidopa-levodopa-	
bal-care dha.....	83	BOSULIF.....	19	entacapone.....	32
balsalazide.....	65	BRAFTOVI.....	19	carboplatin.....	19
BALVERSA.....	18	BREO ELLIPTA.....	79	CARETOUCH ALCOHOL	
balziva (28).....	73	breyna.....	79	PREP PAD.....	59
BAQSIMI.....	59	briellyn.....	73	carglumic acid.....	56
BARACLUDE.....	8	brimonidine.....	78	carmustine.....	19
BAVENCIO.....	18	brimonidine-timolol.....	77	carteolol.....	76
BCG VACCINE, LIVE (PF).....	67	brinzolamide.....	77	cartia xt.....	46
BD SAFETYGLIDE INSULIN		BRIUMVI.....	33	carvedilol.....	46
SYRINGE.....	69	BRIVIACT.....	29	carvedilol phosphate.....	46
BELEODAQ.....	18	bromfenac.....	77	caspofungin.....	8
BELSOMRA.....	38	bromocriptine.....	32	CAYSTON.....	13
benazepril.....	45	BROVANA.....	79	cefaclor.....	11
benazepril-		BRUKINSA.....	19	cefadroxil.....	11
hydrochlorothiazide.....	45	budesonide.....	65, 79	cefazolin.....	12
bendamustine.....	18	bumetanide.....	45	CEFAZOLIN.....	12
BENDAMUSTINE.....	18	buprenorphine.....	35	cefazolin in dextrose (iso-os).....	11
BENDEKA.....	18	buprenorphine hcl.....	35	CEFAZOLIN IN DEXTROSE	
BENLYSTA.....	71	buprenorphine-naloxone.....	37	(ISO-OS).....	11
benztropine.....	32	bupropion hcl.....	38, 39	cefdinir.....	12
BESIVANCE.....	76	bupropion hcl (smoking		cefepime.....	12
BESPONSA.....	19	deter).....	57	CEFEPIME.....	12
BESREMI.....	67	buspirone.....	39	CEFEPIME IN DEXTROSE	
betaine.....	65	busulfan.....	19	5 %.....	12
betamethasone dipropionate.....	54	butorphanol.....	37	cefepime in dextrose,iso-	
betamethasone valerate.....	54	C		osm.....	12
betamethasone, augmented.....	54	CABENUVA.....	8	cefixime.....	12
BETASERON.....	67	cabergoline.....	62	cefoxitin.....	12
betaxolol.....	45	CABOMETYX.....	19	cefoxitin in dextrose, iso-	
bethanechol chloride.....	81	calcipotriene.....	50, 51	osm.....	12
bexarotene.....	19	calcitonin (salmon).....	63	cefpodoxime.....	12
BEXSERO.....	67	calcitriol.....	51, 63	cefprozil.....	12
bicalutamide.....	19	calcium acetate(phosphat		ceftazidime.....	12
BICILLIN L-A.....	16	bind).....	82	ceftriaxone.....	12
BIKTARVY.....	8	CALQUENCE		CEFTRIAZONE.....	12
bimatoprost.....	77	(ACALABRUTINIB MAL).....	19	ceftriaxone in dextrose,iso-	
bisoprolol fumarate.....	45	camila.....	72	os.....	12
BISOPROLOL FUMARATE.....	45	camrese.....	73	cefuroxime axetil.....	12
bisoprolol-		camrese lo.....	73	cefuroxime sodium.....	12
hydrochlorothiazide.....	45	CAMZYOS.....	50	celecoxib.....	37
BIZENGRI.....	19	candesartan.....	45	cephalexin.....	12
bleomycin.....	19	candesartan-		CEQUR SIMPLICITY.....	69
BLINCYTO.....	19	hydrochlorothiazid.....	45	CEQUR SIMPLICITY	
blisovi 24 fe.....	73	CAPLYTA.....	39	INSERTER.....	69

CEREZYME.....	63	D20W(SULFITE-FREE).....	83	CRESEMBA.....	8
cetirizine.....	78	CLINIMIX 6%-D5W		<i>cromolyn</i>	65, 77, 79
cevimeline.....	56	(SULFITE-FREE).....	83	cryselle (28).....	74
charlotte 24 fe.....	74	CLINIMIX 8%-		CURITY ALCOHOL SWABS.....	59
chateal eq (28).....	74	D10W(SULFITE-FREE).....	83	CURITY GAUZE.....	69
CHEMET.....	56	CLINIMIX 8%-		CUVRIOR.....	56
chloramphenicol sod		D14W(SULFITE-FREE).....	83	cyclobenzaprine.....	35
succinate.....	13	CLINISOL SF 15 %.....	83	cyclophosphamide.....	19
chlorhexidine gluconate.....	58	clobazam.....	29	CYCLOPHOSPHAMIDE.....	19
chloroquine phosphate.....	13	clobetasol.....	54	cycloserine.....	14
chlorothiazide sodium.....	46	clobetasol-emollient.....	54	CYCLOSET.....	59
chlorpromazine.....	39	CLOCORTOLONE		cyclosporine.....	20, 77
chlorthalidone.....	46	PIVALATE.....	54	cyclosporine modified.....	19
cholestyramine (with sugar).....	49	clodan.....	54	CYRAMZA.....	20
cholestyramine light.....	49	clofarabine.....	19	cyred eq.....	74
CHORIONIC		clomipramine.....	39	CYSTAGON.....	81
GONADOTROPIN,		clonazepam.....	29, 30	CYSTARAN.....	77
HUMAN.....	63	clonidine.....	46	cytarabine.....	20
ciclodan.....	53	clonidine hcl.....	46	cytarabine (pf).....	20
ciclopirox.....	53	clopidogrel.....	48	D	
cilostazol.....	48	clorazepate dipotassium.....	39	d10 %-0.45 % sodium	
CIMDUO.....	8	clotrimazole.....	8, 53	chloride.....	56
cinacalcet.....	63	clotrimazole-betamethasone.....	54	d2.5 %-0.45 % sodium	
ciprofloxacin.....	17	clozapine.....	39	chloride.....	56
ciprofloxacin hcl.....	16, 76	c-nate dha.....	83	D5 % (D-GLUCOSE)-0.9 %	
ciprofloxacin in 5 % dextrose.....	17	COARTEM.....	14	SODCHLR.....	56
ciprofloxacin-		COBENFY.....	39	d5 % and 0.9 % sodium	
dexamethasone.....	58	COBENFY STARTER PACK.....	39	chloride.....	56
cisplatin.....	19	colchicine.....	71	d5 %-0.45 % sodium	
citalopram.....	39	colesevelam.....	49	chloride.....	56
cladribine.....	19	colestipol.....	49	dabigatran etexilate.....	48
claravis.....	53	colistin (colistimethate na).....	14	dacarbazine.....	20
clarithromycin.....	13	COLUMVI.....	19	dactinomycin.....	20
CLENPIQ.....	65	COMBIVENT RESPIMAT.....	79	dalfampridine.....	33
clindacin etz.....	53	COMETRIQ.....	19	danazol.....	63
clindacin p.....	53	COMPLERA.....	8	dantrolene.....	35
clindamycin hcl.....	13	complete natal dha.....	83	DANYELZA.....	20
CLINDAMYCIN IN 0.9 %		compro.....	65	DANZITEN.....	20
SOD CHLOR.....	14	constulose.....	65	DAPAGLIFLOZIN	
CLINDAMYCIN IN 5 %		COPIKTRA.....	19	PROPANEDIOL.....	59
DEXTROSE.....	14	CORTIFOAM.....	65	dapsone.....	14
clindamycin palmitate hcl.....	14	cortisone.....	58	DAPTACEL (DTAP	
clindamycin pediatric.....	14	CORTISPORIN-TC.....	58	PEDIATRIC) (PF).....	68
clindamycin phosphate.....	14, 53, 73	COSENTYX.....	51	daptomycin.....	14
CLINIMIX 5%/D15W		COSENTYX (2 SYRINGES).....	51	DAPTOMYCIN.....	14
SULFITE FREE.....	83	COSENTYX PEN.....	51	DAPTOMYCIN IN 0.9 %	
CLINIMIX 4.25%/D10W		COSENTYX PEN (2 PENS).....	51	SOD CHLOR.....	14
SULF FREE.....	83	COSENTYX UNOREADY		darifenacin.....	81
CLINIMIX 4.25%/D5W		PEN.....	51	darunavir.....	9
SULFIT FREE.....	56	COTELLIC.....	19	DARZALEX.....	20
CLINIMIX 5%-		CREON.....	65	DARZALEX FASPRO.....	20

dasatinib.....	20	dextrose 50 % in water		DROPLET MICRON PEN	
dasetta 1/35 (28).....	74	(d50w).....	56	NEEDLE.....	69
dasetta 7/7/7 (28).....	74	DEXTROSE 50 % IN		DROPLET PEN NEEDLE.....	69
DATROWAY.....	20	WATER (D50W).....	56	DROPSAFE ALCOHOL	
daunorubicin.....	20	dextrose 70 % in water		PREP PADS.....	59
DAURISMO.....	20	(d70w).....	56	DROPSAFE PEN NEEDLE.....	69
daysee.....	74	DIACOMIT.....	30	drosiprenone-e.estradiol-	
deblitane.....	72	diazepam.....	30, 40	Im.fa.....	74
decitabine.....	20	diazepam intensol.....	40	drosiprenone-ethinyl	
deferasirox.....	56	diazoxide.....	59	estradiol.....	74
deferiprone.....	56	diclofenac potassium.....	37	DROXIA.....	20
DELSTRIGO.....	9	diclofenac sodium.....	37, 77	droxidopa.....	56
demeclocycline.....	17	dicloxacillin.....	16	DUAVEE.....	72
DENGVAXIA (PF).....	68	dicyclomine.....	64	duloxetine.....	40
DEPO-ESTRADIOL.....	72	DIFICID.....	13	DUPIXENT PEN.....	52
DEPO-MEDROL.....	58	diflunisal.....	37	DUPIXENT SYRINGE.....	52
DEPO-SUBQ PROVERA		difluprednate.....	78	dutasteride.....	81
104.....	72	digoxin.....	50	dutasteride-tamsulosin.....	81
DESCOVY.....	9	dihydroergotamine.....	33	E	
desipramine.....	39	DILANTIN.....	30	EASY COMFORT	
desloratadine.....	78	diltiazem hcl.....	46	ALCOHOL PAD.....	59
desmopressin.....	63	dilt-xr.....	46	EASY COMFORT SAFETY	
desog-e.estradiol/e.estradiol.....	74	dimethyl fumarate.....	33	PEN NEEDLE.....	69
desonide.....	54	diphenhydramine hcl.....	78	EASY TOUCH ALCOHOL	
desoximetasone.....	54	diphenoxylate-atropine.....	64	PREP PADS.....	60
desvenlafaxine succinate.....	39	dipyridamole.....	48	econazole nitrate.....	54
dexamethasone.....	58	disulfiram.....	56	EDARAVONE.....	34
dexamethasone intensol.....	58	divalproex.....	30	EDARBI.....	46
dexamethasone sodium		docetaxel.....	20	EDARBYCLOR.....	46
phos (pf).....	58	DOCIVYX.....	20	EDURANT.....	9
dexamethasone sodium		dofetilide.....	45	EDURANT PED.....	9
phosphate.....	58, 78	dolishale.....	74	efavirenz.....	9
dexmethylphenidate.....	39	donepezil.....	34	efavirenz-emtricitabin-	
dextroamphetamine sulfate.....	39	DOPTELET (10 TAB PACK).....	48	tenofov.....	9
dextroamphetamine-		DOPTELET (15 TAB PACK).....	48	efavirenz-lamivu-tenofov	
amphetamine.....	39, 40	DOPTELET (30 TAB PACK).....	48	disop.....	9
dextrose 10 % and 0.2 %		dorzolamide.....	77	ELAHERE.....	20
nacl.....	56	dorzolamide-timolol.....	77	ELAPRASE.....	63
dextrose 10 % in water		dotti.....	72	electrolyte-48 in d5w.....	83
(d10w).....	56	DOVATO.....	9	ELIGARD.....	20
dextrose 25 % in water		doxazosin.....	46	ELIGARD (3 MONTH).....	20
(d25w).....	56	doxepin.....	40	ELIGARD (4 MONTH).....	20
dextrose 5 % in water (d5w).....	56	doxercalciferol.....	63	ELIGARD (6 MONTH).....	20
DEXTROSE 5 % IN WATER		doxorubicin.....	20	elinest.....	74
(D5W).....	56	doxorubicin, peg-liposomal.....	20	ELIQUIS.....	48
dextrose 5 %-lactated		doxy-100.....	17	ELIQUIS DVT-PE TREAT	
ringers.....	56	doxycycline hyclate.....	17	30D START.....	48
dextrose 5%-0.2 % sod		doxycycline monohydrate.....	17	elite-ob.....	83
chloride.....	56	DRIZALMA SPRINKLE.....	40	ELMIRON.....	81
dextrose 5%-0.3 %		dronabinol.....	65	ELREXFIO.....	20
sod.chloride.....	56			eltrombopag olamine.....	48

ELZONRIS	20	erythromycin lactobionate	13	felodipine	46
EMPLICITI	20	erythromycin with ethanol	53	fenofibrate	49
EMRELIS	20	erythromycin-benzoyl		fenofibrate micronized	49
EMSAM	40	peroxide	53	fenofibrate nanocrystallized	49
emtricitabine	9	escitalopram oxalate	40	fenofibric acid (choline)	49
emtricitabine-tenofovir (tdf)	9	eslicarbazepine	30	fentanyl	35
emtricitabine-tenofovir DF	9	esomeprazole magnesium	66	fentanyl citrate	35
EMTRIVA	9	estarylla	74	FERRIPROX	56
EMVERM	14	estradiol	72	FERRIPROX (2 TIMES A	
emzahh	72	estradiol valerate	72	DAY)	56
enalapril maleate	46	ESTRING	72	fesoterodine	81
enalapril-hydrochlorothiazide	46	ethacrynate sodium	46	FETZIMA	40
ENBREL	71	ethambutol	14	FIASP FLEXTOUCH U-100	
ENBREL MINI	71	ethosuximide	30	INSULIN	60
ENBREL SURECLICK	71	ethynodiol diac-eth estradiol	74	FIASP PENFILL U-100	
endocet	35	etodolac	37	INSULIN	60
ENGERIX-B (PF)	68	etonogestrel-ethinyl estradiol	73	FIASP U-100 INSULIN	60
ENGERIX-B PEDIATRIC		ETOPOPHOS	21	fidaxomicin	13
(PF)	68	etoposide	21	finasteride	81
ENHERTU	20	etravirine	9	fingolimod	34
enoxaparin	48	EULEXIN	21	FINTEPLA	30
enpresse	74	everolimus (antineoplastic)	21	finzala	74
enskyce	74	everolimus		FIRMAGON KIT W	
entacapone	32	(immunosuppressive)	21	DILUENT SYRINGE	21
entecavir	9	EVOMELA	21	flac otic oil	58
ENTRESTO SPRINKLE	50	EVOTAZ	9	flecainide	45
enulose	65	exemestane	21	floxuridine	21
ENVARUSUS XR	20	EXTENCILLINE	16	fluconazole	8
EPCLUSA	9	EYLEA	77	fluconazole in nacl (iso-osm)	8
EPIDIOLEX	30	EYSUVIS	78	flucytosine	8
epinastine	77	ezetimibe	49	fludarabine	21
epinephrine	78	ezetimibe-simvastatin	49	fludrocortisone	58
EPINEPHRINE	78	F		flunisolide	79
epirubicin	20	FABRAZYME	63	fluocinolone	54, 55
EPKINLY	20	falmina (28)	74	fluocinolone acetonide oil	58
eplerenone	46	famciclovir	9	fluocinolone and shower cap	54
EPRONTIA	30	famotidine	66	fluocinonide	55
ERBITUX	20	FANAPT	40	fluoride (sodium)	58, 84
ergotamine-caffeine	33	FANAPT TITRATION PACK		fluorometholone	78
eribulin	20	A	40	fluorouracil	21, 52
ERIVEDGE	20	FANAPT TITRATION PACK		FLUOROURACIL	52
ERLEADA	20	B	40	fluoxetine	40, 41
erlotinib	20, 21	FANAPT TITRATION PACK		fluoxetine (pmdd)	40
errin	72	C	40	fluphenazine decanoate	41
ertapenem	14	FARXIGA	60	fluphenazine hcl	41
ery pads	53	FARYDAK	21	flurbiprofen	37
ery-tab	13	FASENRA	79	flurbiprofen sodium	77
ERYTHROCIN	13	FASENRA PEN	79	fluticasone propionate	55
erythrocin (as stearate)	13	febuxostat	71	FLUTICASONE	
erythromycin	13, 76	feirza	74	PROPIONATE	79
erythromycin ethylsuccinate	13	felbamate	30		

fluticasone propion-		halobetasol propionate.....55
salmeterol.....	79	haloperidol.....41
fluvastatin.....	49	haloperidol decanoate.....41
fluvoxamine.....	41	haloperidol lactate.....41
folivane-ob.....	84	HARVONI.....9
FOLOTYN.....	21	HAVRIX (PF).....68
fomepizole.....	68	heather.....72
fondaparinux.....	48	heparin (porcine).....49
formoterol fumarate.....	80	heparin (porcine) in 5 % dex.....48
fosamprenavir.....	9	heparin (porcine) in nacl (pf).....48
fosfomycin tromethamine.....	17	HEPARIN (PORCINE) IN
fosinopril.....	46	NACL (PF).....49
fosinopril-		heparin, porcine (pf).....49
hydrochlorothiazide.....	46	HEPARIN, PORCINE (PF).....49
fosphenytoin.....	30	heparin(porcine) in 0.45%
FOTIVDA.....	21	nacl.....49
FRUZAQLA.....	21	HEPLISAV-B (PF).....68
fulvestrant.....	21	HERNEXEOS.....22
furosemide.....	46	HIBERIX (PF).....68
FUROSEMIDE.....	46	HUMALOG JUNIOR
FUZEON.....	9	KWIKPEN U-100.....60
FYARRO.....	21	HUMALOG KWIKPEN
fyavolv.....	72	INSULIN.....60
FYCOMPA.....	30	HUMALOG MIX 50-50
G		KWIKPEN.....60
gabapentin.....	30	HUMALOG MIX 75-25
galantamine.....	34	KWIKPEN.....60
galbriela.....	74	HUMALOG MIX 75-25(U-
gallifrey.....	72	100)INSULIN.....60
GAMMAGARD LIQUID.....	68	HUMALOG TEMPO PEN(U-
GAMMAKED.....	68	100)INSULN.....60
GAMMAPLEX.....	68	HUMALOG U-100 INSULIN.....60
GAMMAPLEX (WITH		HUMULIN 70/30 U-100
SORBITOL).....	68	INSULIN.....61
GAMUNEX-C.....	68	HUMULIN 70/30 U-100
GARDASIL 9 (PF).....	68	KWIKPEN.....61
GATTEX 30-VIAL.....	65	HUMULIN N NPH INSULIN
GATTEX ONE-VIAL.....	65	KWIKPEN.....61
GAUZE PAD.....	69	HUMULIN N NPH U-100
gavilyte-c.....	65	INSULIN.....61
GAVRETO.....	21	HUMULIN R REGULAR U-
GAZYVA.....	21	100 INSULIN.....61
gefitinib.....	21	HUMULIN R U-500 (CONC)
gemcitabine.....	21	INSULIN.....61
GEMCITABINE.....	21	HUMULIN R U-500 (CONC)
gemfibrozil.....	49	KWIKPEN.....61
gemmily.....	74	hydralazine.....46
GEMTESA.....	81	hydrochlorothiazide.....46
generlac.....	65	hydrocodone-
gengraf.....	21	acetaminophen.....35
GENOTROPIN.....	67	
GENOTROPIN MINIQUICK.....	67	
gentamicin.....	14, 53, 76	
gentamicin in nacl (iso-osm).....	14	
GENTAMICIN IN NACL		
(ISO-OSM).....	14	
gentamicin sulfate (ped) (pf).....	14	
GENVOYA.....	9	
GILOTRIF.....	21	
glatiramer.....	34	
glatopa.....	34	
GLEOSTINE.....	22	
glimepiride.....	60	
glipizide.....	60	
GLIPIZIDE.....	60	
glipizide-metformin.....	60	
GLUCAGON (HCL)		
EMERGENCY KIT.....	60	
GLUCAGON EMERGENCY		
KIT (HUMAN).....	60	
glutamine (sickle cell).....	56	
glycopyrrolate.....	64	
glycopyrrolate (pf).....	64	
GLYCOPYRROLATE (PF).....	64	
glycopyrrolate (pf) in water.....	64	
GLYCOPYRROLATE (PF)		
IN WATER.....	64	
glydo.....	52	
GOMEKLI.....	22	
GRAFAPEX.....	22	
granisetron hcl.....	65	
griseofulvin microsize.....	8	
griseofulvin ultramicrosize.....	8	
guanfacine.....	41	
GVOKE.....	60	
GVOKE HYOPEN 1-PACK.....	60	
GVOKE HYOPEN 2-PACK.....	60	
GVOKE PFS 1-PACK		
SYRINGE.....	60	
GVOKE PFS 2-PACK		
SYRINGE.....	60	
H		
HADLIMA.....	71	
HADLIMA PUSH TOUCH.....	71	
HADLIMA(CF).....	71	
HADLIMA(CF)		
PUSH TOUCH.....	71	
HAEGARDA.....	80	
hailey.....	74	
hailey 24 fe.....	74	
hailey fe 1.5/30 (28).....	74	
hailey fe 1/20 (28).....	74	

HYDROCODONE-		
ACETAMINOPHEN.....	35	
hydrocodone-ibuprofen.....	35, 36	
hydrocortisone.....	55, 58, 65	
hydrocortisone butyrate.....	55	
hydrocortisone sod		
succinate.....	58	
hydrocortisone valerate.....	55	
hydrocortisone-acetic acid.....	58	
hydromorphone.....	36	
hydroxychloroquine.....	14	
hydroxyurea.....	22	
hydroxyzine hcl.....	78	
hydroxyzine pamoate.....	78	
I		
ibandronate.....	71	
IBRANCE.....	22	
IBTROZI.....	22	
<i>ibu</i>	37	
ibuprofen.....	37	
icatibant.....	80	
iclevia.....	74	
ICLUSIG.....	22	
icosapent ethyl.....	49	
idarubicin.....	22	
IDHIFA.....	22	
ifosfamide.....	22	
ILEVRO.....	77	
imatinib.....	22	
IMBRUVICA.....	22	
IMDELLTRA.....	22	
IMFINZI.....	22	
imipenem-cilastatin.....	14	
imipramine hcl.....	41	
imiquimod.....	52	
IMJUDO.....	22	
IMKELDI.....	22	
IMOVAX RABIES VACCINE		
(PF).....	68	
IMPAVIDO.....	14	
INBRIJA.....	32	
incassia.....	72	
INCONTROL PEN NEEDLE.....	70	
INCRELEX.....	57	
INCRUSE ELLIPTA.....	80	
indapamide.....	46	
INFANRIX (DTAP) (PF).....	68	
INFUMORPH P/F.....	36	
INGREZZA.....	34	
INGREZZA INITIATION		
PK(TARDIV).....	34	
INGREZZA SPRINKLE.....	34	
INLYTA.....	22	
INQOVI.....	22	
INREBIC.....	22	
INSULIN ASPART U-100.....	61	
INSULIN LISPRO.....	61	
INSULIN LISPRO		
PROTAMIN-LISPRO.....	61	
INSULIN SYRINGE-		
NEEDLE U-100.....	70	
INTELENCE.....	9	
intralipid.....	83	
INTRALIPID.....	83	
introvale.....	74	
INVEGA HAFYERA.....	41	
INVEGA SUSTENNA.....	41	
INVEGA TRINZA.....	41	
INVELTYS.....	78	
IPOL.....	68	
ipratropium bromide.....	58, 80	
ipratropium-albuterol.....	80	
irbesartan.....	46	
irbesartan-		
hydrochlorothiazide.....	46	
irinotecan.....	22	
ISENTRESS.....	9, 10	
ISENTRESS HD.....	9	
isibloom.....	74	
isoniazid.....	14	
isosorbide dinitrate.....	50	
isosorbide mononitrate.....	50	
isosorbide-hydralazine.....	46	
isotretinoin.....	53	
isradipine.....	46	
ITOVEBI.....	22	
itraconazole.....	8	
IV PREP WIPES.....	61	
ivabradine.....	50	
ivermectin.....	14	
IWILFIN.....	22	
IXEMPRA.....	22	
IXIARO (PF).....	68	
J		
jaimiess.....	74	
JAKAFI.....	22	
jantoven.....	49	
JANUMET.....	61	
JANUMET XR.....	61	
JANUVIA.....	61	
JARDIANCE.....	61	
jasmiel (28).....	74	
JAYPIRCA.....	22	
JEMPERLI.....	22	
jencycla.....	72	
JENTADUETO.....	61	
JENTADUETO XR.....	61	
JEVTANA.....	22	
jolessa.....	74	
joyeaux.....	74	
juleber.....	74	
JULUCA.....	10	
junel 1.5/30 (21).....	74	
junel 1/20 (21).....	74	
junel fe 1.5/30 (28).....	74	
junel fe 1/20 (28).....	74	
junel fe 24.....	74	
JYLAMVO.....	22	
JYNARQUE.....	63	
JYNNEOS (PF).....	68	
K		
KABIVEN.....	83	
KADCYLA.....	22	
kaitlib fe.....	74	
KALETRA.....	10	
kalliga.....	74	
KALYDECO.....	80	
kariva (28).....	74	
kelnor 1/35 (28).....	74	
KERENDIA.....	46	
KESIMPTA PEN.....	34	
ketoconazole.....	8, 54	
ketorolac.....	77	
KEYTRUDA.....	22	
KIMMTRAK.....	22	
KINERET.....	72	
KINRIX (PF).....	68	
kionex (with sorbitol).....	57	
KISQALI.....	23	
KISQALI FEMARA CO-		
PACK.....	23	
klayesta.....	54	
KLISYRI (250 MG).....	23	
KLISYRI (350 MG).....	23	
klor-con.....	82	
klor-con 10.....	82	
klor-con 8.....	82	
klor-con m10.....	82	
klor-con m15.....	82	
klor-con m20.....	82	
KLOXXADO.....	37	
KOSELUGO.....	23	
kourzeq.....	58	

K-PHOS ORIGINAL.....	81	levonorgestrel-ethinyl estrad.....	74	LUPRON DEPOT.....	24
KRAZATI.....	23	levonorg-eth estrad triphasic.....	75	LUPRON DEPOT (3	
kurvelo (28).....	74	levora-28.....	75	MONTH).....	24
KYPROLIS.....	23	levo-t.....	64	LUPRON DEPOT (4	
L		levothyroxine.....	64	MONTH).....	24
l norgest/e.estradiol-e.estrad.....	74	levoxyl.....	64	LUPRON DEPOT (6	
labetalol.....	46	LIBTAYO.....	23	MONTH).....	24
lacosamide.....	30	lidocaine.....	52	LUPRON DEPOT-PED.....	24
lactated ringers.....	55, 82	lidocaine (pf).....	45, 52	LUPRON DEPOT-PED (3	
lactulose.....	65	lidocaine hcl.....	52	MONTH).....	24
lamivudine.....	10	lidocaine viscous.....	52	lurasidone.....	42
lamivudine-zidovudine.....	10	lidocaine-prilocaine.....	52	lutera (28).....	75
lamotrigine.....	30	LILETTA.....	73	LUTRATE DEPOT (3	
LANOXIN PEDIATRIC.....	50	lincomycin.....	14	MONTH).....	24
lansoprazole.....	66	linezolid.....	14	LYNOZYFIC.....	24
LANTUS SOLOSTAR U-100		linezolid in dextrose 5%.....	14	LYNPARZA.....	24
INSULIN.....	61	LINEZOLID-0.9% SODIUM		LYSODREN.....	24
LANTUS U-100 INSULIN.....	61	CHLORIDE.....	14	LYTGOBI.....	24
lapatinib.....	23	LINZESS.....	65	LYUMJEV KWIKPEN U-100	
larin 1.5/30 (21).....	74	liothyronine.....	64	INSULIN.....	61
larin 1/20 (21).....	74	lisdexamfetamine.....	42	LYUMJEV KWIKPEN U-200	
larin 24 fe.....	74	lisinopril.....	46	INSULIN.....	61
larin fe 1.5/30 (28).....	74	lisinopril-hydrochlorothiazide.....	46	LYUMJEV TEMPO PEN(U-	
larin fe 1/20 (28).....	74	lithium carbonate.....	42	100)INSULN.....	61
latanoprost.....	77	lithium citrate.....	42	LYUMJEV U-100 INSULIN.....	61
LAZCLUZE.....	23	LIVTENCITY.....	10	lyza.....	72
leflunomide.....	72	lojaimiess.....	75	M	
lenalidomide.....	23	LOKELMA.....	57	magnesium sulfate.....	82
LENVIMA.....	23	LONSURF.....	23	MAGNESIUM SULFATE IN	
lessina.....	74	loperamide.....	64	D5W.....	82
letrozole.....	23	lopinavir-ritonavir.....	10	magnesium sulfate in water.....	82
leucovorin calcium.....	18	LOQTORZI.....	23	malathion.....	55
LEUKERAN.....	23	lorazepam.....	42	maraviroc.....	10
leuprolide.....	23	lorazepam intensol.....	42	MARGENZA.....	24
LEUPROLIDE ACETATE (3		LORBRENA.....	23	marlissa (28).....	75
MONTH).....	23	loryna (28).....	75	MARPLAN.....	42
levalbuterol hcl.....	80	losartan.....	46	MATULANE.....	24
LEVALBUTEROL		losartan-hydrochlorothiazide.....	46	matzim la.....	46
TARTRATE.....	80	LOTEMAX.....	78	MAXICOMFORT SAFETY	
levetiracetam.....	30, 31	LOTEMAX SM.....	78	PEN NEEDLE.....	70
LEVETIRACETAM.....	31	loteprednol etabonate.....	78	meclizine.....	65
levetiracetam in nacl (iso-os).....	30	lovastatin.....	49, 50	MEDROL.....	58
levobunolol.....	76	low-ogestrel (28).....	75	medroxyprogesterone.....	72, 73
levocarnitine.....	57	loxapine succinate.....	42	mefloquine.....	14
levocarnitine (with sugar).....	57	lo-zumandimine (28).....	75	megestrol.....	24
levocetirizine.....	78, 79	lubiprostone.....	65	MEKINIST.....	24
levofloxacin.....	17	ludent fluoride.....	84	MEKTOVI.....	24
levofloxacin in d5w.....	17	LUMAKRAS.....	23, 24	meleya.....	73
levonest (28).....	74	LUMIGAN.....	77	meloxicam.....	37
levonorgest-eth.estradiol-		LUMIZYME.....	63	melphalan hcl.....	24
iron.....	74	LUNSUMIO.....	24	memantine.....	34

MEMANTINE	34	mifepristone	63	naloxone.....	37
memantine-donepezil.....	34	migergot	33	naltrexone	37
MENQUADFI (PF)	68	miglitol.....	62	NANO PEN NEEDLE	70
MENVEO A-C-Y-W-135-DIP		mili.....	75	naproxen	37
(PF).....	68	minocycline	17	naproxen sodium.....	37
mercaptapurine	24	minoxidil	47	naratriptan	33
meropenem.....	14	minzoya.....	75	NATACYN	76
MEROPENEM-0.9%		mirtazapine	42	nateglinide.....	62
SODIUM CHLORIDE.....	14, 15	misoprostol.....	66	NAYZILAM	31
merzee	75	MITIGARE.....	71	nebivolol.....	47
mesalamine.....	65	mitomycin.....	24	necon 0.5/35 (28).....	75
mesalamine with cleansing		mitoxantrone	24	nefazodone	42
wipe	65	M-M-R II (PF)	68	nelarabine	25
mesna	18	m-natal plus	84	neomycin.....	15
metadate er.....	42	modafinil.....	42	neomycin-bacitracin-poly-hc	78
metformin	61, 62	MODEYSO.....	24	neomycin-bacitracin-	
methadone	36	moexipril.....	47	polymyxin	76
methazolamide.....	77	molindone	42	neomycin-polymyxin b gu.....	55
methenamine hippurate	17	mometasone	55	neomycin-polymyxin b-	
methimazole.....	59	MOMETASONE	80	dexameth	78
methocarbamol	35	mondoxyne nl.....	17	neomycin-polymyxin-	
methotrexate sodium	24	MONJUVI.....	24	gramicidin.....	76
methotrexate sodium (pf).....	24	mono-lynyah	75	neomycin-polymyxin-hc.....	58, 78
methoxsalen.....	52	montelukast.....	80	NERLYNX	25
methsuximide.....	31	morphine	36	nevirapine.....	10
methylphenidate hcl.....	42	MORPHINE.....	36	NEXLETOL	50
methylprednisolone.....	59	morphine (pf).....	36	NEXLIZET	50
methylprednisolone acetate.....	58	morphine concentrate	36	NEXPLANON	73
methylprednisolone sodium		MOUNJARO	62	niacin.....	50
succ	59	MOVANTIK	65	NIACOR	50
metoclopramide hcl.....	65	moxifloxacin	17, 76	nicardipine.....	47
metolazone	46	MOXIFLOXACIN-		NICOTROL NS.....	57
metoprolol succinate	46	SOD.ACE,SUL-WATER.....	17	nifedipine.....	47
metoprolol ta-		moxifloxacin-		nikki (28).....	75
hydrochlorothiaz	47	sod.chloride(iso).....	17	nilotinib hcl	25
metoprolol tartrate.....	47	MRESVIA (PF)	68	nilutamide.....	25
metro i.v.	15	MULTAQ	45	nimodipine.....	47
metronidazole	15, 53, 73	mupirocin	53	NINLARO	25
metronidazole in nacl (iso-		mupirocin calcium	53	NIPENT	25
os).....	15	mycophenolate mofetil	25	nisoldipine	47
metyrosine	47	mycophenolate mofetil (hcl)	25	nitazoxanide	15
mexiletine.....	45	mycophenolate sodium	25	nitisinone	57
micafungin.....	8	MYLOTARG.....	25	nitrofurantoin macrocrystal.....	17, 18
MICAFUNGIN IN 0.9 %		MYRBETRIQ.....	81	nitrofurantoin monohyd/m-	
SODIUM CHL	8	N		cryst.....	18
microgestin 1.5/30 (21)	75	nabumetone	37	nitroglycerin.....	50, 65
microgestin 1/20 (21)	75	nadolol	47	NIVESTYM	67
microgestin fe 1.5/30 (28)	75	nafcillin	16	nora-be.....	73
microgestin fe 1/20 (28)	75	nafcillin in dextrose iso-osm	16	noreth-ethinyl estradiol-iron.....	75
midodrine	57	naftifine	54	norethindrone	
MIEBO (PF)	77	NAGLAZYME.....	63	(contraceptive)	73

norethindrone acetate.....	73	olmesartan	47	oxaprozin.....	37
norethindrone ac-eth		olmesartan-amlodipin-		oxazepam.....	42
estradiol	73, 75	hcthiamid	47	oxcarbazepine.....	31
norethindrone-e.estradiol-		olmesartan-		OXERVATE.....	77
iron.....	75	hydrochlorothiazide.....	47	oxybutynin chloride	81
norgestimate-ethinyl		omega-3 acid ethyl esters.....	50	oxycodone.....	36
estradiol	75	omeprazole	66	OXYCODONE.....	36
nortrel 0.5/35 (28).....	75	OMNIPOD 5 (G6/LIBRE 2		oxycodone-acetaminophen	36
nortrel 1/35 (21).....	75	PLUS).....	70	oxymorphone	36
nortrel 1/35 (28).....	75	OMNIPOD 5 G6-G7 INTRO		OZEMPIC.....	62
nortrel 7/7/7 (28).....	75	KT(GEN5).....	70	P	
nortriptyline	42	OMNIPOD 5 G6-G7 PODS		pacerone	45
NORVIR.....	10	(GEN 5).....	70	paclitaxel	26
NOVOFINE 32.....	70	OMNIPOD 5		paclitaxel protein-bound	26
NOVOFINE PLUS.....	70	INTRO(G6/LIBRE2PLUS).....	70	PADCEV	26
NOVOLIN R FLEXPEN.....	62	OMNIPOD DASH INTRO		paliperidone.....	42, 43
NOVOLOG FLEXPEN U-		KIT (GEN 4).....	70	palonosetron	65
100 INSULIN.....	62	OMNIPOD DASH PODS		pamidronate	63
NOVOLOG PENFILL U-100		(GEN 4).....	70	PANRETIN	52
INSULIN.....	62	ONCASPAR.....	25	pantoprazole	67
NOVOLOG U-100 INSULIN		ondansetron	65	paricalcitol	63
ASPART	62	ondansetron hcl	65	paroxetine hcl.....	43
NUBEQA.....	25	ondansetron hcl (pf).....	65	PAXLOVID	10
NUEDEXTA	34	ONGENTYS.....	32	pazopanib.....	26
NULOJIX.....	25	ONIVYDE.....	25	PEDIARIX (PF).....	68
NUPLAZID	42	ONUREG	25	PEDVAX HIB (PF).....	68
NURTEC ODT	33	OPDIVO	25	peg 3350-electrolytes.....	65
NUZYRA	17	OPDIVO QVANTIG.....	25	PEGASYS.....	67
nyamyc.....	54	OPDUALAG	25	peg-electrolyte soln	66
nylia 1/35 (28).....	75	OPIPZA.....	42	PEMAZYRE	26
nylia 7/7/7 (28).....	75	OPSUMIT.....	80	pemetrexed disodium.....	26
nystatin.....	8, 54	oralone	58	PEMETREXED DISODIUM	26
nystatin-triamcinolone	54	ORBACTIV.....	15	PEN NEEDLE, DIABETIC.....	70
nystop	54	ORENCIA.....	72	PENBRAYA (PF).....	68
NYVEPRIA.....	67	ORENCIA CLICKJECT	72	penciclovir	54
O		ORENITRAM	47	penicillamine	72
OICALIVA	65	ORENITRAM MONTH 1		penicillin g potassium.....	16
ocella.....	75	TITRATION KT	47	penicillin v potassium	16
OCTAGAM.....	68	ORENITRAM MONTH 2		PENMENVY MEN A-B-C-W-	
octreotide acetate	25	TITRATION KT	47	Y (PF).....	68
octreotide,microspheres.....	25	ORENITRAM MONTH 3		PENTACEL (PF).....	68
ODEFSEY	10	TITRATION KT	47	pentamidine.....	15
ODOMZO.....	25	ORGOVYX.....	25	PENTIPS PEN NEEDLE	70
OFEV	80	ORKAMBI	80	pentoxifylline	49
ofloxacin.....	58, 76	orquidea	73	perampanel	31
OGSIVEO	25	ORSERDU	25	PERFOROMIST	80
OHTUVAYRE.....	80	oseltamivir.....	10	PERIKABIVEN	83
OJEMDA.....	25	OTEZLA	72	perindopril erbumine	47
OJJAARA.....	25	OTEZLA STARTER	72	periogard	58
olanzapine.....	42	oxacillin	16	PERJETA	26
olanzapine-fluoxetine	42	oxaliplatin	26	permethrin	55

perphenazine	43	potassium chloride in water	82	proctozone-hc	66
perphenazine-amitriptyline	43	potassium chloride-0.45 %		progesterone micronized	73
PERSERIS	43	nacl	83	PROGRAF	26
pfizerpen-g	16	potassium chloride-d5-		PROLASTIN-C	57
phenelzine	43	0.2%nacl	83	PROLIA	71
phenobarbital	31	potassium chloride-d5-		promethazine	79
phenobarbital sodium	31	0.9%nacl	83	promethegan	79
phenoxybenzamine	47	potassium citrate	82	propafenone	45
phenytoin	31	POTELIGEO	26	propranolol	47
phenytoin sodium	31	pr natal 400	84	propylthiouracil	59
phenytoin sodium extended	31	pr natal 400 ec	84	PROQUAD (PF)	68
PHESGO	26	pr natal 430	84	PROSOL 20 %	83
philith	75	pr natal 430 ec	84	protriptyline	43
PIFELTRO	10	PRALATREXATE	26	PULMICORT	80
pilocarpine hcl	57, 77	pramipexole	32	PULMOZYME	80
pimecrolimus	52	prasugrel hcl	49	PURE COMFORT	
pimozide	43	pravastatin	50	ALCOHOL PADS	62
pimtreea (28)	75	praziquantel	15	pyrazinamide	15
pindolol	47	prazosin	47	pyridostigmine bromide	35
pioglitazone	62	prednisolone	59	pyrimethamine	15
pioglitazone-metformin	62	prednisolone acetate	78	Q	
piperacillin-tazobactam	16	prednisolone sodium		QINLOCK	26
PIPERACILLIN-		phosphate	59, 78	QUADRACEL (PF)	68
TAZOBACTAM	16	prednisone	59	quetiapine	43
PIQRAY	26	prednisone intensol	59	QUETIAPINE	43
pirfenidone	80	pregabalin	31	quinapril	47
PIRFENIDONE	80	PREMARIN	73	quinapril-hydrochlorothiazide	47
pitavastatin calcium	50	premasol 10 %	83	quinidine sulfate	45
PLENAMINE	83	PREMPRO	73	quinine sulfate	15
plerixafor	67	prenatal plus (calcium carb)	84	R	
pnv-dha	84	prenatal vitamin plus low		RABAVERT (PF)	68
pnv-omega	84	iron	84	RADICAVA	34
pnv-select	84	prevalite	50	RALDESY	43
podofilox	52	PREVYMIS	10	raloxifene	71
POLIVY	26	PREZCOBIX	10	ramelteon	43
polycin	76	PREZISTA	10	ramipril	47
polymyxin b sulfate	15	PRIFTIN	15	ranolazine	50
polymyxin b sulf-		PRIMAQUINE	15	rasagiline	32
trimethoprim	76	primidone	31	RAYALDEE	63
POMALYST	26	PRIMIDONE	31	reclipsen (28)	75
portia 28	75	PRIORIX (PF)	68	RECOMBIVAX HB (PF)	68
posaconazole	8	PRO COMFORT ALCOHOL		REMICADE	66
potassium chlorid-d5-		PADS	62	RENACIDIN	82
0.45%nacl	82	probenecid	71	repaglinide	62
potassium chloride	82, 83	probenecid-colchicine	71	REPATHA PUSHTRONEX	50
POTASSIUM CHLORIDE	82, 83	prochlorperazine	66	REPATHA SURECLICK	50
potassium chloride in		prochlorperazine edisylate	66	REPATHA SYRINGE	50
0.9%nacl	82	prochlorperazine maleate	66	RETACRIT	67
potassium chloride in 5 %		PROCRIT	67	RETEVMO	26
dex	82	procto-med hc	66	RETROVIR	10
potassium chloride in lr-d5	82	proctosol hc	66	REVCOVI	57

REVLIMID.....	26	SANCUSO.....	66	sodium,potassium,mag	
REVUFORJ.....	26	SANTYL.....	52	sulfates.....	66
REXULTI.....	43	sapropterin.....	63	solifenacin.....	81
REYATAZ.....	10	SARCLISA.....	27	SOLQUA 100/33.....	62
REZDIFFRA.....	57	SCSEMBLIX.....	27	SOLTAMOX.....	27
REZLIDHIA.....	26	scopolamine base.....	66	SOLU-CORTEF ACT-O-	
REZUROCK.....	26	SECUADO.....	44	VIAL (PF).....	59
RHOPRESSA.....	77	SELARSDI.....	51	SOMATULINE DEPOT.....	27
ribavirin.....	10	selegiline hcl.....	32	SOMAVERT.....	63
RIDAURA.....	72	selenium sulfide.....	51	sorafenib.....	27
rifabutin.....	15	SELZENTRY.....	11	sotalol.....	45
rifampin.....	15	se-natal 19.....	84	sotalol af.....	45
riluzole.....	57	se-natal 19 chewable.....	84	SOTYLIZE.....	45
rimantadine.....	10	SEREVENT DISKUS.....	80	SPIRIVA RESPIMAT.....	80
ringer's.....	55, 83	sertraline.....	44	spironolactone.....	47
RINVOQ.....	72	setlakin.....	75	spironolacton-	
RINVOQ LQ.....	72	sevelamer carbonate.....	57	hydrochlorothiaz.....	47
risedronate.....	57, 71	sharobel.....	73	SPRAVATO.....	44
risperidone.....	43, 44	SHINGRIX (PF).....	69	sprintec (28).....	75
risperidone microspheres.....	43	SIGNIFOR.....	27	SPRITAM.....	31
ritonavir.....	10	sildenafil.....	82	sps (with sorbitol).....	57
rivaroxaban.....	49	sildenafil		sronyx.....	75
rivastigmine.....	34	(pulm.hypertension).....	80	ssd.....	52
rivastigmine tartrate.....	34	silver sulfadiazine.....	52	STAMARIL (PF).....	69
rivelsa.....	75	SIMBRINZA.....	77	STELARA.....	51
rizatriptan.....	33	simliya (28).....	75	STIVARGA.....	27
ROCKLATAN.....	77	simpesse.....	75	STREPTOMYCIN.....	15
roflumilast.....	80	SIMULECT.....	27	STRIBILD.....	11
romidepsin.....	26	simvastatin.....	50	SUBLOCADE.....	36
ROMVIMZA.....	26	sirolimus.....	27	subvenite.....	31
ropinirole.....	32	SIRTURO.....	15	subvenite starter (blue) kit.....	31
rosuvastatin.....	50	SIVEXTRO.....	15	subvenite starter (green) kit.....	31
rosyrah.....	75	SKYRIZI.....	51, 66	subvenite starter (orange) kit.....	31
ROTARIX.....	68	sodium bicarbonate.....	83	SUCRAID.....	66
ROTATEQ VACCINE.....	69	sodium chloride.....	83	sucralfate.....	67
roweepra.....	31	SODIUM CHLORIDE.....	57, 83	SUFLAVE.....	66
ROZLYTREK.....	26	sodium chloride 0.45 %.....	83	sulfacetamide sodium.....	77
RUBRACA.....	26	sodium chloride 0.9 %.....	57	sulfacetamide sodium (acne).....	53
rufinamide.....	31	sodium chloride 3 %		sulfacetamide-prednisolone.....	77
RUKOBIA.....	10	hypertonic.....	83	sulfadiazine.....	17
RUXIENCE.....	26	sodium chloride 5 %		sulfamethoxazole-	
RYALTRIS.....	80	hypertonic.....	83	trimethoprim.....	17
RYBELSUS.....	62	sodium fluoride 5000 dry		sulfasalazine.....	66
RYBREVANT.....	26	mouth.....	58	sulindac.....	37
RYDAPT.....	26	sodium fluoride 5000 plus.....	58	sumatriptan.....	33
RYLAZE.....	27	sodium fluoride-pot nitrate.....	58	sumatriptan succinate.....	33
RYTARY.....	32	SODIUM OXYBATE.....	44	sunitinib malate.....	27
S		sodium phenylbutyrate.....	57	SUNLENCA.....	11
sacubitril-valsartan.....	50	sodium polystyrene		SUTAB.....	66
sajazir.....	80	sulfonate.....	57	syeda.....	75
salsalate.....	37			SYLVANT.....	27

SYMDEKO	80	teriflunomide	34	tramadol	37
SYMLINPEN 120	62	TERIPARATIDE	71	tramadol-acetaminophen	37
SYMLINPEN 60	62	testosterone	63	trandolapril	47
SYMPAZAN	31	TESTOSTERONE	63	tranexamic acid	73
SYMTUZA	11	testosterone cypionate	63	tranylcypromine	44
SYNAREL	63	testosterone enanthate	63	travasol 10 %	83
SYNTHROID	64	tetrabenazine	34	travoprost	78
T		tetracycline	17	TRAZIMERA	27
TABLOID	27	TEVIMBRA	27	trazodone	44
TABRECTA	27	THALOMID	27	TRELEGY ELLIPTA	80
tacrolimus	27, 52	THEO-24	80	TRELSTAR	28
tadalafil	82	theophylline	80	TREMFYA	51
tadalafil (pulm. hypertension)	80	thioridazine	44	TREMFYA PEN	51
TAFINLAR	27	thiotepa	27	TREMFYA PEN INDUCTION PK-CROHN	51
TAGRISSE	27	thiothixene	44	tretinoin	53
TALICIA	67	tiadylt er	47	tretinoin (antineoplastic)	28
TALVEY	27	tiagabine	31	tretinoin microspheres	53
TALZENNA	27	TIBSOVO	27	triamcinolone acetonide	55, 58, 59
tamoxifen	27	ticagrelor	49	triamterene- hydrochlorothiazid	48
tamsulosin	81	TICE BCG	69	trientine	57
tarina 24 fe	75	TICOVAC	69	tri-estarylla	75
tarina fe 1-20 eq (28)	75	tigecycline	15	trifluoperazine	44
taron-c dha	84	tilia fe	75	trifluridine	76
tasimelteon	44	timolol maleate	47, 77	trihexyphenidyl	32
tazarotene	53	timolol maleate (pf)	77	TRIKAFTA	80, 81
tazicef	12	tinidazole	15	tri-legest fe	76
TAZVERIK	27	tiotropium bromide	80	tri-linyah	76
TECENTRIQ	27	TIVDAK	27	tri-lo-estarylla	76
TECENTRIQ HYBREZA	27	TIVICAY	11	tri-lo-marzia	76
TECHLITE INSULIN SYRINGE	70	TIVICAY PD	11	tri-lo-mili	76
TECHLITE INSULN SYR(HALF UNIT)	70	tizanidine	35	tri-lo-sprintec	76
TECHLITE PEN NEEDLE	70	tobramycin	76	trimethoprim	18
TECVAYLI	27	tobramycin in 0.225 % nacl	15	tri-mili	76
TEFLARO	12	tobramycin sulfate	15	trimipramine	44
telmisartan	47	tobramycin-dexamethasone	78	trinatal rx 1	84
telmisartan-amlodipine	47	TOBREX	76	TRINTELLIX	44
telmisartan- hydrochlorothiazid	47	tolterodine	81	TRIPTODUR	28
temazepam	44	tolvaptan	63, 64	tri-sprintec (28)	76
TEMODAR	27	tolvaptan (polycys kidney dis)	63	TRIUMEQ	11
temsirolimus	27	topiramate	31, 32	TRIUMEQ PD	11
TENIVAC (PF)	69	TOPIRAMATE	31	tri-vylibra	76
tenofovir disoproxil fumarate	11	topotecan	27	tri-vylibra lo	76
TEPMETKO	27	toremifene	27	TRODELVY	28
terazosin	47	torse mide	47	TROGARZO	11
terbinafine hcl	8	TOUJEO MAX U-300 SOLOSTAR	62	TROPHAMINE 10 %	83
terbutaline	80	TOUJEO SOLOSTAR U-300 INSULIN	62	TRUE COMFORT ALCOHOL PADS	62
terconazole	73	TPN ELECTROLYTES	83	TRUE COMFORT PRO ALCOHOL PADS	62
		TRADJENTA	62		

TRUEPLUS INSULIN.....	70	VANCOMYCIN.....	15	volnea (28)	76
TRUEPLUS PEN NEEDLE	70	VANCOMYCIN IN 0.9 %		VONJO.....	28
TRULANCE.....	66	SODIUM CHL	15	VORANIGO.....	28
TRULICITY	62	VANCOMYCIN IN		voriconazole.....	8
TRUMENBA.....	69	DEXTROSE 5 %	15	voriconazole-hpbcd	8
TRUQAP	28	VANCOMYCIN-DILUENT		VOSEVI.....	11
TUKYSA.....	28	COMBO NO.1	15	VOWST	66
TURALIO	28	vandazole.....	73	VRAYLAR	44
turqoz (28).....	76	VANFLYTA	28	VUMERITY.....	34
TWINRIX (PF).....	69	VAQTA (PF).....	69	vyfemla (28)	76
TYBOST.....	11	varenicline tartrate	57	vylibra.....	76
tydemy	76	VARENICLINE TARTRATE	57	VYLOY	28
TYENNE	72	VARIVAX (PF)	69	VYNDAMAX.....	50
TYENNE AUTOINJECTOR	72	VAXCHORA VACCINE.....	69	VYNDAQEL.....	50
TYPHIM VI.....	69	VECTIBIX.....	28	VYVGART HYTRULO.....	35
TYSABRI.....	34	VEKLURY	11	VYXEOS	28
TYVASO	81	velivet triphasic regimen (28)	76	W	
TYVASO INSTITUTIONAL		VELTASSA	57	warfarin	49
START KIT.....	81	VEMLIDY	11	water for irrigation, sterile.....	57
TYVASO REFILL KIT.....	81	VENCLEXTA.....	28	WELIREG.....	28
TYVASO STARTER KIT	81	VENCLEXTA STARTING		wera (28)	76
TZIELD.....	57	PACK	28	wescap-pn dha.....	84
U		venlafaxine.....	44	wesnate dha.....	84
ULTRA-FINE INSULIN		VENTOLIN HFA.....	81	westab plus	84
SYRINGE.....	70	verapamil	48	westgel dha	84
ULTRA-FINE PEN NEEDLE	70	VERIFINE PLUS PEN		WINREVAIR.....	81
UNIFINE PENTIPS	71	NEEDLE-SHARP	71	wixela inhub	81
UNIFINE PENTIPS		VERQUOVO	50	wymzya fe	76
MAXFLOW.....	70	VERSACLOZ	44	X	
UNIFINE PENTIPS PLUS.....	71	VERZENIO.....	28	XALKORI.....	28
UNIFINE PENTIPS PLUS		vestura (28).....	76	xarah fe	76
MAXFLOW.....	71	V-GO 20.....	71	XARELTO	49
unithroid	64	V-GO 30.....	71	XARELTO DVT-PE TREAT	
UNITUXIN	28	V-GO 40.....	71	30D START.....	49
ursodiol	66	vienna.....	76	XATMEP	28
USTEKINUMAB	51	vigabatrin	32	XCOPRI	32
V		vigadrone	32	XCOPRI MAINTENANCE	
valacyclovir	11	VIGAFYDE.....	32	PACK	32
VALCHLOR.....	52	vigpoder	32	XCOPRI TITRATION PACK.....	32
valganciclovir	11	vilazodone.....	44	XDEMVY	77
valproate sodium.....	32	VIMKUNYA	69	xelria fe.....	76
valproic acid	32	vinblastine	28	XEMBIFY	69
valproic acid (as sodium		vincristine	28	XERMELO.....	28
salt).....	32	vinorelbine.....	28	XGEVA.....	18
valrubicin.....	28	viorele (28).....	76	XHANCE	81
valsartan	48	VIRACEPT	11	XIAFLEX	57
valsartan-		VIREAD.....	11	XIFAXAN.....	16
hydrochlorothiazide.....	48	VITRAKVI.....	28	XIGDUO XR.....	62
VALTOCO.....	32	VIVITROL.....	37	XIIDRA.....	77
valtya.....	76	VIVOTIF	69	XOFLUZA.....	11
vancomycin.....	15	VIZIMPRO.....	28	XOLAIR.....	81

XOSPATA.....	28	ZELBORAF.....	29	ZONISADE.....	32
XPOVIO.....	28	zenatane.....	53	zonisamide.....	32
XTANDI.....	28, 29	ZENPEP.....	66	ZORYVE.....	51
XULTOPHY 100/3.6.....	62	ZEPZELCA.....	29	ZOSYN IN DEXTROSE (ISO-OSM).....	16
Y		zidovudine.....	11	zovia 1-35 (28).....	76
YERVOY.....	29	ZIIHERA.....	29	ZTALMY.....	32
YF-VAX (PF).....	69	ZIMHI.....	37	ZTLIDO.....	52
YONDELIS.....	29	ziprasidone hcl.....	44	ZUBSOLV.....	37
YUPELRI.....	81	ziprasidone mesylate.....	44	zumandimine (28).....	76
yuvafem.....	73	ZIRABEV.....	29	ZURZUVAE.....	44
Z		ZIRGAN.....	76	ZYDELIG.....	29
zafemy.....	73	ZOLADEX.....	29	ZYKADIA.....	29
zafirlukast.....	81	zoledronic acid.....	64	ZYLET.....	78
zaleplon.....	44	zoledronic acid-mannitol- water.....	57	ZYNLONTA.....	29
ZALTRAP.....	29	ZOLEDRONIC AC- MANNITOL-0.9NACL.....	64	ZYNYZ.....	29
ZANOSAR.....	29	ZOLINZA.....	29	ZYPREXA RELPREVV.....	44, 45
ZARXIO.....	67	zolpidem.....	44		
ZEJULA.....	29				

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

English:	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the plan for more information or speak to your provider.
Español (Spanish):	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También puede solicitar, sin costo alguno, servicios o herramientas especiales para acceder a la información en formatos accesibles. Llame al plan para obtener más información o hable con su proveedor.
中文 (Chinese Mandarin):	注意：如果您说中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电计划以获取更多信息或与您的服务提供者联系。
中文 (Chinese Cantonese):	注意：如果您說中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電本計劃查詢更多資訊或諮詢您的醫療服務提供者。
Tagalog (Tagalog):	PAGBIGAY-PANSIN: Kung nagsasalita ka ng wikang tagalog, available para sa iyo ang mga serbisyo ng libheng tulong sa wika. Available din nang walang bayad ang mga wastong dagdag na tulong at serbisyo na makapagbibigay-impormasyon sa mga naa-access na format. Balikan ang plano para sa higit pang impormasyon o makipag-usap sa iyong provider.
Français (French):	ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits peuvent être mis à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez votre régime d'assurance maladie pour obtenir des informations supplémentaires, ou adressez-vous à votre prestataire.
Việt (Vietnamese):	CHÚ Ý: Nếu quý vị nói tiếng việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Hãy gọi cho chương trình để biết thêm thông tin hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.
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Português (Portuguese):	ATENÇÃO: Se fala português, tem à sua disposição serviços gratuitos de assistência linguística. Também estão disponíveis equipamentos e serviços de assistência adequados que lhe permitem ter acesso às informações em formatos acessíveis, de forma gratuita. Contacte o plano para obter mais informações ou fale com o seu prestador.
Kreyòl Ayisyen (Haitian Creole):	ATANSYON: Si ou pale kreyòl ayisyen, w ap jwenn sèvis asistans lengwistik gratis. Gen èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm ki aksesib, ki disponib gratis tou. Rele plan an pou jwenn plis enfòmasyon oswa pou w pale ak pwofesyonèl swen sante w la.
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1-800-668-3813 (TTY users call 711)

October 1 – March 31,

8 a.m. – 8 p.m. local time, 7 days a week.

April 1 – September 30

Monday – Friday 8 a.m. – 8 p.m. local time.

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Contract/PBP Numbers

H4513-046-001	H9725-009-003
H4513-046-002	H9725-009-004
H4513-077-001	H9725-014-000
H4513-077-002	H9725-015-001
H4513-077-003	H9725-015-002
H4513-077-004	H9725-015-003
H4513-087-001	H9725-015-004
H4513-087-002	H9725-017-001
H4513-087-003	H9725-017-002
H4513-087-004	H9725-017-003
H9725-009-001	H9725-017-004
H9725-009-002	



For insulins that are covered by our plan, you will pay only \$35 for each 30-day script and \$0 for each covered adult vaccine.

For long-term care (LTC) you can get up to a 31-day supply. At an out-of-network pharmacy you will pay the in-network pharmacy copay or percentage of the cost plus the amount that the out of network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges. If you receive Extra Help, these costs do not apply. You typically pay only a low copay.

This formulary was updated on 09/19/2025. For more recent information or other questions, please contact HealthSpring Customer Service, at 1-800-668-3813 (TTY users call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit www.healthspring.com. The described products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.