Medicare Prescription Drug Plan

2027 HealthSpring℠ Formulary

(List of Covered Drugs or "Drug List")

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

Plan covered:
HealthSpring Assurance Rx (PDP)

HealthSpring℠

HPMS Approved Formulary File Submission ID 00027061
This formulary was updated on 09/22/2026. For more recent information or other questions, please contact HealthSpring Customer Service, at **1-800-222-6700** (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30, or visit **www.HealthSpring.com.** The formulary and pharmacy network may change at any time.

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

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

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

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

This document includes a Drug List (formulary) for our plan, which is current as of 09/22/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the 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, 2028, and from time to time during the year.

What is the HealthSpring formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HealthSpring in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthSpring will generally cover the drugs listed in our formulary 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 the 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 below titled "How do I request an exception to the HealthSpring formulary?"

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines and/or studies. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section below 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 09/22/2026. To get updated information about the drugs covered by HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the 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 79. The Covered Drug Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthSpring requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring based on specific criteria 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 HealthSpring will cover to only a 30-day supply or less, at one time. For example, members who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a

maximum of 7 days' supply of opioid pain medication. Members who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high-cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Options for Maintenance Medications

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

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

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most in-network pharmacies or through our preferred home delivery service (go to page 5 for more information).
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

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

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact 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 drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

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

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

HealthSpring's formulary

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

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

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

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



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 **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**.

What is a preferred network pharmacy?

Our plan includes preferred network pharmacies. You may save money by using these pharmacies. If you need help finding a network pharmacy, please call Customer Service at **1-800-222-6700** (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit **www.HealthSpring.com**, or you can visit **HealthSpring.com/Resources** for the most current Pharmacy Directory.

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

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 your plan's specific cost- sharing amounts. To access your EOC, visit **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. Keep in mind that the name "Tier 3: Preferred Brand Drugs" is just a description of most of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

For members receiving Extra Help:

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

You will pay no more than $35 for each 30-day script for insulins that are covered by our plan and $0 for most covered adult vaccines.

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 charges. These 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.

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 **17**
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH **28**
CARDIOVASCULAR, HYPERTENSION / LIPIDS **43**
DERMATOLOGICALS/ TOPICAL THERAPY **48**
DIAGNOSTICS / MISCELLANEOUS AGENTS **52**
EAR, NOSE / THROAT MEDICATIONS **54**
ENDOCRINE/DIABETES **54**
GASTROENTEROLOGY **59**
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY **62**
MISCELLANEOUS SUPPLIES **64**
MUSCULOSKELETAL / RHEUMATOLOGY **66**
OBSTETRICS / GYNECOLOGY **67**
OPHTHALMOLOGY **71**
RESPIRATORY AND ALLERGY **73**
UROLOGICALS **76**
VITAMINS, HEMATINICS / ELECTROLYTES **76**

Drug List Key:

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

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

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

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		
amphotericin b	4	PA
amphotericin b liposome	5	PA; NDS
caspofungin	4	
clotrimazole mucous membrane	3	
CRESEMBA ORAL	5	NDS
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	PA
fluconazole oral suspension for reconstitution	3	
fluconazole oral tablet	2	
flucytosine	5	NDS
griseofulvin microsize	4	
griseofulvin ultramicrosize	4	
itraconazole oral capsule	4	QL (120/30)
ketoconazole oral	3	
micafungin	4	
nystatin oral suspension	3	
nystatin oral tablet	3	
posaconazole oral tablet,delayed release (dr/ec)	5	QL (96/30); NDS
terbinafine hcl oral	2	
voriconazole intravenous recon soln	4	PA; NDS
voriconazole oral suspension for reconstitution	5	NDS
voriconazole oral tablet	4	
voriconazole-hpbcd	4	PA; NDS
ANTIVIRALS		
abacavir oral solution	3	QL (960/30)
abacavir oral tablet	4	QL (60/30)
abacavir-lamivudine	3	QL (30/30)
acyclovir oral capsule	2	
acyclovir oral suspension	4	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	4	B/D PA
amantadine hcl	3	
APTIVUS	5	QL (120/30); NDS
atazanavir oral capsule 150 mg, 300 mg	4	QL (30/30)
atazanavir oral capsule 200 mg	4	QL (60/30)
BARACLUDE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
darunavir oral tablet 600 mg	4	QL (60/30)
darunavir oral tablet 800 mg	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
DOVATO	5	NDS
EDURANT PED	5	QL (180/30); NDS
efavirenz oral tablet	4	QL (30/30)
efavirenz-emtricitabin-tenofov	4	QL (30/30)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	5	QL (30/30); NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	4	
emtricitabine	3	QL (30/30)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30/30)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	5	QL (30/30); NDS
emtricita-rilpivirine-tenof df	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	3	QL (680/28)
entecavir	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS
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
etravirine	5	QL (60/30); NDS
EVOTAZ	5	QL (30/30); NDS
famciclovir	4	QL (60/30)
fosamprenavir	4	QL (120/30)
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
IDVYNSO	5	NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (180/30)
JULUCA	5	NDS
KALETRA ORAL SOLUTION	4	
lamivudine oral solution	3	QL (900/30)
lamivudine oral tablet 100 mg, 300 mg	3	QL (30/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
lamivudine oral tablet 150 mg	3	QL (60/30)
lamivudine-zidovudine	3	QL (60/30)
LIVTENCITY	5	PA; LA; QL (120/30); NDS
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300/30)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120/30)
maraviroc oral tablet 150 mg	5	QL (60/30); NDS
maraviroc oral tablet 300 mg	5	QL (120/30); NDS
nevirapine oral suspension	4	QL (1200/30)
nevirapine oral tablet	3	QL (60/30)
nevirapine oral tablet extended release 24 hr	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
oseltamivir oral capsule	3	
oseltamivir oral suspension for reconstitution	4	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	5	QL (20/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	5	QL (11/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	5	QL (30/90); NDS
PIFELTRO	5	NDS
PREVYMIS INTRAVENOUS	5	QL (30/30); NDS
PREVYMIS ORAL PELLETS IN PACKET	5	QL (120/30); NDS
PREVYMIS ORAL TABLET	5	QL (30/30); NDS
PREZCOBIX	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 75 MG	4	QL (480/30)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
ribavirin oral capsule	3	
ribavirin oral tablet 200 mg	3	
rilpivirine hcl	5	QL (30/30); NDS
rimantadine	4	
ritonavir	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYMTUZA	5	NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
tenofovir disoproxil fumarate	4	QL (30/30)
TIVICAY ORAL TABLET 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	4	QL (180/30)
TROGARZO	5	NDS
valacyclovir oral tablet 1 gram	3	QL (120/30)
valacyclovir oral tablet 500 mg	3	QL (60/30)
valganciclovir oral recon soln	5	NDS
valganciclovir oral tablet	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
zidovudine oral capsule	4	QL (180/30)
zidovudine oral syrup	4	QL (1680/28)
zidovudine oral tablet	2	QL (60/30)
CEPHALOSPORINS		
cefaclor oral capsule	4	
cefaclor oral suspension for reconstitution 250 mg/5 ml	4	
cefaclor oral tablet extended release 12 hr	4	
cefadroxil oral capsule	3	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	3	
cefadroxil oral tablet	3	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	4	
cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
cefazolin intravenous recon soln 1 gram, 10 gram	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
cefdinir	4	
CEFEPIME IN DEXTROSE 5 %	4	
cefepime in dextrose,iso-osm	4	
cefepime injection	4	
CEFEPIME INTRAVENOUS	4	
cefixime	4	
cefotetan injection	4	
cefoxitin	4	
cefoxitin in dextrose, iso-osm	4	
cefpodoxime	4	
cefprozil	3	
ceftaroline fosamil	5	NDS
ceftazidime	4	
ceftriaxone in dextrose,iso-os	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	
ceftriaxone intravenous recon soln 2 gram	4	
cefuroxime axetil oral tablet	3	
cefuroxime sodium injection recon soln 750 mg	4	
cefuroxime sodium intravenous	4	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension for reconstitution	2	
tazicef injection	4	
TEFLARO	5	NDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	4	
azithromycin oral suspension for reconstitution	4	
azithromycin oral tablet	2	
clarithromycin	4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	4	
erythromycin lactobionate	4	
erythromycin oral tablet	4	
fidaxomicin	5	QL (20/10); NDS
MISCELLANEOUS ANTIINFECTIVES		
albendazole	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	
ARIKAYCE	5	PA; LA; NDS
atovaquone	4	
atovaquone-proguanil	4	
aztreonam	4	
CAYSTON	5	PA; LA; QL (84/28); NDS
chloroquine phosphate	3	
clindamycin hcl	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
CLINDAMYCIN IN 5 % DEXTROSE	4	
clindamycin palmitate hcl	4	
clindamycin pediatric	4	
clindamycin phosphate injection	4	
COARTEM	4	QL (24/30)
colistin (colistimethate na)	4	
cycloserine	5	NDS
dapsone oral	3	
DAPTOMYCIN IN 0.9 % SOD CHLOR	5	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	NDS
daptomycin intravenous recon soln 500 mg	4	NDS
EMVERM	5	NDS
ertapenem	4	
ethambutol	4	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	4	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
gentamicin injection	4	
gentamicin sulfate (ped) (pf)	4	
hydroxychloroquine	3	
imipenem-cilastatin	4	
IMPAVIDO	5	PA; NDS
isoniazid oral solution	4	
isoniazid oral tablet	2	
ivermectin oral	3	PA
lincomycin	4	
linezolid in dextrose 5%	4	
linezolid oral suspension for reconstitution	5	QL (1800/30); NDS
linezolid oral tablet	3	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	
mefloquine	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
meropenem intravenous recon soln 1 gram	3	QL (30/10)
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	3	QL (30/10)
meropenem intravenous recon soln 500 mg	3	QL (10/10)
MEROPENEM-0.9% SODIUM CHLORIDE	3	
metro i.v.	4	
metronidazole in nacl (iso-os)	4	
metronidazole oral tablet 250 mg, 500 mg	2	
neomycin	2	
nitazoxanide	5	QL (12/30); NDS
pentamidine inhalation	3	B/D PA; QL (1/28)
pentamidine injection	4	
praziquantel	4	
PRIFTIN	4	
PRIMAQUINE	4	
pyrazinamide	4	
pyrimethamine	5	PA; NDS
quinine sulfate	4	PA; QL (42/30)
rifabutin	4	
rifampin	4	
rifapentine	4	
SIRTURO ORAL TABLET 100 MG	5	PA; LA; NDS
SIRTURO ORAL TABLET 20 MG	4	PA; LA
SIVEXTRO	5	QL (6/28); NDS
STREPTOMYCIN	5	NDS
tigecycline	4	
tinidazole	4	
TOBI PODHALER	5	QL (224/56); NDS
tobramycin in 0.225 % nacl	5	B/D PA; QL (280/28); NDS
tobramycin sulfate	4	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4	
vancomycin oral capsule 125 mg	4	PA; QL (40/10)
vancomycin oral capsule 250 mg	4	PA; QL (80/10)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)
vancomycin oral recon soln 50 mg/ml	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90/30)
PENICILLINS		
amoxicillin oral capsule	2	
amoxicillin oral suspension for reconstitution	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	4	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	4	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
ampicillin sodium intravenous	4	
ampicillin-sulbactam injection	4	
ampicillin-sulbactam intravenous recon soln 1.5 gram	4	
BICILLIN L-A	4	
dicloxacillin	2	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	4	
nafcillin injection	4	
oxacillin	4	
penicillin g potassium	4	
penicillin v potassium	2	
pfizerpen-g	4	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK	4	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5 % dextrose	4	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	4	
levofloxacin in d5w	4	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin oral	4	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	
moxifloxacin-sod.chloride(iso)	4	
SULFA'S / RELATED AGENTS		
sulfadiazine	4	
sulfamethoxazole-trimethoprim intravenous	4	
sulfamethoxazole-trimethoprim oral suspension	4	
sulfamethoxazole-trimethoprim oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
TETRACYCLINES		
doxy-100	4	
doxycycline hyclate intravenous	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	4	
doxycycline hyclate oral tablet 100 mg, 20 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	3	
doxycycline monohydrate oral suspension for reconstitution	4	
doxycycline monohydrate oral tablet	3	
minocycline oral capsule	2	
tetracycline oral capsule	4	
URINARY TRACT AGENTS		
fosfomycin tromethamine	4	
methenamine hippurate	4	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin monohyd/m-cryst	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
trimethoprim	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	5	PA; QL (1.7/28); NDS
leucovorin calcium injection	4	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	4	
leucovorin calcium oral tablet 5 mg	3	
mesna intravenous	4	B/D PA
mesna oral	4	NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	5	PA; QL (120/30); NDS
abiraterone oral tablet 500 mg	5	PA; QL (60/30); NDS
abirtega	4	PA; QL (120/30)
ADCETRIS	5	PA; NDS
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30/180); NDS
anastrozole	2	
ANKTIVA	5	PA; NDS
arsenic trioxide	4	B/D PA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60/30); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240/30); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66/28); NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
azacitidine	4	B/D PA
azathioprine oral tablet 50 mg	2	B/D PA
azathioprine sodium	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BEIZRAY	5	B/D PA; NDS
BEIZRAY-ALBUMIN	5	B/D PA; NDS
BELEODAQ	4	B/D PA
bendamustine intravenous recon soln	5	B/D PA; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
bexarotene	5	PA; NDS
bicalutamide	3	
BIZENGRI	5	PA; NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
BLENREP	5	PA; NDS
bleomycin	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS
bortezomib injection recon soln 3.5 mg	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 500 MG	5	PA; QL (30/30); NDS
bosutinib oral tablet 100 mg	5	PA; QL (90/30); NDS
bosutinib oral tablet 400 mg, 500 mg	5	PA; QL (30/30); NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS
BRUKINSA ORAL TABLET	5	PA; LA; QL (60/30); NDS
busulfan	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAMCEVI (6 MONTH)	5	PA; NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
carboplatin intravenous solution	4	B/D PA
carmustine intravenous recon soln 100 mg	4	B/D PA
CAVHANZA	5	PA; LA; QL (120/30); NDS
cisplatin intravenous solution	4	B/D PA
cladribine	4	B/D PA
clofarabine	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
cyclophosphamide intravenous recon soln	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML	5	B/D PA; NDS
cyclophosphamide oral capsule	3	B/D PA

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA
cyclosporine modified	4	B/D PA
cyclosporine oral capsule	4	B/D PA
CYRAMZA	5	PA; NDS
cytarabine	4	B/D PA
cytarabine (pf)	4	B/D PA
dacarbazine	4	B/D PA
dactinomycin	4	B/D PA
DANYELZA	4	PA
DANZITEN	5	PA; QL (112/28); NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	5	PA; QL (30/30); NDS
dasatinib oral tablet 20 mg	5	PA; QL (90/30); NDS
dasatinib oral tablet 70 mg	5	PA; QL (60/30); NDS
DATROWAY	5	PA; NDS
daunorubicin	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
decitabine	5	B/D PA; NDS
DECNUPAZ	5	PA; NDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	5	B/D PA; NDS
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	4	B/D PA
DOCIVYX	5	B/D PA; NDS
doxorubicin intravenous recon soln	4	B/D PA
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml	4	B/D PA
doxorubicin intravenous solution 20 mg/10 ml	5	B/D PA; NDS
doxorubicin, peg-liposomal	4	B/D PA
DROXIA	4	
ELAHERE	5	PA; LA; NDS
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMPLICITI	5	PA; NDS
EMRELIS	5	PA; NDS
ENHERTU	5	PA; NDS
ENSACOVE	5	PA; QL (60/30); NDS
ENVARSUS XR	4	B/D PA
EPKINLY	4	PA
ERBITUX	5	B/D PA; NDS
eribulin	5	PA; NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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
erlotinib oral tablet 100 mg, 150 mg	5	PA; QL (30/30); NDS
erlotinib oral tablet 25 mg	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
etoposide intravenous	3	B/D PA
EULEXIN	5	NDS
EVDI	5	PA; NDS
everolimus (antineoplastic) oral tablet	5	PA; QL (30/30); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	5	PA; QL (150/30); NDS
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; QL (90/30); NDS
everolimus (antineoplastic) oral tablet for suspension 5 mg	5	PA; QL (60/30); NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	3	B/D PA
everolimus (immunosuppressive) oral tablet 0.5 mg	4	B/D PA
everolimus (immunosuppressive) oral tablet 0.75 mg, 1 mg	5	B/D PA; NDS
EVOMELA	5	PA; NDS
exemestane	4	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
floxuridine	4	B/D PA
fludarabine	4	B/D PA
fluorouracil intravenous	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
fulvestrant	5	B/D PA; NDS
FYARRO	4	PA
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
gefitinib	5	PA; QL (30/30); NDS
gemcitabine intravenous recon soln	4	B/D PA

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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)	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
gengraf oral capsule	4	B/D PA
GILOTRIF	5	PA; QL (30/30); 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
hydroxyurea	2	
HYRNUO	5	PA; LA; QL (120/30); NDS
IBRANCE ORAL CAPSULE 125 MG	5	PA; QL (21/28); NDS
IBRANCE ORAL TABLET	5	PA; QL (21/28); NDS
IBTROZI	5	PA; QL (90/30); NDS
ICLUSIG	5	PA; QL (30/30); NDS
idarubicin	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
ifosfamide	4	B/D PA
imatinib oral tablet 100 mg	3	PA; QL (180/30)
imatinib oral tablet 400 mg	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET	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
INLEXZO	5	B/D PA; LA; NDS
INLURIYO	5	PA; 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
irinotecan	4	B/D PA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60/30); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (30/30); NDS
IWILFIN	5	PA; LA; QL (240/30); NDS
IXEMPRA	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS
JAKAFI XR	5	PA; QL (30/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	5	B/D PA; NDS
JIDEYTRO ORAL TABLET 100 MG	5	PA; LA; QL (30/30); NDS
JIDEYTRO ORAL TABLET 25 MG	5	PA; LA; QL (90/30); NDS
JYLAMVO	4	
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KEYTRUDA QLEX	5	PA; NDS
KIMMTRAK	4	PA
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)
KOMZIFTI	5	PA; QL (90/30); NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
KOSELUGO ORAL CAPSULE, SPRINKLE	5	PA; NDS
KRAZATI	5	PA; QL (180/30); NDS
KYPROLIS	5	B/D PA; NDS
lapatinib	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
lenalidomide	5	PA; LA; QL (28/28); NDS
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 X2), 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
letrozole	2	
LEUKERAN	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
leuprolide subcutaneous kit	4	PA
LIBTAYO	5	PA; NDS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	5	PA; LA; QL (18/28); NDS
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	5	PA; LA; QL (27/28); NDS
lomustine oral capsule 10 mg, 40 mg	4	
lomustine oral capsule 100 mg	4	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
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUNSUMIO	5	PA; NDS
LUNSUMIO VELO	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
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 (84/28); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112/28); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140/28); NDS
MARGENZA	5	PA; LA; NDS
MATULANE	5	NDS
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	4	PA
megestrol oral tablet 20 mg	4	PA

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
megestrol oral tablet 40 mg	3	PA
MEKINIST ORAL RECON SOLN	5	PA; QL (1260/30); 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
melphalan hcl	5	B/D PA; NDS
mercaptopurine oral suspension	5	NDS
mercaptopurine oral tablet	3	
methotrexate sodium (pf)	4	B/D PA
methotrexate sodium injection	4	B/D PA
methotrexate sodium oral	3	
mitomycin intravenous	5	B/D PA; NDS
MODEYSO	5	PA; QL (20/28); NDS
MONJUVI	5	PA; NDS
MVASI	5	PA; NDS
mycophenolate mofetil (hcl)	4	B/D PA
mycophenolate mofetil oral capsule	3	B/D PA
mycophenolate mofetil oral suspension for reconstitution	5	B/D PA; NDS
mycophenolate mofetil oral tablet	4	B/D PA
mycophenolate sodium	4	B/D PA
MYLOTARG	5	PA; NDS
NELARABINE	4	B/D PA
NERLYNX	5	PA; LA; NDS
nilotinib hcl oral capsule 150 mg, 200 mg	5	PA; QL (112/28); NDS
nilotinib hcl oral capsule 50 mg	5	PA; QL (120/30); NDS
nilutamide	5	PA; 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
octreotide acetate	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56/28); 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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24/28); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	4	B/D PA
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
oxaliplatin	4	B/D PA
paclitaxel	4	B/D PA
paclitaxel protein-bound	5	PA; NDS
PADCEV	5	PA; NDS
pazopanib oral tablet 200 mg	5	PA; QL (120/30); NDS
PAZOPANIB ORAL TABLET 400 MG	5	PA; QL (60/30); NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	5	PA; NDS
pemetrexed disodium intravenous recon soln 100 mg	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
pomalidomide	5	PA; QL (21/28); NDS
POMALYST	5	PA; LA; QL (21/28); NDS
POTELIGEO	5	PA; NDS
PRALATREXATE	5	B/D PA; NDS
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
QINLOCK	5	PA; LA; QL (90/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; LA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (90/30); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120/30); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60/30); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240/30); NDS
REZLIDHIA	5	PA; QL (60/30); NDS
REZUROCK	5	PA; LA; QL (30/30); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
romidepsin	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	4	PA
RYBREVANT FASPRO	4	PA
RYDAPT	5	PA; QL (224/28); NDS
RYLAZE	4	B/D PA
SARCLISA	5	PA; NDS
SARCLISA ESCENA	5	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
sirolimus	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
sorafenib	5	PA; QL (120/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
sunitinib malate	5	PA; QL (30/30); NDS
SYLVANT	5	B/D PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
TACROLIMUS INTRAVENOUS	4	B/D PA
tacrolimus oral capsule	4	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	4	PA
TALZENNA	5	PA; QL (30/30); NDS
tamoxifen	2	
TECENTRIQ	5	PA; NDS
TECENTRIQ HYBREZA	5	PA; LA; NDS
TECVAYLI	4	PA
TEMODAR	4	B/D PA
temsirolimus	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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
thiotepa	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
topotecan intravenous recon soln	5	B/D PA; NDS
topotecan intravenous solution	4	B/D PA
toremifene	4	
TRAZIMERA	5	PA; NDS
tretinoin (antineoplastic)	5	NDS
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	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
valrubicin	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
VECTIBIX	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60/30); NDS
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VEPPANU	5	PA; QL (30/30); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
vinblastine	4	B/D PA
vincristine	4	B/D PA
vinorelbine	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
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 INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
VYLOY INTRAVENOUS RECON SOLN 300 MG	5	PA; LA; 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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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 ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XPOVIO ORAL TABLET 80 MG/WEEK (80 MG X 1)	5	PA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
yulithira	4	PA; QL (30/30)
ZALTRAP	4	B/D PA
ZEJULA	5	PA; LA; QL (30/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZENBEXUS	5	PA; QL (21/28); NDS
ZEPZELCA	5	PA; NDS
ZIIHERA	5	PA; NDS
ZIRABEV	5	PA; NDS
ZOLINZA	5	PA; QL (120/30); NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	4	PA; LA
ZYNYZ	5	PA; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
brivaracetam intravenous	4	
brivaracetam oral solution	5	QL (600/30); NDS
brivaracetam oral tablet	5	QL (60/30); NDS
carbamazepine oral capsule, er multiphase 12 hr	4	
carbamazepine oral suspension	4	
carbamazepine oral tablet	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
carbamazepine oral tablet extended release 12 hr	4	
carbamazepine oral tablet,chewable 100 mg	3	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	
clobazam oral suspension	4	PA; QL (480/30)
clobazam oral tablet 10 mg	4	PA; QL (120/30)
clobazam oral tablet 20 mg	4	PA; QL (60/30)
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (120/30)
clonazepam oral tablet 2 mg	2	QL (300/30)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg	4	QL (90/30)
clonazepam oral tablet,disintegrating 0.5 mg, 1 mg	4	QL (120/30)
clonazepam oral tablet,disintegrating 2 mg	4	QL (300/30)
DIACOMIT	5	LA; NDS
diazepam rectal	4	
DILANTIN	4	
divalproex oral capsule, delayed rel sprinkle	4	
divalproex oral tablet extended release 24 hr	4	
divalproex oral tablet,delayed release (dr/ec)	3	
EPIDIOLEX	5	PA; LA; NDS
eslicarbazepine oral tablet 200 mg	4	QL (180/30); NDS
eslicarbazepine oral tablet 400 mg	4	QL (90/30); NDS
eslicarbazepine oral tablet 600 mg, 800 mg	5	QL (60/30); NDS
ethosuximide	4	
felbamate	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
fosphenytoin	3	
gabapentin oral capsule 100 mg, 300 mg	2	QL (360/30)
gabapentin oral capsule 400 mg	2	QL (270/30)
gabapentin oral solution	4	QL (2160/30)
gabapentin oral tablet 600 mg	2	QL (180/30)
gabapentin oral tablet 800 mg	2	QL (120/30)
lacosamide intravenous	5	QL (1200/30); NDS
LACOSAMIDE ORAL SOLUTION	4	QL (1200/30)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	3	QL (60/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
lacosamide oral tablet 50 mg	3	QL (120/30)
lamotrigine oral tablet	2	
lamotrigine oral tablet, chewable dispersible	3	
lamotrigine oral tablets,dose pack	2	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	4	
levetiracetam intravenous	3	
levetiracetam oral solution	3	
levetiracetam oral tablet	2	
levetiracetam oral tablet extended release 24 hr	3	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	
methsuximide	3	
NAYZILAM	4	PA; QL (10/30)
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	3	
perampanel oral suspension	5	QL (720/30); NDS
perampanel oral tablet 10 mg, 12 mg, 8 mg	4	QL (30/30); NDS
perampanel oral tablet 2 mg	4	QL (60/30)
perampanel oral tablet 4 mg, 6 mg	4	QL (60/30); NDS
phenobarbital oral elixir	4	PA; QL (1500/30)
phenobarbital oral tablet	4	PA; QL (120/30)
phenobarbital sodium injection solution	3	
phenytoin oral suspension	2	
phenytoin oral tablet,chewable	3	
phenytoin sodium extended oral capsule 100 mg, 200 mg	2	
phenytoin sodium extended oral capsule 300 mg	3	
phenytoin sodium intravenous solution	3	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	QL (120/30)
pregabalin oral capsule 200 mg	4	QL (90/30)
pregabalin oral capsule 225 mg, 300 mg	4	QL (60/30)
pregabalin oral solution	3	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	4	
primidone oral tablet 250 mg, 50 mg	2	
roweepra	2	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
rufinamide oral suspension	5	PA; NDS
rufinamide oral tablet 200 mg	3	PA
rufinamide oral tablet 400 mg	5	PA; NDS
SPRITAM	4	
SUBVENITE ORAL SUSPENSION	5	NDS
subvenite oral tablet	2	
subvenite starter (blue) kit	2	
subvenite starter (green) kit	2	
subvenite starter (orange) kit	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60/30); NDS
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (60/30); NDS
tiagabine	4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	3	PA
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	PA
topiramate oral solution	4	PA
topiramate oral tablet	2	PA
valproate sodium	3	
valproic acid	2	
valproic acid (as sodium salt)	2	
VALTOCO	5	PA; QL (10/30); NDS
vigabatrin	5	PA; LA; QL (180/30); NDS
vigadrone	5	PA; LA; QL (180/30); NDS
VIGAFYDE	5	PA; LA; QL (900/30); NDS
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	4	PA; QL (56/365)
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
zonisamide	2	PA
ZTALMY	4	PA; LA; QL (1100/30)
ANTIPARKINSONISM AGENTS		
benztropine injection	4	
benztropine oral	2	
bromocriptine	4	
carbidopa	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE	4	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet extended release	3	
carbidopa-levodopa oral tablet,disintegrating	4	
entacapone	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS
ONGENTYS	3	
pramipexole oral tablet	2	
rasagiline	4	
ropinirole oral tablet	2	
selegiline hcl	3	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
dihydroergotamine nasal	4	QL (8/28); NDS
ergotamine-caffeine	3	
naratriptan	3	QL (18/28)
NURTEC ODT	3	PA; QL (16/30)
rizatriptan oral tablet	3	QL (36/28)
rizatriptan oral tablet,disintegrating	4	QL (36/28)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	QL (18/28)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	QL (36/28)
sumatriptan succinate oral	2	QL (18/28)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	4	QL (8/28)
sumatriptan succinate subcutaneous solution	4	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	5	PA; LA; QL (30/30); 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 TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (56/365); NDS
dalfampridine	3	PA; QL (60/30)
dextromethorphan-quinidine	4	PA

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	4	PA; QL (14/30)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; QL (120/365)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5	PA; QL (60/30); NDS
donepezil oral tablet 10 mg	2	QL (60/30)
donepezil oral tablet 5 mg	2	QL (30/30)
donepezil oral tablet,disintegrating 10 mg	2	QL (60/30)
donepezil oral tablet,disintegrating 5 mg	2	QL (30/30)
EDARAVONE	4	PA
galantamine oral capsule,ext rel. pellets 24 hr	4	QL (30/30)
galantamine oral solution	4	QL (200/30)
galantamine oral tablet	3	QL (60/30)
glatiramer subcutaneous syringe 20 mg/ml	5	PA; QL (30/30); NDS
glatiramer subcutaneous syringe 40 mg/ml	5	PA; QL (12/28); NDS
glatopa subcutaneous syringe 20 mg/ml	5	PA; QL (30/30); NDS
glatopa subcutaneous syringe 40 mg/ml	5	PA; QL (12/28); NDS
KESIMPTA PEN	5	PA; QL (1.6/28); NDS
LEQEMBI IQLIK	5	PA; NDS
memantine oral solution	4	PA; QL (300/30)
memantine oral tablet 10 mg	3	PA; QL (60/30)
memantine oral tablet 5 mg	3	PA; QL (90/30)
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; QL (98/365)
memantine-donepezil	3	PA
NUEDEXTA	4	PA
RADICAVA	4	PA
rivastigmine	4	
rivastigmine tartrate	4	QL (60/30)
teriflunomide	5	PA; QL (30/30); NDS
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240/30)
tetrabenazine oral tablet 25 mg	5	PA; QL (120/30); NDS
ZEPOSIA	5	PA; QL (30/30); NDS
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (56/365); NDS
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (14/365); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	

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

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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
baclofen oral tablet 15 mg	3	
cyclobenzaprine oral tablet 10 mg, 5 mg	3	PA
dantrolene oral	4	
methocarbamol oral tablet 500 mg, 750 mg	3	
pyridostigmine bromide oral tablet 60 mg	3	
pyridostigmine bromide oral tablet extended release 180 mg	4	
tizanidine oral tablet	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; LA
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution	3	QL (4500/30); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	3	QL (360/30); NDS
acetaminophen-codeine oral tablet 300-60 mg	3	QL (180/30); NDS
buprenorphine hcl injection solution	5	NDS
buprenorphine hcl injection syringe	4	NDS
buprenorphine hcl sublingual	3	
endocet	3	QL (360/30); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	QL (10/30); NDS
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml	4	QL (5550/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	4	QL (5550/30); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360/30); NDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (50/30); NDS
hydromorphone oral liquid	4	QL (2400/30); NDS
hydromorphone oral tablet	4	QL (180/30); NDS
hydromorphone oral tablet extended release 24 hr	4	QL (60/30); NDS
INFUMORPH P/F	4	B/D PA; NDS
methadone injection solution	4	NDS
methadone intensol	4	QL (90/30); NDS
methadone oral concentrate	4	QL (90/30); NDS
methadone oral solution 10 mg/5 ml	4	QL (600/30); NDS
methadone oral solution 5 mg/5 ml	4	QL (1200/30); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
methadone oral tablet 10 mg	3	QL (120/30); NDS
methadone oral tablet 5 mg	3	QL (240/30); NDS
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	NDS
morphine concentrate oral solution	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	NDS
morphine injection syringe 4 mg/ml	4	NDS
morphine intravenous solution 10 mg/ml	4	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	NDS
morphine intravenous syringe 2 mg/ml, 4 mg/ml	4	NDS
morphine oral solution	4	QL (900/30); NDS
morphine oral tablet	3	QL (180/30); NDS
morphine oral tablet extended release	3	QL (120/30); NDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	QL (180/30); NDS
oxycodone oral tablet 5 mg	3	QL (360/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	QL (180/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	3	QL (360/30); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360/30); NDS
SUBLOCADE	5	NDS
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film	4	
buprenorphine-naloxone sublingual tablet	2	
butorphanol nasal	4	QL (10/28); NDS
celecoxib	4	QL (60/30)
diclofenac potassium oral tablet 50 mg	3	
diclofenac sodium oral	2	
diclofenac sodium topical drops	4	PA; QL (300/28)
diflunisal	4	
flurbiprofen oral tablet 100 mg	2	
ibu	1	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen oral suspension	4	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
KLOXXADO	3	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (60/30)
nabumetone	2	
naloxone injection solution	2	
naloxone injection syringe	2	
naltrexone	3	
naproxen oral suspension	4	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
naproxen oral tablet,delayed release (dr/ec) 500 mg	3	
naproxen sodium oral tablet 275 mg, 550 mg	4	
oxaprozin oral tablet	4	
REXTOVY	3	
sulindac	2	
tramadol oral tablet 50 mg	2	QL (240/30); NDS
tramadol-acetaminophen	2	QL (240/30); NDS
VIVITROL	5	NDS
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
ABILIFY MAINTENA	5	QL (1/28); NDS
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120/30)
alprazolam oral tablet 2 mg	2	QL (150/30)
amitriptyline	4	
amoxapine	3	
aripiprazole oral solution	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	4	QL (60/30)
aripiprazole oral tablet 20 mg, 30 mg	4	QL (30/30)
aripiprazole oral tablet,disintegrating	4	QL (60/30)
asenapine maleate sublingual tablet 10 mg, 2.5 mg	4	QL (60/30)
asenapine maleate sublingual tablet 5 mg	4	QL (90/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60/30)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	QL (30/30)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; QL (60/30); NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	4	ST; QL (102/365)
BELSOMRA	3	QL (30/30)
bupropion hcl oral tablet 100 mg	3	QL (120/30)
bupropion hcl oral tablet 75 mg	3	QL (180/30)
bupropion hcl oral tablet extended release 24 hr 150 mg	3	QL (90/30)
bupropion hcl oral tablet extended release 24 hr 300 mg	3	QL (30/30)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	3	QL (120/30)
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	3	QL (60/30)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
BYSANTI ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60/30); NDS
BYSANTI TITRATION PACK A	5	PA; QL (16/365); NDS
BYSANTI TITRATION PACK B	5	PA; QL (24/365); NDS
BYSANTI TITRATION PACK C	5	PA; QL (16/365); NDS
CAPLYTA	5	QL (30/30); NDS
chlorpromazine	4	
citalopram oral solution	4	
citalopram oral tablet 10 mg, 20 mg	1	QL (60/30)
citalopram oral tablet 40 mg	1	QL (30/30)
clomipramine	4	
clorazepate dipotassium oral tablet 15 mg	4	QL (180/30)
clorazepate dipotassium oral tablet 3.75 mg	4	QL (90/30)
clorazepate dipotassium oral tablet 7.5 mg	4	QL (360/30)
clozapine oral tablet 100 mg, 200 mg	4	
clozapine oral tablet 25 mg, 50 mg	3	
clozapine oral tablet,disintegrating	4	
COBENFY	5	ST; QL (60/30); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
COBENFY STARTER PACK	5	ST; QL (56/180); NDS
desipramine	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	4	QL (120/30)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	4	QL (60/30)
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	4	QL (90/30)
dexmethylphenidate oral tablet	3	
dextroamphetamine sulfate oral capsule, extended release	4	
dextroamphetamine sulfate oral tablet	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	4	QL (60/30)
dextroamphetamine-amphetamine oral tablet 10 mg	3	QL (180/30)
dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg	3	QL (60/30)
dextroamphetamine-amphetamine oral tablet 15 mg	3	QL (120/30)
dextroamphetamine-amphetamine oral tablet 20 mg	3	QL (90/30)
dextroamphetamine-amphetamine oral tablet 5 mg	3	QL (360/30)
diazepam injection	2	
diazepam intensol	3	QL (360/30)
diazepam oral concentrate	3	QL (360/30)
diazepam oral solution	4	QL (1800/30)
diazepam oral tablet	2	QL (180/30)
doxepin oral capsule	4	
doxepin oral concentrate	4	
doxepin oral tablet	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)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	3	QL (60/30)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	3	QL (120/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
EMSAM	5	QL (30/30); NDS
escitalopram oxalate oral solution	4	QL (600/30)
escitalopram oxalate oral tablet 10 mg, 5 mg	2	QL (60/30)
escitalopram oxalate oral tablet 20 mg	2	QL (30/30)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	5	ST; QL (30/30); NDS
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	5	ST; QL (32/180); NDS
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)
fluoxetine oral capsule 10 mg	2	QL (120/30)
fluoxetine oral capsule 20 mg, 40 mg	2	QL (90/30)
fluoxetine oral solution	2	
fluphenazine decanoate	4	
fluphenazine hcl injection	4	
fluphenazine hcl oral concentrate	4	
fluphenazine hcl oral elixir	4	
fluphenazine hcl oral tablet	3	
fluvoxamine oral tablet 100 mg	3	QL (90/30)
fluvoxamine oral tablet 25 mg	2	QL (90/30)
fluvoxamine oral tablet 50 mg	2	QL (120/30)
guanfacine oral tablet extended release 24 hr	4	QL (30/30)
haloperidol decanoate	4	
haloperidol lactate injection	4	
haloperidol lactate oral	2	
haloperidol oral tablet 0.5 mg, 2 mg, 20 mg	2	
haloperidol oral tablet 1 mg, 10 mg, 5 mg	3	
imipramine hcl	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5/180); NDS

Covered Drugs by Category

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
lisdexamfetamine oral tablet,chewable	4	QL (30/30)
lithium carbonate	2	
lithium citrate	2	
lorazepam injection	4	
lorazepam intensol	3	QL (150/30)
lorazepam oral concentrate	3	QL (150/30)
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (90/30)
lorazepam oral tablet 2 mg	2	QL (150/30)
loxapine succinate	4	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30/30)
lurasidone oral tablet 80 mg	4	QL (60/30)
LYBALVI	4	PA; QL (30/30)
MARPLAN	4	QL (180/30)
methylphenidate hcl oral tablet	3	QL (90/30)
methylphenidate hcl oral tablet extended release	4	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 36 mg, 54 mg	4	
mirtazapine oral tablet	2	
mirtazapine oral tablet,disintegrating	3	QL (30/30)
modafinil oral tablet 100 mg	3	PA; QL (30/30)

Covered Drugs by Category

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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
risperidone oral solution	4	
risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg	2	QL (120/30)
risperidone oral tablet 1 mg	2	QL (180/30)
risperidone oral tablet 2 mg	2	QL (90/30)
risperidone oral tablet 3 mg	2	QL (60/30)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg	4	QL (120/30)
risperidone oral tablet,disintegrating 1 mg	4	QL (180/30)
risperidone oral tablet,disintegrating 2 mg	4	QL (90/30)
risperidone oral tablet,disintegrating 3 mg	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
sertraline oral concentrate	4	
sertraline oral tablet	1	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (16/28)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (18/28)
tasimelteon	5	PA; QL (30/30); NDS
thioridazine	4	
thiothixene	4	
tranylcypromine	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	2	
trifluoperazine oral tablet 1 mg	3	
trifluoperazine oral tablet 10 mg, 2 mg, 5 mg	4	
trimipramine	4	
TRINTELLIX	4	ST; QL (30/30)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	QL (60/30)
venlafaxine oral capsule,extended release 24hr 75 mg	2	QL (90/30)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg	2	QL (90/30)
venlafaxine oral tablet 50 mg, 75 mg	2	QL (120/30)
VERSACLOZ	5	NDS
vilazodone	4	QL (30/30)
VRAYLAR	3	QL (30/30)
ziprasidone hcl oral capsule 20 mg	4	QL (180/30)
ziprasidone hcl oral capsule 40 mg	4	QL (120/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl oral capsule 60 mg, 80 mg	4	QL (60/30)
ziprasidone mesylate	4	QL (6/30)
zolpidem oral tablet	2	QL (30/30)
ZURZUVAE	4	PA
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution	4	B/D PA
amiodarone oral tablet 100 mg, 400 mg	4	
amiodarone oral tablet 200 mg	2	
dofetilide	4	
flecainide	4	
lidocaine (pf) intravenous	4	
mexiletine	4	
pacerone oral tablet 100 mg	4	
pacerone oral tablet 200 mg	2	
propafenone	4	
quinidine sulfate oral tablet	2	
sotalol af	2	
sotalol oral	2	
SOTYLIZE	4	
ANTIHYPERTENSIVE THERAPY		
acebutolol	2	
aliskiren	4	

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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
cartia xt	3	
carvedilol	1	
chlorothiazide sodium	4	
chlorthalidone oral tablet 25 mg, 50 mg	2	
clonidine	4	QL (4/28)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	2	
diltiazem hcl intravenous solution	4	
diltiazem hcl oral capsule,ext.rel 24h degradable	3	
diltiazem hcl oral capsule,extended release 12 hr	3	
diltiazem hcl oral capsule,extended release 24 hr	3	
diltiazem hcl oral capsule,extended release 24hr	3	
diltiazem hcl oral tablet	2	
diltiazem hcl oral tablet extended release 24 hr	3	
dilt-xr	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	QL (30/30)
doxazosin oral tablet 8 mg	2	QL (60/30)
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ethacrynate sodium	4	
felodipine	2	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide injection	4	
furosemide oral solution	2	
furosemide oral tablet	1	
hydralazine injection	4	
hydralazine oral	1	
hydrochlorothiazide	1	
indapamide	2	
irbesartan	1	QL (30/30)
irbesartan-hydrochlorothiazide	1	QL (30/30)
isosorbide-hydralazine	3	QL (180/30)
KERENDIA	3	PA; QL (30/30)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
losartan	1	QL (60/30)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (30/30)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (60/30)
matzim la	3	
metolazone	3	
metoprolol succinate	2	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
metoprolol ta-hydrochlorothiaz	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metyrosine	5	PA; NDS
minoxidil oral	2	
moexipril	1	
nicardipine intravenous solution	4	
nicardipine oral	4	
nifedipine oral tablet extended release	3	
nifedipine oral tablet extended release 24hr	3	
nimodipine oral capsule	4	
olmesartan	1	
olmesartan-hydrochlorothiazide	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
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
perindopril erbumine	1	
pindolol	3	
prazosin	4	
propranolol oral capsule,extended release 24 hr	4	
propranolol oral solution	4	
propranolol oral tablet	2	
quinapril	1	
quinapril-hydrochlorothiazide	2	
ramipril	1	
spironolactone oral tablet	2	
spironolacton-hydrochlorothiaz	2	
telmisartan	1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30/30)
terazosin oral capsule 10 mg	1	QL (60/30)
tiadylt er	3	
timolol maleate oral	4	
torsemide oral	2	
trandolapril	1	
triamterene-hydrochlorothiazid	1	
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (60/30)
valsartan oral tablet 320 mg	1	QL (30/30)
valsartan-hydrochlorothiazide	1	QL (30/30)
verapamil intravenous solution	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
verapamil oral capsule, 24 hr er pellet ct	3	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	3	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	4	
verapamil oral tablet	2	
verapamil oral tablet extended release	2	
COAGULATION THERAPY		
aminocaproic acid oral solution	5	NDS
aminocaproic acid oral tablet	4	
cilostazol	2	
clopidogrel oral tablet 300 mg	4	
clopidogrel oral tablet 75 mg	1	QL (30/30)
dipyridamole oral	3	
DOPTELET (10 TAB PACK)	5	PA; LA; NDS
DOPTELET (15 TAB PACK)	5	PA; LA; NDS
DOPTELET (30 TAB PACK)	5	PA; LA; NDS
DOPTELET SPRINKLE	5	PA; LA; NDS
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
ELIQUIS SPRINKLE	3	
eltrombopag olamine oral powder in packet 12.5 mg	5	PA; QL (360/30); NDS
eltrombopag olamine oral powder in packet 25 mg	5	PA; QL (180/30); NDS
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg	5	PA; QL (30/30); NDS
eltrombopag olamine oral tablet 75 mg	5	PA; QL (60/30); NDS
enoxaparin	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	
heparin (porcine) in 5 % dex	4	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	4	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4	
heparin (porcine) injection solution	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML	4	
jantoven	1	
pentoxifylline	2	
rivaroxaban oral tablet	4	QL (60/30)
ticagrelor	4	QL (60/30)
warfarin	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin	1	QL (30/30)
cholestyramine (with sugar)	3	
cholestyramine light	3	
colestipol oral granules	4	
colestipol oral packet	4	
colestipol oral tablet	3	
ezetimibe	2	QL (30/30)
ezetimibe-simvastatin	1	QL (30/30)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate nanocrystallized	2	
fenofibrate oral tablet 160 mg, 54 mg	2	
fenofibric acid (choline)	2	
fluvastatin oral capsule 20 mg	1	QL (30/30)
fluvastatin oral capsule 40 mg	1	QL (60/30)
fluvastatin oral tablet extended release 24 hr	1	QL (30/30)
gemfibrozil	2	
icosapent ethyl	4	
lovastatin oral tablet 10 mg	1	QL (30/30)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
niacin oral tablet extended release 24 hr	4	
pitavastatin calcium	1	QL (30/30)
pravastatin	1	QL (30/30)
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
rosuvastatin	1	QL (30/30)
simvastatin	1	QL (30/30)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; QL (30/30); NDS
digoxin injection	4	
digoxin oral solution	4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3	
digoxin oral tablet 62.5 mcg (0.0625 mg)	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO SPRINKLE	3	QL (240/30)
FILSPARI	5	PA; QL (30/30); NDS
ivabradine	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
ranolazine	4	QL (60/30)
sacubitril-valsartan oral tablet 24-26 mg	3	QL (180/30)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	5	PA; NDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	4	
isosorbide mononitrate	2	
nitroglycerin sublingual	3	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual	4	
DERMATOLOGICALS/ TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	4	PA
calcipotriene scalp	3	QL (120/30)
calcipotriene topical cream	4	QL (120/30)
calcipotriene topical ointment	4	QL (120/30)
COSENTYX (2 SYRINGES)	5	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	5	PA; NDS
COSENTYX PEN	5	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	5	PA; QL (10/28); NDS
OTULFI INTRAVENOUS	5	PA; QL (104/180); NDS
OTULFI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5/28)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5/28)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
selenium sulfide topical lotion	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (6/365); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (6/365); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	5	PA; QL (0.74/84); NDS
TREMFYA INTRAVENOUS	5	PA; QL (20/28); NDS
TREMFYA ONE-PRESS	5	PA; QL (2/28); NDS
TREMFYA PEN	5	PA; QL (2/28); NDS
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; QL (24/365); NDS
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
EUCRISA	4	PA; QL (120/30)
fluorouracil topical cream 5 %	4	
fluorouracil topical solution	4	
glydo	3	QL (60/30)
imiquimod topical cream in packet 5 %	3	
lidocaine (pf) injection solution	4	
lidocaine hcl injection solution	4	
lidocaine hcl laryngotracheal	3	
lidocaine hcl mucous membrane jelly in applicator	3	QL (60/30)
lidocaine hcl mucous membrane solution 2 %	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	3	
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (90/30)
lidocaine-prilocaine topical cream	4	QL (30/30)
methoxsalen	5	NDS
PANRETIN	5	NDS
pimecrolimus	4	PA; QL (100/30)
podofilox topical solution	4	
SANTYL	4	QL (180/30)
silver sulfadiazine	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ssd	3	
tacrolimus topical	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
adapalene topical gel 0.3 %	4	QL (45/30)
adapalene topical gel with pump	4	QL (45/30)
claravis	4	
clindamycin phosphate topical gel	4	QL (120/30)
clindamycin phosphate topical gel, once daily	4	QL (150/30)
clindamycin phosphate topical lotion	3	QL (120/30)
clindamycin phosphate topical solution	4	QL (120/30)
clindamycin phosphate topical swab	4	QL (60/30)
ery pads	4	
erythromycin with ethanol topical gel	4	
erythromycin with ethanol topical solution	3	
erythromycin-benzoyl peroxide	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
metronidazole topical	4	
tazarotene topical cream	4	PA
tazarotene topical gel	4	PA
tretinoin topical cream	4	PA
tretinoin topical gel 0.01 %	3	PA
tretinoin topical gel 0.025 %, 0.05 %	4	PA
TOPICAL ANTIBACTERIALS		
gentamicin topical cream	4	QL (60/30)
gentamicin topical ointment	3	
mupirocin	2	QL (44/30)
mupirocin calcium	4	QL (30/30)
sulfacetamide sodium (acne)	4	
TOPICAL ANTIFUNGALS		
ciclodan topical solution	4	
ciclopirox topical cream	4	QL (90/28)
ciclopirox topical shampoo	4	QL (120/28)
ciclopirox topical solution	4	QL (6.6/28)
ciclopirox topical suspension	4	QL (60/28)
clotrimazole topical cream	3	QL (45/28)
clotrimazole topical solution	3	QL (30/28)
clotrimazole-betamethasone topical cream	4	QL (45/28)
econazole nitrate topical cream	4	QL (85/28)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ketoconazole topical cream	2	QL (60/28)
ketoconazole topical shampoo	2	QL (120/28)
klayesta	3	QL (180/30)
nyamyc	3	QL (180/30)
nystatin topical cream	2	QL (30/28)
nystatin topical ointment	2	QL (30/28)
nystatin topical powder	3	QL (180/30)
nystatin-triamcinolone	4	QL (60/28)
nystop	3	QL (180/30)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	2	
alclometasone	3	
betamethasone dipropionate	4	
betamethasone valerate topical cream	3	
betamethasone valerate topical lotion	4	
betamethasone valerate topical ointment	3	
betamethasone, augmented topical cream	2	
betamethasone, augmented topical gel	4	
betamethasone, augmented topical lotion	4	
betamethasone, augmented topical ointment	4	
desoximetasone topical cream	4	
desoximetasone topical gel	4	
desoximetasone topical ointment	4	
fluocinolone and shower cap	4	
fluocinolone topical cream 0.01 %	3	
fluocinolone topical cream 0.025 %	4	
fluocinolone topical oil	4	
fluocinolone topical ointment	4	
fluocinolone topical solution	4	
fluocinonide topical cream 0.05 %	3	QL (120/30)
fluocinonide topical gel	4	QL (120/30)
fluocinonide topical ointment	4	QL (120/30)
fluocinonide topical solution	4	QL (120/30)
fluticasone propionate topical cream	4	
fluticasone propionate topical ointment	3	
halobetasol propionate topical cream	4	
halobetasol propionate topical ointment	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone topical cream 1 %, 2.5 %	2	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 %, 2.5 %	2	
mometasone topical	2	
triamcinolone acetonide topical cream	2	
triamcinolone acetonide topical lotion	3	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion	4	
permethrin	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers irrigation	4	
neomycin-polymyxin b gu	4	
ringer's irrigation	4	
MISCELLANEOUS AGENTS		
acamprosate	4	
anagrelide	3	
carglumic acid	5	PA; LA; NDS
CHEMET	4	PA

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; LA; QL (300/30); NDS
d10 %-0.45 % sodium chloride	4	
d2.5 %-0.45 % sodium chloride	4	
D5 % (D-GLUCOSE)-0.9 % SODCHLR	4	
d5 % and 0.9 % sodium chloride	4	
d5 %-0.45 % sodium chloride	4	
deferasirox oral tablet 180 mg, 360 mg	4	PA
deferasirox oral tablet 90 mg	3	PA
dextrose 10 % and 0.2 % nacl	4	
dextrose 10 % in water (d10w)	4	
dextrose 25 % in water (d25w)	4	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
dextrose 5 % in water (d5w) intravenous piggyback	4	
dextrose 5 %-lactated ringers	4	
dextrose 5%-0.2 % sod chloride	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
dextrose 5%-0.3 % sod.chloride	4	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
dextrose 50 % in water (d50w) intravenous syringe	4	
dextrose 70 % in water (d70w)	4	
disulfiram	4	
droxidopa oral capsule 100 mg	4	PA; QL (90/30); NDS
droxidopa oral capsule 200 mg, 300 mg	5	PA; QL (180/30); NDS
glutamine (sickle cell)	5	PA; QL (180/30); NDS
INCRELEX	4	PA; LA
kionex oral suspension	3	
levocarnitine (with sugar)	4	
levocarnitine oral solution 100 mg/ml	4	
levocarnitine oral tablet	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM	4	QL (34/30)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	4	QL (90/30)
midodrine	4	
nitisinone	5	PA; NDS
pilocarpine hcl oral	4	
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NDS
REVCOVI	5	PA; NDS
REZDIFFRA	5	PA; QL (30/30); NDS
riluzole	3	
sevelamer carbonate oral powder in packet 0.8 gram	4	PA; QL (510/30)
sevelamer carbonate oral powder in packet 2.4 gram	4	PA; QL (150/30)
sevelamer carbonate oral tablet	4	PA; QL (510/30)
sodium chloride 0.9 % intravenous	4	
SODIUM CHLORIDE IRRIGATION	4	
sodium phenylbutyrate	5	PA; NDS
sodium polystyrene sulfonate	3	
sps (with sorbitol) oral	3	
trientine oral capsule 250 mg	5	PA; QL (240/30); NDS
TZIELD	4	PA; QL (14/999)
water for irrigation, sterile	4	
WEGOVY ORAL	3	PA; QL (30/30)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2/28)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3/28)
XIAFLEX	5	PA; NDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	B/D PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	3	QL (60/30)
NICOTROL NS	4	
VARENICLINE TARTRATE ORAL TABLET	4	
varenicline tartrate oral tablets,dose pack	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	3	QL (60/30)
chlorhexidine gluconate mucous membrane	2	
fluoride (sodium) dental	2	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (30/30)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	3	QL (30/30)
oralone	4	
periogard	2	
sodium fluoride 5000 dry mouth	2	
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	
triamcinolone acetonide dental	4	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	3	
flac otic oil	4	
fluocinolone acetonide oil	4	
hydrocortisone-acetic acid	4	
ofloxacin otic (ear)	4	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic (ear)	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	4	
DEPO-MEDROL	4	
dexamethasone intensol	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone oral elixir	3	
dexamethasone oral solution	3	
dexamethasone oral tablet	2	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	4	
dexamethasone sodium phosphate injection solution	4	
fludrocortisone	2	
hydrocortisone oral	3	
hydrocortisone sod succinate	4	
methylprednisolone	2	
methylprednisolone acetate	4	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	4	
methylprednisolone sodium succ intravenous	4	
prednisolone oral solution	4	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	4	
prednisolone sodium phosphate oral syringe	4	
prednisone intensol	4	
prednisone oral solution	4	
prednisone oral tablet	2	
prednisone oral tablets,dose pack	2	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
TARPEYO	5	PA; QL (120/30); NDS
triamcinolone acetonide injection suspension 40 mg/ml	4	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil	3	
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	QL (90/30)
acarbose oral tablet 25 mg	1	QL (360/30)
acarbose oral tablet 50 mg	1	QL (180/30)
alcohol pads	3	PA
ALCOHOL PREP PADS	3	PA
ALCOHOL SWABS	3	PA
ALCOHOL WIPES	3	PA
CARETOUCH ALCOHOL PREP PAD	3	PA
CURITY ALCOHOL SWABS	3	PA

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
dapagliflozin oral tablet 10 mg	3	QL (30/30)
dapagliflozin oral tablet 5 mg	3	QL (60/30)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	3	QL (30/30)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	3	QL (60/30)
diazoxide	5	NDS
DROPSAFE ALCOHOL PREP PADS	3	PA
EASY COMFORT ALCOHOL PAD	3	PA
EASY TOUCH ALCOHOL PREP PADS	3	PA
FARXIGA ORAL TABLET 10 MG	3	ST; QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	ST; QL (60/30)
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP PUMPCART	3	
FIASP U-100 INSULIN	3	
glimepiride oral tablet 1 mg	1	QL (240/30)
glimepiride oral tablet 2 mg	1	QL (120/30)
glimepiride oral tablet 4 mg	1	QL (60/30)
glipizide oral tablet 10 mg	1	QL (120/30)
GLIPIZIDE ORAL TABLET 15 MG	3	QL (60/30)
GLIPIZIDE ORAL TABLET 2.5 MG	3	QL (30/30)
glipizide oral tablet 5 mg	1	QL (240/30)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60/30)
glipizide oral tablet extended release 24hr 2.5 mg	1	QL (240/30)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120/30)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240/30)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GVOKE	3	QL (0.8/30)
GVOKE HYPOPEN 1-PACK	3	QL (0.8/30)
GVOKE HYPOPEN 2-PACK	3	QL (0.8/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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)
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
JARDIANCE	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
metformin oral solution	1	QL (765/30)
metformin oral tablet 1,000 mg	1	QL (75/30)
metformin oral tablet 500 mg	1	QL (150/30)
metformin oral tablet 850 mg	1	QL (90/30)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120/30)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60/30)
MOUNJARO	3	PA; QL (2/28)
nateglinide oral tablet 120 mg	1	QL (90/30)
nateglinide oral tablet 60 mg	1	QL (180/30)
NOVOLIN 70/30 U-100 INSULIN	3	
NOVOLIN 70-30 FLEXPEN U-100	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N NPH U-100 INSULIN	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R REGULAR U100 INSULIN	3	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
OZEMPIC ORAL	3	PA; QL (30/30)
OZEMPIC SUBCUTANEOUS	3	PA; QL (3/28)
pioglitazone	1	QL (30/30)
PRO COMFORT ALCOHOL PADS	3	PA
PURE COMFORT ALCOHOL PADS	3	PA
repaglinide oral tablet 0.5 mg	1	QL (960/30)
repaglinide oral tablet 1 mg	1	QL (480/30)
repaglinide oral tablet 2 mg	1	QL (240/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS	3	PA; QL (30/30)
sitagliptin phos-metformin oral tablet	3	QL (60/30)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	3	QL (30/30)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	3	QL (60/30)
sitagliptin phosphate	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/24)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	QL (30/30)
TRUE COMFORT ALCOHOL PADS	3	PA
TRUE COMFORT PRO ALCOHOL PADS	3	PA
TRULICITY	3	PA; QL (2/28)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
cabergoline	3	
calcitonin (salmon) nasal	3	
calcitriol intravenous solution 1 mcg/ml	4	
calcitriol oral capsule	2	
calcitriol oral solution	4	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
cinacalcet oral tablet 30 mg, 60 mg	4	QL (60/30)
cinacalcet oral tablet 90 mg	4	QL (120/30)
danazol	4	
desmopressin injection	4	
desmopressin nasal spray with pump	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral	3	
doxercalciferol intravenous	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
LUMIZYME	5	PA; NDS
mifepristone oral tablet 300 mg	5	PA; QL (120/30); NDS
NAGLAZYME	5	PA; NDS
pamidronate intravenous solution	4	
paricalcitol oral	4	
sapropterin	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
SYNAREL	5	NDS
testosterone cypionate	3	
testosterone enanthate	4	
testosterone transdermal gel	4	PA; QL (300/30)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	4	PA; QL (300/30)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	4	PA; QL (150/30)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	4	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
tolvaptan (polycys kidney dis) oral tablet	5	PA; QL (120/30); NDS
tolvaptan (polycys kidney dis) oral tablets, sequential	5	PA; QL (56/28); NDS
tolvaptan oral tablet 15 mg	5	PA; QL (120/30); NDS
tolvaptan oral tablet 30 mg	5	PA; QL (60/30); NDS
zoledronic acid intravenous solution	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
THYROID HORMONES		
levothyroxine oral tablet	2	
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	3	
liomny	3	
liothyronine oral	3	
SYNTHROID	4	
unithroid	4	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine oral capsule	2	
dicyclomine oral solution	4	
dicyclomine oral tablet 20 mg	2	
diphenoxylate-atropine	4	
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	4	
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	4	
glycopyrrolate oral tablet 1 mg, 2 mg	4	
loperamide oral capsule	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	4	PA
aprepitant oral capsule 125 mg	5	B/D PA; NDS
aprepitant oral capsule 40 mg, 80 mg	4	B/D PA
aprepitant oral capsule,dose pack	4	B/D PA
balsalazide	4	
betaine	5	NDS
budesonide oral capsule,delayed,extend.release	4	
budesonide oral tablet,delayed and ext.release	5	NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
compro	4	
constulose	2	
CORTIFOAM	5	NDS
CREON	3	
cromolyn oral	3	
dronabinol oral capsule	4	B/D PA; QL (60/30)
ENTYVIO PEN	5	PA; QL (1.36/28); NDS
enulose	2	
gavilyte-c	2	
generlac	2	
granisetron hcl oral	3	B/D PA
hydrocortisone rectal	3	
hydrocortisone topical cream with perineal applicator	2	
IQIRVO	5	PA; QL (30/30); NDS
lactulose oral solution	2	
LINZESS	3	QL (30/30)
lubiprostone	3	QL (60/30)
meclizine oral tablet 12.5 mg, 25 mg	2	
mesalamine oral capsule, extended release	4	
mesalamine oral capsule,extended release 24hr	4	
mesalamine rectal enema	4	
mesalamine with cleansing wipe	4	
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	2	
MOVANTIK	4	QL (30/30)
nitroglycerin rectal	4	
ondansetron hcl (pf)	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ondansetron hcl intravenous	4	
ondansetron hcl oral solution	4	B/D PA
ondansetron hcl oral syringe 2 mg/2.5 ml	4	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	B/D PA
palonosetron intravenous solution 0.25 mg/5 ml	4	
peg 3350-electrolytes	2	
peg-electrolyte soln	2	
prochlorperazine	4	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	4	
prochlorperazine maleate	2	
procto-med hc	2	
proctosol hc topical	2	
proctozone-hc	2	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
scopolamine base	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
sodium,potassium,mag sulfates	4	
SUCRAID	5	PA; NDS
SUFLAVE	4	
sulfasalazine	2	
SUTAB	4	
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	4	
VOWST	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA	5	PA; QL (2/28); NDS
ULCER THERAPY		
bismuth subcit k-metronidz-tcn	4	
famotidine oral suspension for reconstitution	4	
famotidine oral tablet 20 mg	4	
famotidine oral tablet 40 mg	3	
misoprostol	3	
omeprazole oral capsule,delayed release(dr/ec)	2	QL (60/30)
pantoprazole oral tablet,delayed release (dr/ec)	2	QL (60/30)
sucralfate oral tablet	2	
TALICIA	4	QL (168/180)
VOQUEZNA DUAL PAK	4	QL (224/365)
VOQUEZNA TRIPLE PAK	4	QL (224/365)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BESREMI PEN	5	PA; LA; QL (2/28); 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
LEUKINE INJECTION RECON SOLN	5	PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2/28); NDS
plerixafor	5	B/D PA; NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	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)	4	V
BEXSERO	3	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; V
fomepizole	5	NDS
GARDASIL 9 (PF)	4	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	
IMOVAX RABIES VACCINE (PF)	4	B/D PA; V
INFANRIX (DTAP) (PF)	3	
IPOL	3	V
IXIARO (PF)	4	V
JYNNEOS (PF)	3	V
KINRIX (PF)	3	
MENQUADFI (PF)	3	V
MENVEO A-C-Y-W-135-DIP (PF)	3	V
M-M-R II (PF)	3	V
MRESVIA (PF)	3	PA; V; QL (1/365)
OCTAGAM INTRAVENOUS SOLUTION 10 %	5	B/D PA; NDS
OCTAGAM INTRAVENOUS SOLUTION 5 %	3	B/D PA
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
PENBRAYA (PF)	3	V
PENMENVY MEN A-B-C-W-Y (PF)	3	V
PENTACEL (PF)	3	
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	B/D PA; V
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	V; QL (2/999)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	3	V; QL (1/999)
STAMARIL (PF)	4	V
TENIVAC (PF)	3	V
TICE BCG	4	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI INTRAMUSCULAR SYRINGE	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 (PF)	3	V
VIVOTIF	3	V; QL (4/720)
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	PA; QL (200/30)
AUTOPEN 1 TO 21 UNITS	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
AUTOPEN 2 TO 42 UNITS	3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	PA; QL (200/30)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	3	PA
DROPLET MICRON PEN NEEDLE	3	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	PA; QL (200/30)
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	3	PA; QL (200/30)
NANO PEN NEEDLE	3	PA; QL (200/30)
NOVOFINE 32	3	PA; QL (200/30)
NOVOFINE PLUS	3	PA; QL (200/30)
NOVOPEN ECHO	3	
OMNIPOD 5 (LIBRE 2/3 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 (LIBRE2/3PLUS)	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"	3	PA; QL (200/30)
PENTIPS PEN NEEDLE	3	PA; QL (200/30)

Covered Drugs by Category

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	3	PA; QL (200/30)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	PA; QL (200/30)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	PA; QL (200/30)
TRUEPLUS INSULIN	3	PA; QL (200/30)
TRUEPLUS PEN NEEDLE	3	PA; QL (200/30)
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	PA; QL (200/30)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	3	PA; QL (200/30)
UNIFINE PENTIPS	3	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	3	PA; QL (200/30)
UNIFINE PENTIPS PLUS	3	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	3	PA; QL (200/30)
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; QL (200/30)
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	3	PA; QL (200/30)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	3	QL (120/30)
febuxostat	4	
probenecid	3	
probenecid-colchicine	3	
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg	1	QL (30/30)
alendronate oral tablet 35 mg, 70 mg	2	QL (4/28)
CONEXXENCE	4	QL (1/180)
ibandronate oral	3	QL (1/28)
raloxifene	3	QL (30/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	5	PA; QL (2.24/28); NDS
OTHER RHEUMATOLOGICALS		
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
KEVZARA SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2.28/28); NDS
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (2.28/28); NDS
leflunomide	3	QL (30/30)
OTEZLA	5	PA; QL (60/30); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; QL (54/365); NDS
OTEZLA XR	5	PA; QL (30/30); NDS
OTEZLA XR INITIATION	5	PA; QL (82/365); NDS
penicillamine	5	NDS
RINVOQ LQ	5	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168/365); NDS
TYENNE AUTOINJECTOR	5	PA; QL (3.6/28); NDS
TYENNE SUBCUTANEOUS	5	PA; QL (3.6/28); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	4	
deblitane	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104	3	
dotti	4	QL (8/28)
DUAVEE	4	PA
emzahh	4	
errin	4	
estradiol oral	2	
estradiol transdermal patch semiweekly	4	QL (8/28)
estradiol transdermal patch weekly	4	QL (4/28)
estradiol vaginal cream	3	
estradiol vaginal tablet	4	
estradiol valerate	4	
gallifrey	4	
heather	4	
incassia	4	
jencycla	4	
lyza	4	
medroxyprogesterone intramuscular	3	
medroxyprogesterone oral	2	
meleya	4	
nora-be	4	
norethindrone (contraceptive)	3	
norethindrone acetate	4	
orquidea	4	
PREMARIN INJECTION	4	
PREMPRO	3	
progesterone micronized oral	3	
sharobel	4	
yuvafem	4	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	4	
etonogestrel-ethinyl estradiol	3	
LILETTA	3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	4	
NEXPLANON	3	
terconazole	4	
tranexamic acid oral	3	
zafemy	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle	4	
altavera (28)	4	
alyacen 1/35 (28)	4	
alyacen 7/7/7 (28)	4	
amethyst (28)	4	
apri	4	
aranelle (28)	4	
ashlyna	4	
aubra eq	4	
aurovela 1.5/30 (21)	4	
aurovela 1/20 (21)	4	
aurovela 24 fe	4	
aurovela fe 1.5/30 (28)	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
aurovela fe 1-20 (28)	4	
aviane	4	
ayuna	4	
azurette (28)	4	
balziva (28)	4	
blisovi 24 fe	4	
blisovi fe 1.5/30 (28)	4	
blisovi fe 1/20 (28)	4	
briellyn	4	
camrese	4	
camrese lo	4	
charlotte 24 fe	4	
chateal eq (28)	4	
cryselle (28)	4	
cyred eq	4	
dasetta 1/35 (28)	4	
dasetta 7/7/7 (28)	4	
daysee	4	
desog-e.estradiol/e.estradiol	4	
dolishale	4	
drospirenone-e.estradiol-lm.fa	4	
drospirenone-ethinyl estradiol	4	
elinest	4	
enskyce	4	
estarylla	4	
falmina (28)	4	
feirza	4	
finzala	4	
galbriela	4	
gemmily	4	
hailey	4	
hailey 24 fe	4	
hailey fe 1.5/30 (28)	4	
hailey fe 1/20 (28)	4	
iclevia	4	
introvale	4	
isibloom	4	
jaimiess	4	
jasmiel (28)	4	
jolessa	4	
joyeaux	4	
juleber	4	
junel 1.5/30 (21)	4	
junel 1/20 (21)	4	
junel fe 1.5/30 (28)	4	
junel fe 1/20 (28)	4	
junel fe 24	4	
kaitlib fe	4	
kalliga	4	
kariva (28)	4	
kelnor 1/35 (28)	4	
kurvelo (28)	4	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	4	
larin 1.5/30 (21)	4	

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
larin 1/20 (21)	4	
larin 24 fe	4	
larin fe 1.5/30 (28)	4	
larin fe 1/20 (28)	4	
lessina	4	
levonest (28)	4	
levonorgest-eth.estradiol-iron	4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	4	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	3	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	4	
levonorg-eth estrad triphasic	4	
lojaimiess	4	
loryna (28)	4	
lo-zumandimine (28)	4	
luizza	4	
lutera (28)	4	
marlissa (28)	4	
microgestin 1.5/30 (21)	4	
microgestin 1/20 (21)	4	
microgestin fe 1.5/30 (28)	4	
microgestin fe 1/20 (28)	4	
mili	4	
minzoya	4	
mono-linyah	4	
necon 0.5/35 (28)	4	
nikki (28)	4	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	4	
norethindrone-e.estradiol-iron oral capsule	4	
norethindrone-e.estradiol-iron oral tablet,chewable	4	
norgestimate-ethinyl estradiol	4	
nortrel 0.5/35 (28)	4	
nortrel 1/35 (21)	4	
nortrel 1/35 (28)	4	
nortrel 7/7/7 (28)	4	
nylia 1/35 (28)	4	
nylia 7/7/7 (28)	4	
ocella	4	
philith	4	
pimtrea (28)	4	
portia 28	4	
reclipsen (28)	4	
rivelsa	4	
rosyrah	4	
setlakin	4	
simliya (28)	4	
simpesse	4	
sprintec (28)	3	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
syeda	4	
tarina 24 fe	4	
tarina fe 1-20 eq (28)	4	
tilia fe	4	
tri-estarylla	4	
tri-legest fe	4	
tri-linyah	4	
tri-lo-estarylla	4	
tri-lo-marzia	4	
tri-lo-mili	4	
tri-lo-sprintec	4	
tri-mili	4	
tri-sprintec (28)	4	
tri-vylibra	4	
tri-vylibra lo	4	
turqoz (28)	4	
tydemy	4	
valtya	4	
velivet triphasic regimen (28)	4	
vestura (28)	4	
vienva	4	
viorele (28)	4	
volnea (28)	4	
vyfemla (28)	4	
vylibra	4	
wera (28)	4	
wymzya fe	4	
xarah fe	4	
xelria fe	4	

Drug Name	Drug Tier	Requirements/ Limits
zovia 1-35 (28)	4	
zumandimine (28)	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin-polymyxin b	2	
BESIVANCE	4	
ciprofloxacin hcl ophthalmic (eye)	2	
erythromycin ophthalmic (eye)	2	
gentamicin ophthalmic (eye) drops	3	
moxifloxacin ophthalmic (eye)	3	
NATACYN	4	
neomycin-bacitracin-polymyxin	4	
neomycin-polymyxin-gramicidin	3	
ofloxacin ophthalmic (eye)	2	
polymyxin b sulf-trimethoprim	2	
tobramycin ophthalmic (eye)	2	
ANTIVIRALS		
trifluridine	3	
ZIRGAN	4	
BETA-BLOCKERS		
carteolol	2	
levobunolol ophthalmic (eye) drops 0.5 %	2	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) gel forming solution	4	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	3	
ATROPINE SULFATE (PF)	3	
azelastine ophthalmic (eye)	3	
cromolyn ophthalmic (eye)	2	
cyclosporine ophthalmic (eye)	4	QL (60/30)
CYSTARAN	5	PA; NDS
EYLEA	5	PA; QL (0.1/28); NDS
OXERVATE	5	PA; QL (112/56); NDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %	3	
sulfacetamide sodium ophthalmic (eye) drops	3	
sulfacetamide-prednisolone	2	
XDEMVY	4	PA; QL (10/42)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
diclofenac sodium ophthalmic (eye)	2	
flurbiprofen sodium	3	
ketorolac ophthalmic (eye) drops 0.4 %	3	
ketorolac ophthalmic (eye) drops 0.5 %	2	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release	4	
acetazolamide oral tablet	3	
acetazolamide sodium	4	
methazolamide	4	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.01 %	3	
brimonidine-timolol	4	
dorzolamide	2	
dorzolamide-timolol	2	
latanoprost	1	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	3	
neomycin-polymyxin b-dexameth	2	
neomycin-polymyxin-hc ophthalmic (eye)	4	
tobramycin-dexamethasone	3	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	3	
difluprednate	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
fluorometholone	3	
loteprednol etabonate	4	
prednisolone acetate	3	
prednisolone sodium phosphate ophthalmic (eye)	3	
SYMPATHOMIMETICS		
apraclonidine	4	
brimonidine ophthalmic (eye) drops 0.1 %	3	
brimonidine ophthalmic (eye) drops 0.15 %	4	
brimonidine ophthalmic (eye) drops 0.2 %	2	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	2	
desloratadine oral tablet	3	QL (30/30)
diphenhydramine hcl injection solution 50 mg/ml	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	QL (2/30)
epinephrine injection auto-injector 0.15 mg/0.3 ml	3	QL (2/30)
epinephrine injection solution	4	
hydroxyzine hcl oral tablet	4	PA
hydroxyzine pamoate	3	PA
levocetirizine oral tablet	2	QL (30/30)
promethazine oral syrup	4	PA
promethazine oral tablet	2	PA
PULMONARY AGENTS		
acetylcysteine	4	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	3	QL (17/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	3	QL (13.4/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	QL (36/30)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	B/D PA

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate oral syrup	2	
albuterol sulfate oral tablet	4	
ambrisentan	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
arformoterol	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)
BREO ELLIPTA	3	QL (60/30)
breyna	4	QL (10.3/30)
budesonide inhalation	4	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	4	QL (8/30)
cromolyn inhalation	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
flunisolide	3	QL (50/30)
FLUTICASONE FUROATE-VILANTEROL	3	QL (60/30)
FLUTICASONE PROPIONATE NASAL	2	QL (16/30)
HAEGARDA	5	PA; LA; NDS
icatibant	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
ipratropium bromide inhalation hfa aerosol inhaler	4	QL (25.8/30)
ipratropium bromide inhalation solution	2	B/D PA
ipratropium-albuterol	2	B/D PA
JASCAYD	5	PA; QL (60/30); NDS
montelukast oral granules in packet	4	QL (30/30)
montelukast oral tablet	2	QL (30/30)
montelukast oral tablet,chewable	2	QL (30/30)
nintedanib	5	PA; QL (60/30); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (0.4/28); NDS
OFEV	5	PA; QL (60/30); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone oral capsule	5	PA; QL (270/30); NDS
pirfenidone oral tablet 267 mg	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
pirfenidone oral tablet 801 mg	5	PA; QL (90/30); NDS
PULMOZYME	5	B/D PA; QL (150/30); NDS
roflumilast	4	PA; QL (30/30)
sajazir	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
sildenafil (pulm.hypertension) oral tablet	3	PA; QL (90/30)
SPIRIVA RESPIMAT	4	ST; QL (4/30)
terbutaline	4	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	4	
theophylline oral tablet extended release 12 hr 450 mg	2	
theophylline oral tablet extended release 24 hr 400 mg	2	
theophylline oral tablet extended release 24 hr 600 mg	3	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
TYVASO	4	B/D PA
TYVASO INSTITUTIONAL START KIT	4	B/D PA
TYVASO REFILL KIT	4	B/D PA
TYVASO STARTER KIT	4	B/D PA
VENTOLIN HFA	3	QL (36/30)
WINREVAIR	5	PA; QL (1/21); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
zafirlukast	4	QL (60/30)

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr	4	QL (60/30)
solifenacin	4	
tolterodine	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	
dutasteride	2	
finasteride oral tablet 5 mg	2	QL (30/30)
tamsulosin	2	QL (60/30)
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	3	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
potassium citrate oral tablet extended release	4	
RENACIDIN	4	
tadalafil oral tablet 2.5 mg, 5 mg	4	PA; QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	3	PA
klor-con	2	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m20	2	
lactated ringers intravenous	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
magnesium sulfate in water intravenous parenteral solution	4	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	4	
MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK 3 GRAM/100 ML (3 %)	4	
magnesium sulfate injection	4	
potassium chlorid-d5-0.45%nacl	4	

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex	4	
potassium chloride in lr-d5	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4	
POTASSIUM CHLORIDE INTRAVENOUS	4	
potassium chloride oral capsule, extended release	3	
potassium chloride oral liquid	4	
potassium chloride oral packet 20 meq	2	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	2	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
potassium chloride oral tablet,er particles/crystals	2	
potassium chloride-0.45 % nacl	4	
potassium chloride-d5-0.2%nacl	4	
potassium chloride-d5-0.9%nacl	4	
ringer's intravenous	4	
sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)	4	
sodium chloride 0.45 % intravenous	4	
sodium chloride 3 % hypertonic	4	
sodium chloride 5 % hypertonic	4	
sodium chloride intravenous solution 2.5 meq/ml	4	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	4	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA
electrolyte-48 in d5w	4	
intralipid intravenous emulsion 20 %	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
premasol 10 %	5	B/D PA; NDS
PROSOL 20 %	4	B/D PA
travasol 10 %	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
bal-care dha	3	
c-nate dha	3	
complete natal dha	3	
elite-ob	3	
fluoride (sodium) oral tablet	1	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
folivane-ob	3	
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
m-natal plus	3	
pnv-dha	3	
pnv-omega	3	
pnv-select	3	
pr natal 400	3	
pr natal 400 ec	3	
pr natal 430	3	
pr natal 430 ec	3	
prenatal plus (calcium carb)	3	
prenatal vitamin plus low iron	3	
taron-c dha	3	
trinatal rx 1	3	
wescap-pn dha	3	
wesnate dha	3	
westab plus	3	
westgel dha	2	

Index

A

abacavir ... 8
abacavir-lamivudine ... 8
ABILIFY ASIMTUFII ... 36
ABILIFY MAINTENA ... 36
abiraterone ... 17
abirtega ... 17
ABRYSVO (PF) ... 63
acamprosate ... 52
acarbose ... 55
acebutolol ... 43
acetaminophen-codeine ... 34
acetazolamide ... 72
acetazolamide sodium ... 72
acetic acid ... 54
acetylcysteine ... 73
acitretin ... 48
ACTHIB (PF) ... 63
ACTIMMUNE ... 62
acyclovir ... 8
acyclovir sodium ... 8
ADACEL(TDAP ADOLESN/ADULT)(PF) ... 63
adapalene ... 50
ADCETRIS ... 17
ADEMPAS ... 73
ADSTILADRIN ... 17
ADVAIR HFA ... 73
ADVOCATE PEN NEEDLE ... 64
afirmelle ... 68
AIMOVIG AUTOINJECTOR ... 32
AKEEGA ... 17
ala-cort ... 51
albendazole ... 12
albuterol sulfate ... 73, 74
ALBUTEROL SULFATE ... 73
alclometasone ... 51
alcohol pads ... 55
ALCOHOL PREP PADS ... 55
ALCOHOL SWABS ... 55
ALCOHOL WIPES ... 55
ALDURAZYME ... 58
ALECENSA ... 17
alendronate ... 66
alfuzosin ... 76
aliskiren ... 43
allopurinol ... 66
alosetron ... 60
alprazolam ... 36
altavera (28) ... 68
ALUNBRIG ... 17
alyacen 1/35 (28) ... 68
alyacen 7/7/7 (28) ... 68
amantadine hcl ... 8
ambrisentan ... 74
amethyst (28) ... 68
amikacin ... 13
amiloride ... 43
amiloride-hydrochlorothiazide ... 43
aminocaproic acid ... 46
amiodarone ... 43
amitriptyline ... 36
amlodipine ... 43
amlodipine-benazepril ... 43
amlodipine-valsartan ... 43
amlodipine-valsartan-hcthiazid ... 43
ammonium lactate ... 49
amoxapine ... 36
amoxicillin ... 15
amoxicillin-pot clavulanate ... 15
amphotericin b ... 8
amphotericin b liposome ... 8
ampicillin ... 15
ampicillin sodium ... 15
ampicillin-sulbactam ... 15
anagrelide ... 52
anastrozole ... 17
ANKTIVA ... 17
ANORO ELLIPTA ... 74
apraclonidine ... 73
aprepitant ... 60
apri ... 68
APTIVUS ... 8
aranelle (28) ... 68
ARCALYST ... 62
AREXVY (PF) ... 63
arformoterol ... 74
ARIKAYCE ... 13
aripiprazole ... 36
ARNUITY ELLIPTA ... 74
arsenic trioxide ... 17
asenapine maleate ... 36
ashlyna ... 68
ASSURE ID INSULIN SAFETY ... 64
atazanavir ... 8
atenolol ... 43
atenolol-chlorthalidone ... 43
ATGAM ... 63
atomoxetine ... 37
atorvastatin ... 47
atovaquone ... 13
atovaquone-proguanil ... 13
atropine ... 72
ATROPINE SULFATE (PF) ... 72
aubra eq ... 68
AUGTYRO ... 17
aurovela 1.5/30 (21) ... 68
aurovela 1/20 (21) ... 68
aurovela 24 fe ... 68
aurovela fe 1.5/30 (28) ... 68
aurovela fe 1-20 (28) ... 69
AUSTEDO ... 32
AUSTEDO XR ... 32
AUSTEDO XR TITRATION KT(WK1-4) ... 32
AUTOPEN 1 TO 21 UNITS ... 64
AUTOPEN 2 TO 42 UNITS ... 65
AUVELITY ... 37
aviane ... 69
AVMAPKI-FAKZYNJA ... 17
ayuna ... 69
AYVAKIT ... 17
azacitidine ... 17
azathioprine ... 17
azathioprine sodium ... 17
azelastine ... 54, 72
azilsartan medoxomil ... 43
azithromycin ... 12
aztreonam ... 13
azurette (28) ... 69

B

bacitracin-polymyxin b ... 71
baclofen ... 33, 34
bal-care dha ... 78
balsalazide ... 60
BALVERSA ... 17
balziva (28) ... 69
BARACLUDE ... 8
BAVENCIO ... 17
BCG VACCINE, LIVE (PF) ... 63
BD SAFETYGLIDE INSULIN SYRINGE ... 65
BEIZRAY ... 17
BEIZRAY-ALBUMIN ... 17

BELEODAQ 17
BELSOMRA 37
benazepril 43
benazepril-hydrochlorothiazide 43
bendamustine 17
BENDAMUSTINE 17
BENDEKA 17
BENLYSTA 67
benztropine 31
BESIVANCE 71
BESPONSA 17
BESREMI 62
BESREMI PEN 62
betaine 60
betamethasone dipropionate 51
betamethasone valerate 51
betamethasone, augmented 51
betaxolol 43
bethanechol chloride 76
bexarotene 17
BEXSERO 63
bicalutamide 17
BICILLIN L-A 15
BIKTARVY 8
bimatoprost 72
bismuth subcit k-metronidz-tcn 62
bisoprolol fumarate 43
BISOPROLOL FUMARATE 43
bisoprolol-hydrochlorothiazide 43
BIZENGRI 17
BLENREP 18
bleomycin 18
BLINCYTO 18
blisovi 24 fe 69
blisovi fe 1.5/30 (28) 69
blisovi fe 1/20 (28) 69
BOMYNTRA 17
BOOSTRIX TDAP 63
bortezomib 18
BORTEZOMIB 18
BORUZU 18
BOSULIF 18
bosutinib 18
BRAFTOVI 18
BREO ELLIPTA 74
breyna 74
briellyn 69
brimonidine 73
brimonidine-timolol 72
brivaracetam 28
bromocriptine 31
BRUKINSA 18
budesonide 60, 74
bumetanide 43
buprenorphine hcl 34
buprenorphine-naloxone 35
bupropion hcl 37
bupropion hcl (smoking deter) 54
buspirone 37
busulfan 18
butorphanol 35
BYSANTI 37
BYSANTI TITRATION PACK A 37
BYSANTI TITRATION PACK B 37
BYSANTI TITRATION PACK C 37

C

CABENUVA 8
cabergoline 58
CABOMETYX 18
calcipotriene 48
calcitonin (salmon) 58
calcitriol 58
calcium acetate(phosphat bind) 76
CALQUENCE (ACALABRUTINIB MAL) 18
CAMCEVI (6 MONTH) 18
camila 67
camrese 69
camrese lo 69
CAMZYOS 47
candesartan 43
candesartan-hydrochlorothiazid 43
CAPLYTA 37
CAPRELSA 18
captopril 43
carbamazepine 28, 29
CARBAMAZEPINE 29
carbidopa 31
carbidopa-levodopa 32
CARBIDOPA-LEVODOPA 32
carboplatin 18
CARETOUCH ALCOHOL PREP PAD 55
carglumic acid 52
carmustine 18
carteolol 71
cartia xt 44
carvedilol 44
caspofungin 8
CAVHANZA 18
CAYSTON 13
cefaclor 11
cefadroxil 11
cefazolin 11
CEFAZOLIN 11, 12
cefazolin in dextrose (iso-os) 11
CEFAZOLIN IN DEXTROSE (ISO-OS) 11
cefdinir 12
cefepime 12
CEFEPIME 12
CEFEPIME IN DEXTROSE 5 % 12
cefepime in dextrose,iso-osm 12
cefixime 12
cefotetan 12
cefoxitin 12
cefoxitin in dextrose, iso-osm 12
cefpodoxime 12
cefprozil 12
ceftaroline fosamil 12
ceftazidime 12
ceftriaxone 12
CEFTRIAXONE 12
ceftriaxone in dextrose,iso-os 12
cefuroxime axetil 12
cefuroxime sodium 12
celecoxib 35
cephalexin 12
CEREZYME 58
cetirizine 73
charlotte 24 fe 69
chateal eq (28) 69
CHEMET 52
chlorhexidine gluconate 54
chloroquine phosphate 13
chlorothiazide sodium 44
chlorpromazine 37
chlorthalidone 44
cholestyramine (with sugar) 47
cholestyramine light 47
CHORIONIC GONADOTROPIN, HUMAN 58
ciclodan 50
ciclopirox 50

cilostazol 46
CIMDUO 8
cinacalcet 58
ciprofloxacin 16
ciprofloxacin hcl 16, 71
ciprofloxacin in 5 % dextrose 16
ciprofloxacin-dexamethasone 54
cisplatin 18
citalopram 37
cladribine 18
claravis 50
clarithromycin 12
CLENPIQ 60
clindamycin hcl 13
CLINDAMYCIN IN 0.9 % SOD CHLOR 13
CLINDAMYCIN IN 5 % DEXTROSE 13
clindamycin palmitate hcl 13
clindamycin pediatric 13
clindamycin phosphate 13, 50, 68
CLINIMIX 5%/D15W SULFITE FREE 77
CLINIMIX 4.25%/D10W SULF FREE 77
CLINIMIX 4.25%/D5W SULFIT FREE 52
CLINIMIX 5%-D20W(SULFITE-FREE) 77
CLINIMIX 6%-D5W (SULFITE-FREE) 77
CLINIMIX 8%-D10W(SULFITE-FREE) 77
CLINIMIX 8%-D14W(SULFITE-FREE) 78
CLINISOL SF 15 % 78
clobazam 29
clofarabine 18
clomipramine 37
clonazepam 29
clonidine 44
clonidine hcl 44
clopidogrel 46
clorazepate dipotassium 37
clotrimazole 8, 50
clotrimazole-betamethasone 50
clozapine 37
c-nate dha 78
COARTEM 13
COBENFY 37
COBENFY STARTER PACK 38
colchicine 66
colestipol 47
colistin (colistimethate na) 13
COLUMVI 18
COMBIVENT RESPIMAT 74
COMETRIQ 18
complete natal dha 78
compro 60
CONEXXENCE 66
constulose 60
COPIKTRA 18
CORTIFOAM 60
cortisone 54
COSENTYX 48
COSENTYX (2 SYRINGES) 48
COSENTYX PEN 48
COSENTYX PEN (2 PENS) 48
COSENTYX UNOREADY PEN 48
COTELLIC 18
CREON 60
CRESEMBA 8
cromolyn 60, 72, 74
cryselle (28) 69
CURITY ALCOHOL SWABS 55
CURITY GAUZE 65
CUVRIOR 52
cyclobenzaprine 34
cyclophosphamide 18
CYCLOPHOSPHAMIDE 18, 19
cycloserine 13
cyclosporine 19, 72
cyclosporine modified 19
CYRAMZA 19
cyred eq 69
CYSTAGON 76
CYSTARAN 72
cytarabine 19
cytarabine (pf) 19

D

d10 %-0.45 % sodium chloride 52
d2.5 %-0.45 % sodium chloride 52
D5 % (D-GLUCOSE)-0.9 % SODCHLR 52
d5 % and 0.9 % sodium chloride 52
d5 %-0.45 % sodium chloride 52
dacarbazine 19
dactinomycin 19
dalfampridine 32
danazol 58
dantrolene 34
DANYELZA 19
DANZITEN 19
dapagliflozin 56
dapagliflozin-metformin 56
dapsone 13
DAPTACEL (DTAP PEDIATRIC) (PF) 63
daptomycin 13
DAPTOMYCIN 13
DAPTOMYCIN IN 0.9 % SOD CHLOR 13
darunavir 8
DARZALEX 19
DARZALEX FASPRO 19
dasatinib 19
dasetta 1/35 (28) 69
dasetta 7/7/7 (28) 69
DATROWAY 19
daunorubicin 19
DAURISMO 19
daysee 69
deblitane 67
decitabine 19
DECNUPAZ 19
deferasirox 52
DELSTRIGO 8
DENGVAXIA (PF) 63
DEPO-MEDROL 54
DEPO-SUBQ PROVERA 104 68
DESCOVY 8
desipramine 38
desloratadine 73
desmopressin 58
desog-e.estradiol/e.estradiol 69
desoximetasone 51
desvenlafaxine succinate 38
dexamethasone 55
dexamethasone intensol 54
dexamethasone sodium phos (pf) 55
dexamethasone sodium phosphate 55, 72
dexmethylphenidate 38
dextroamphetamine sulfate 38
dextroamphetamine-amphetamine 38
dextromethorphan-quinidine 32
dextrose 10 % and 0.2 % nacl 52
dextrose 10 % in water

(d10w) 52
dextrose 25 % in water (d25w) 52
dextrose 5 % in water (d5w) 52
DEXTROSE 5 % IN WATER (D5W) 52
dextrose 5 %-lactated ringers 52
dextrose 5%-0.2 % sod chloride 52
dextrose 5%-0.3 % sod.chloride 53
dextrose 50 % in water (d50w) 53
DEXTROSE 50 % IN WATER (D50W) 53
dextrose 70 % in water (d70w) 53
DIACOMIT 29
diazepam 29, 38
diazepam intensol 38
diazoxide 56
diclofenac potassium 35
diclofenac sodium 35, 72
dicloxacillin 15
dicyclomine 59
diflunisal 35
difluprednate 72
digoxin 47
dihydroergotamine 32
DILANTIN 29
diltiazem hcl 44
dilt-xr 44
dimethyl fumarate 33
diphenhydramine hcl 73
diphenoxylate-atropine 59
dipyridamole 46
disulfiram 53
divalproex 29
docetaxel 19
DOCIVYX 19
dofetilide 43
dolishale 69
donepezil 33
DOPTELET (10 TAB PACK) 46
DOPTELET (15 TAB PACK) 46
DOPTELET (30 TAB PACK) 46
DOPTELET SPRINKLE 46
dorzolamide 72
dorzolamide-timolol 72
dotti 68
DOVATO 9
doxazosin 44
doxepin 38
doxercalciferol 58
doxorubicin 19
doxorubicin, peg-liposomal 19
doxy-100 16
doxycycline hyclate 16
doxycycline monohydrate 16
DRIZALMA SPRINKLE 38
dronabinol 60
DROPLET MICRON PEN NEEDLE 65
DROPLET PEN NEEDLE 65
DROPSAFE ALCOHOL PREP PADS 56
DROPSAFE PEN NEEDLE 65
drospirenone-e.estradiol-lm.fa 69
drospirenone-ethinyl estradiol 69
DROXIA 19
droxidopa 53
DUAVEE 68
duloxetine 38
DUPIXENT PEN 49
DUPIXENT SYRINGE 49
dutasteride 76

E

EASY COMFORT ALCOHOL PAD 56
EASY COMFORT SAFETY PEN NEEDLE 65
EASY TOUCH ALCOHOL PREP PADS 56
econazole nitrate 50
EDARAVONE 33
EDURANT PED 9
efavirenz 9
efavirenz-emtricitabin-tenofov 9
efavirenz-lamivu-tenofov disop 9
ELAHERE 19
ELAPRASE 58
electrolyte-48 in d5w 78
elinest 69
ELIQUIS 46
ELIQUIS DVT-PE TREAT 30D START 46
ELIQUIS SPRINKLE 46
elite-ob 78
ELMIRON 76
ELREXFIO 19
eltrombopag olamine 46
ELZONRIS 19
EMPLICITI 19
EMRELIS 19
EMSAM 39
emtricitabine 9
emtricitabine-tenofovir (tdf) 9
emtricita-rilpivirine-tenof df 9
EMTRIVA 9
EMVERM 13
emzahh 68
enalapril maleate 44
enalapril-hydrochlorothiazide 44
ENBREL 67
ENBREL MINI 67
ENBREL SURECLICK 67
endocet 34
ENGERIX-B (PF) 63
ENGERIX-B PEDIATRIC (PF) 63
ENHERTU 19
enoxaparin 46
ENSACOVE 19
enskyce 69
entacapone 32
entecavir 9
ENTRESTO SPRINKLE 48
ENTYVIO PEN 60
enulose 60
ENVARSUS XR 19
EPCLUSA 9
EPIDIOLEX 29
epinephrine 73
EPINEPHRINE 73
EPKINLY 19
ERBITUX 19
ergotamine-caffeine 32
eribulin 19
ERIVEDGE 20
ERLEADA 20
erlotinib 20
errin 68
ertapenem 13
ery pads 50
erythromycin 12, 71
erythromycin ethylsuccinate 12
erythromycin lactobionate 12
erythromycin with ethanol 50
erythromycin-benzoyl peroxide 50
escitalopram oxalate 39
eslicarbazepine 29
estarylla 69

estradiol 68
estradiol valerate 68
ethacrynate sodium 44
ethambutol 13
ethosuximide 29
etonogestrel-ethinyl estradiol 68
ETOPOPHOS 20
etoposide 20
etravirine 9
EUCRISA 49
EULEXIN 20
EVDI 20
everolimus (antineoplastic) 20
everolimus (immunosuppressive) 20
EVOMELA 20
EVOTAZ 9
exemestane 20
EXXUA 39
EYLEA 72
ezetimibe 47
ezetimibe-simvastatin 47

F

FABRAZYME 58
falmina (28) 69
famciclovir 9
famotidine 62
FANAPT 39
FANAPT TITRATION PACK A 39
FANAPT TITRATION PACK B 39
FANAPT TITRATION PACK C 39
FARXIGA 56
FASENRA 74
FASENRA PEN 74
febuxostat 66
feirza 69
felbamate 29
felodipine 44
fenofibrate 47
fenofibrate micronized 47
fenofibrate nanocrystallized 47
fenofibric acid (choline) 47
fentanyl 34
FETZIMA 39
FIASP FLEXTOUCH U-100 INSULIN 56
FIASP PENFILL U-100 INSULIN 56
FIASP PUMPCART 56
FIASP U-100 INSULIN 56
fidaxomicin 12
FILSPARI 48
finasteride 76
FINTEPLA 29
finzala 69
FIRMAGON KIT W DILUENT SYRINGE 20
flac otic oil 54
flecainide 43
floxuridine 20
fluconazole 8
fluconazole in nacl (iso-osm) 8
flucytosine 8
fludarabine 20
fludrocortisone 55
flunisolide 74
fluocinolone 51
fluocinolone acetonide oil 54
fluocinolone and shower cap 51
fluocinonide 51
fluoride (sodium) 54, 78
fluorometholone 73
fluorouracil 20, 49
fluoxetine 39
fluphenazine decanoate 39
fluphenazine hcl 39
flurbiprofen 35
flurbiprofen sodium 72
FLUTICASONE FUROATE-VILANTEROL 74
fluticasone propionate 51
FLUTICASONE PROPIONATE 74
fluvastatin 47
fluvoxamine 39
folivane-ob 78
FOLOTYN 20
fomepizole 63
fondaparinux 46
fosamprenavir 9
fosfomycin tromethamine 16
fosinopril 44
fosinopril-hydrochlorothiazide 44
fosphenytoin 29
FOTIVDA 20
FRUZAQLA 20
fulvestrant 20
furosemide 44
FYARRO 20

G

gabapentin 29
galantamine 33
galbriela 69
gallifrey 68
GARDASIL 9 (PF) 63
GAUZE PAD 65
gavilyte-c 60
GAVRETO 20
GAZYVA 20
gefitinib 20
gemcitabine 20, 21
GEMCITABINE 21
gemfibrozil 47
gemmily 69
generlac 60
gengraf 21
GENOTROPIN 62
GENOTROPIN MINIQUICK 62
gentamicin 13, 50, 71
gentamicin in nacl (iso-osm) 13
GENTAMICIN IN NACL (ISO-OSM) 13
gentamicin sulfate (ped) (pf) 13
GENVOYA 9
GILOTRIF 21
glatiramer 33
glatopa 33
glimepiride 56
glipizide 56
GLIPIZIDE 56
glipizide-metformin 56
GLUCAGON (HCL) EMERGENCY KIT 56
GLUCAGON EMERGENCY KIT (HUMAN) 56
glutamine (sickle cell) 53
glycopyrrolate 60
glycopyrrolate (pf) 60
GLYCOPYRROLATE (PF) 59
glycopyrrolate (pf) in water 59
GLYCOPYRROLATE (PF) IN WATER 59
glydo 49
GOMEKLI 21
GRAFAPEX 21
granisetron hcl 60
griseofulvin microsize 8
griseofulvin ultramicrosize 8
guanfacine 39
GVOKE 56
GVOKE HYPOPEN 1-PACK 56

GVOKE HYPOPEN 2-PACK 56
GVOKE PFS 1-PACK SYRINGE 57
GVOKE PFS 2-PACK SYRINGE 57
H
HADLIMA 67
HADLIMA PUSHTOUCH 67
HADLIMA(CF) 67
HADLIMA(CF) PUSHTOUCH 67
HAEGARDA 74
hailey 69
hailey 24 fe 69
hailey fe 1.5/30 (28) 69
hailey fe 1/20 (28) 69
halobetasol propionate 51
haloperidol 39
haloperidol decanoate 39
haloperidol lactate 39
HARVONI 9
HAVRIX (PF) 63
heather 68
heparin (porcine) 46
heparin (porcine) in 5 % dex 46
heparin (porcine) in nacl (pf) 46
HEPARIN (PORCINE) IN NACL (PF) 46
HEPARIN, PORCINE (PF) 47
heparin(porcine) in 0.45% nacl 47
HEPLISAV-B (PF) 63
HERNEXEOS 21
HIBERIX (PF) 63
HUMULIN R U-500 (CONC) KWIKPEN 57
hydralazine 44
hydrochlorothiazide 44
hydrocodone-acetaminophen 34
HYDROCODONE-ACETAMINOPHEN 34
hydrocodone-ibuprofen 34
hydrocortisone 52, 55, 60
hydrocortisone sod succinate 55
hydrocortisone-acetic acid 54
hydromorphone 34
hydroxychloroquine 13
hydroxyurea 21
hydroxyzine hcl 73
hydroxyzine pamoate 73
HYRNUO 21
I
ibandronate 66
IBRANCE 21
IBTROZI 21
*ibu*35
ibuprofen 36
icatibant 74
iclevia 69
ICLUSIG 21
icosapent ethyl 47
idarubicin 21
IDHIFA 21
IDVYNSO 9
ifosfamide 21
imatinib 21
IMBRUVICA 21
IMDELLTRA 21
IMFINZI 21
imipenem-cilastatin 13
imipramine hcl 39
imiquimod 49
IMJUDO 21
IMKELDI 21
IMOVAX RABIES VACCINE (PF) 63
IMPAVIDO 13
INBRIJA 32
incassia 68
INCONTROL PEN NEEDLE 65
INCRELEX 53
INCRUSE ELLIPTA 74
indapamide 44
INFANRIX (DTAP) (PF) 63
INFUMORPH P/F 34
INLEXZO 21
INLURIYO 21
INLYTA 21
INPEN (FOR HUMALOG) BLUE 65
INPEN (FOR HUMALOG) GREY 65
INPEN (FOR HUMALOG) PINK 65
INPEN (NOVOLOG OR FIASP) BLUE 65
INPEN (NOVOLOG OR FIASP) GREY 65
INPEN (NOVOLOG OR FIASP) PINK 65
INQOVI 21
INREBIC 21
INSULIN SYRINGE-NEEDLE U-100 65
INTELENCE 9
intralipid 78
INTRALIPID 78
introvale 69
INVEGA HAFYERA 39, 40
INVEGA SUSTENNA 40
INVEGA TRINZA 40
IPOL 63
ipratropium bromide 54, 74
ipratropium-albuterol 74
IQIRVO 60
irbesartan 44
irbesartan-hydrochlorothiazide 44
irinotecan 21
ISENTRESS 9
ISENTRESS HD 9
isibloom 69
isoniazid 13
isosorbide dinitrate 48
isosorbide mononitrate 48
isosorbide-hydralazine 44
isotretinoin 50
ITOVEBI 21, 22
itraconazole 8
ivabradine 48
ivermectin 13
IWILFIN 22
IXEMPRA 22
IXIARO (PF) 63
J
jaimiess 69
JAKAFI 22
JAKAFI XR 22
jantoven 47
JARDIANCE 57
JASCAYD 74
jasmiel (28) 69
JAYPIRCA 22
JEMPERLI 22
jencycla 68
JEVTANA 22
JIDEYTRO 22
jolessa 69
joyeaux 69
juleber 69
JULUCA 9
junel 1.5/30 (21) 69
junel 1/20 (21) 69
junel fe 1.5/30 (28) 69

junel fe 1/20 (28) 69
junel fe 24 69
JYLAMVO 22
JYNNEOS (PF) 63

K

KABIVEN 78
KADCYLA 22
kaitlib fe 69
KALETRA 9
kalliga 69
KANJINTI 22
kariva (28) 69
kelnor 1/35 (28) 69
KERENDIA 44
KESIMPTA PEN 33
ketoconazole 8, 51
ketorolac 72
KEVZARA 67
KEYTRUDA 22
KEYTRUDA QLEX 22
KIMMTRAK 22
KINRIX (PF) 63
kionex 53
KISQALI 22
klayesta 51
KLISYRI (250 MG) 22
KLISYRI (350 MG) 22
klor-con 76
klor-con 10 76
klor-con 8 76
klor-con m10 76
klor-con m20 76
KLOXXADO 36
KOMZIFTI 22
KOSELUGO 22
K-PHOS ORIGINAL 76
KRAZATI 22
kurvelo (28) 69
KYPROLIS 22

L

l norgest/e.estradiol-e.estrad 69
labetalol 44
lacosamide 29, 30
LACOSAMIDE 29
lactated ringers 52, 76
lactulose 60
lamivudine 9, 10
lamivudine-zidovudine 10
lamotrigine 30
LANOXIN PEDIATRIC 48
LANTUS SOLOSTAR U-100 INSULIN 57
LANTUS U-100 INSULIN 57
lapatinib 22
larin 1.5/30 (21) 69
larin 1/20 (21) 70
larin 24 fe 70
larin fe 1.5/30 (28) 70
larin fe 1/20 (28) 70
latanoprost 72
LAZCLUZE 22
leflunomide 67
lenalidomide 22
LENVIMA 22
LEQEMBI IQLIK 33
lessina 70
letrozole 22
leucovorin calcium 17
LEUKERAN 22
LEUKINE 62
leuprolide 23
levetiracetam 30
LEVETIRACETAM 30
levetiracetam in nacl (iso-os) 30
levobunolol 71
levocarnitine 53
levocarnitine (with sugar) 53
levocetirizine 73
levofloxacin 16
levofloxacin in d5w 16
levonest (28) 70
levonorgest-eth.estradiol-iron 70
levonorgestrel-ethinyl estrad 70
levonorg-eth estrad triphasic 70
levothyroxine 59
levoxyl 59
LIBTAYO 23
lidocaine 49
lidocaine (pf) 43, 49
lidocaine hcl 49
lidocaine-prilocaine 49
LIFYORLI 23
LILETTA 68
lincomycin 13
linezolid 13
linezolid in dextrose 5% 13
LINEZOLID-0.9% SODIUM CHLORIDE 13
LINZESS 60
liomny 59
liothyronine 59
lisdexamfetamine 40
lisinopril 44
lisinopril-hydrochlorothiazide 44
lithium carbonate 40
lithium citrate 40
LIVTENCITY 10
lojaimiess 70
LOKELMA 53
lomustine 23
LONSURF 23
loperamide 60
lopinavir-ritonavir 10
LOQTORZI 23
lorazepam 40
lorazepam intensol 40
LORBRENA 23
loryna (28) 70
losartan 44
losartan-hydrochlorothiazide 44
loteprednol etabonate 73
lovastatin 47
loxapine succinate 40
lo-zumandimine (28) 70
lubiprostone 60
ludent fluoride 78
luizza 70
LUMAKRAS 23
LUMIZYME 58
LUNSUMIO 23
LUNSUMIO VELO 23
LUPRON DEPOT 23
LUPRON DEPOT (3 MONTH) 23
LUPRON DEPOT (4 MONTH) 23
LUPRON DEPOT (6 MONTH) 23
lurasidone 40
lutera (28) 70
LUTRATE DEPOT (3 MONTH) 23
LYBALVI 40
LYNOZYFIC 23
LYNPARZA 23
LYSODREN 23
LYTGOBI 23
lyza 68

M

magnesium sulfate 76
MAGNESIUM SULFATE IN D5W 76
magnesium sulfate in water 76
MAGNESIUM SULFATE IN WATER 76
malathion 52

maraviroc 10
MARGENZA 23
marlissa (28) 70
MARPLAN 40
MATULANE 23
matzim la 44
MAXICOMFORT SAFETY PEN NEEDLE 65
meclizine 60
medroxyprogesterone 68
mefloquine 13
megestrol 23, 24
MEKINIST 24
MEKTOVI 24
meleya 68
meloxicam 36
melphalan hcl 24
memantine 33
MEMANTINE 33
memantine-donepezil 33
MENQUADFI (PF) 63
MENVEO A-C-Y-W-135-DIP (PF) 63
mercaptopurine 24
meropenem 14
MEROPENEM 14
MEROPENEM-0.9% SODIUM CHLORIDE 14
mesalamine 60
mesalamine with cleansing wipe 60
mesna 17
metformin 57
methadone 34, 35
methadone intensol 34
methazolamide 72
methenamine hippurate 16
methimazole 55
methocarbamol 34
methotrexate sodium 24
methotrexate sodium (pf) 24
methoxsalen 49
methsuximide 30
methylphenidate hcl 40
methylprednisolone 55
methylprednisolone acetate 55
methylprednisolone sodium succ 55
metoclopramide hcl 60
metolazone 44
metoprolol succinate 44
metoprolol ta-hydrochlorothiaz 45
metoprolol tartrate 45
metro i.v. 14
metronidazole 14, 50, 68
metronidazole in nacl (iso-os) 14
metyrosine 45
mexiletine 43
micafungin 8
microgestin 1.5/30 (21) 70
microgestin 1/20 (21) 70
microgestin fe 1.5/30 (28) 70
microgestin fe 1/20 (28) 70
midodrine 53
mifepristone 58
mili 70
minocycline 16
minoxidil 45
minzoya 70
mirtazapine 40
misoprostol 62
mitomycin 24
M-M-R II (PF) 63
m-natal plus 78
modafinil 40, 41
MODEYSO 24
moexipril 45
molindone 41
mometasone 52
MONJUVI 24
mono-linyah 70
montelukast 74
morphine 35
MORPHINE 35
morphine (pf) 35
morphine concentrate 35
MOUNJARO 57
MOVANTIK 60
moxifloxacin 16, 71
MOXIFLOXACIN-SOD.ACE,SUL-WATER 16
moxifloxacin-sod.chloride(iso) 16
MRESVIA (PF) 63
mupirocin 50
mupirocin calcium 50
MVASI 24
mycophenolate mofetil 24
mycophenolate mofetil (hcl) 24
mycophenolate sodium 24
MYLOTARG 24
MYRBETRIQ 76

N

nabumetone 36
nafcillin 15
nafcillin in dextrose iso-osm 15
NAGLAZYME 58
naloxone 36
naltrexone 36
NANO PEN NEEDLE 65
naproxen 36
naproxen sodium 36
naratriptan 32
NATACYN 71
nateglinide 57
NAYZILAM 30
necon 0.5/35 (28) 70
nefazodone 41
NELARABINE 24
neomycin 14
neomycin-bacitracin-poly-hc 72
neomycin-bacitracin-polymyxin 71
neomycin-polymyxin b gu 52
neomycin-polymyxin b-dexameth 72
neomycin-polymyxin-gramicidin 71
neomycin-polymyxin-hc 54, 72
NERLYNX 24
nevirapine 10
NEXLETOL 47
NEXPLANON 68
niacin 47
nicardipine 45
NICOTROL NS 54
nifedipine 45
nikki (28) 70
nilotinib hcl 24
nilutamide 24
nimodipine 45
NINLARO 24
nintedanib 74
NIPENT 24
nitazoxanide 14
nitisinone 53
nitrofurantoin macrocrystal 16
nitrofurantoin monohyd/m-cryst 16
nitroglycerin 48, 60
NIVESTYM 62
nora-be 68
norethindrone (contraceptive) 68

norethindrone acetate 68
norethindrone ac-eth estradiol 70
norethindrone-e.estradiol-iron 70
norgestimate-ethinyl estradiol 70
nortrel 0.5/35 (28) 70
nortrel 1/35 (21) 70
nortrel 1/35 (28) 70
nortrel 7/7/7 (28) 70
nortriptyline 41
NORVIR 10
NOVOFINE 32 65
NOVOFINE PLUS 65
NOVOLIN 70/30 U-100 INSULIN 57
NOVOLIN 70-30 FLEXPEN U-100 57
NOVOLIN N FLEXPEN 57
NOVOLIN N NPH U-100 INSULIN 57
NOVOLIN R FLEXPEN 57
NOVOLIN R REGULAR U100 INSULIN 57
NOVOLOG FLEXPEN U-100 INSULIN 57
NOVOLOG MIX 70-30 U-100 INSULN 57
NOVOLOG MIX 70-30FLEXPEN U-100 57
NOVOLOG PENFILL U-100 INSULIN 57
NOVOLOG U-100 INSULIN ASPART 57
NOVOPEN ECHO 65
NUBEQA 24
NUCALA 74
NUEDEXTA 33
NULOJIX 24
NUPLAZID 41
NURTEC ODT 32
nyamyc 51
nylia 1/35 (28) 70
nylia 7/7/7 (28) 70
nystatin 8, 51
nystatin-triamcinolone 51
nystop 51
NYVEPRIA 62

O

ocella 70
OCTAGAM 63
octreotide acetate 24
ODEFSEY 10
ODOMZO 24
OFEV 74
ofloxacin 54, 71
OGIVRI 24
OGSIVEO 24
OJEMDA 24, 25
OJJAARA 25
olanzapine 41
olmesartan 45
olmesartan-hydrochlorothiazide 45
omeprazole 62
OMNIPOD 5 (LIBRE 2/3 PLUS) 65
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 65
OMNIPOD 5 G6-G7 PODS (GEN 5) 65
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 65
OMNIPOD DASH INTRO KIT (GEN 4) 65
OMNIPOD DASH PODS (GEN 4) 65
ONCASPAR 25
ondansetron 61
ondansetron hcl 61
ondansetron hcl (pf) 60
ONGENTYS 32
ONIVYDE 25
ONUREG 25
OPDIVO 25
OPDIVO QVANTIG 25
OPDUALAG 25
OPIPZA 41
oralone 54
ORENITRAM 45
ORENITRAM MONTH 1 TITRATION KT 45
ORENITRAM MONTH 2 TITRATION KT 45
ORENITRAM MONTH 3 TITRATION KT 45
ORGOVYX 25
ORKAMBI 74
orquidea 68
ORSERDU 25
oseltamivir 10
OTEZLA 67
OTEZLA STARTER 67
OTEZLA XR 67
OTEZLA XR INITIATION 67
OTULFI 48
oxacillin 15
oxaliplatin 25
oxaprozin 36
oxcarbazepine 30
OXERVATE 72
oxybutynin chloride 76
oxycodone 35
OXYCODONE 35
oxycodone-acetaminophen 35
OZEMPIC 57

P

pacerone 43
paclitaxel 25
paclitaxel protein-bound 25
PADCEV 25
paliperidone 41
palonosetron 61
pamidronate 58
PANRETIN 49
pantoprazole 62
paricalcitol 58
paroxetine hcl 41
PAXLOVID 10
pazopanib 25
PAZOPANIB 25
PEDIARIX (PF) 63
PEDVAX HIB (PF) 63
peg 3350-electrolytes 61
PEGASYS 62
peg-electrolyte soln 61
PEMAZYRE 25
pemetrexed disodium 25
PEMETREXED DISODIUM 25
PEN NEEDLE, DIABETIC 65
PENBRAYA (PF) 64
penicillamine 67
penicillin g potassium 15
penicillin v potassium 15
PENMENVY MEN A-B-C-W-Y (PF) 64
PENTACEL (PF) 64
pentamidine 14
PENTIPS PEN NEEDLE 65
pentoxifylline 47
perampanel 30
PERIKABIVEN 78
perindopril erbumine 45
periogard 54
PERJETA 25
permethrin 52

perphenazine 41
perphenazine-amitriptyline 41
pfizerpen-g 15
phenelzine 41
phenobarbital 30
phenobarbital sodium 30
phenytoin 30
phenytoin sodium 30
phenytoin sodium extended 30
PHESGO 25
philith 70
PIFELTRO 10
pilocarpine hcl 53, 72
pimecrolimus 49
pimozide 41
pimtrea (28) 70
pindolol 45
pioglitazone 57
piperacillin-tazobactam 16
PIPERACILLIN-TAZOBACTAM 15
PIQRAY 25
pirfenidone 75
PIRFENIDONE 75
pitavastatin calcium 47
PLENAMINE 78
plerixafor 62
pnv-dha 78
pnv-omega 78
pnv-select 78
podofilox 49
POLIVY 25
polymyxin b sulf-trimethoprim 71
pomalidomide 25
POMALYST 25
portia 28 70
posaconazole 8
potassium chlorid-d5-0.45%nacl 76
potassium chloride 77
POTASSIUM CHLORIDE 77
potassium chloride in 0.9%nacl 77
potassium chloride in 5 % dex 77
potassium chloride in lr-d5 77
potassium chloride in water 77
potassium chloride-0.45 % nacl 77
potassium chloride-d5-0.2%nacl 77
potassium chloride-d5-0.9%nacl 77
potassium citrate 76
POTELIGEO 25
pr natal 400 78
pr natal 400 ec 78
pr natal 430 78
pr natal 430 ec 78
PRALATREXATE 25
pramipexole 32
pravastatin 47
praziquantel 14
prazosin 45
prednisolone 55
prednisolone acetate 73
prednisolone sodium phosphate 55, 73
prednisone 55
prednisone intensol 55
pregabalin 30
PREMARIN 68
premasol 10 % 78
PREMPRO 68
prenatal plus (calcium carb) 78
prenatal vitamin plus low iron 78
PREVYMIS 10
PREZCOBIX 10
PREZISTA 10
PRIFTIN 14
PRIMAQUINE 14
primidone 30
PRIMIDONE 30
PRIORIX (PF) 64
PRO COMFORT ALCOHOL PADS 57
probenecid 66
probenecid-colchicine 66
prochlorperazine 61
prochlorperazine edisylate 61
prochlorperazine maleate 61
procto-med hc 61
proctosol hc 61
proctozone-hc 61
progesterone micronized 68
PROGRAF 25
PROLASTIN-C 53
promethazine 73
propafenone 43
propranolol 45
propylthiouracil 55
PROQUAD (PF) 64
PROSOL 20 % 78
protriptyline 41
PULMOZYME 75
PURE COMFORT ALCOHOL PADS 57
pyrazinamide 14
pyridostigmine bromide 34
pyrimethamine 14

Q

QINLOCK 25
QUADRACEL (PF) 64
quetiapine 41
QUETIAPINE 41
quinapril 45
quinapril-hydrochlorothiazide 45
quinidine sulfate 43
quinine sulfate 14

R

RABAVERT (PF) 64
RADICAVA 33
RALDESY 41
raloxifene 66
ramipril 45
ranolazine 48
rasagiline 32
reclipsen (28) 70
RECOMBIVAX HB (PF) 64
REMICADE 61
RENACIDIN 76
repaglinide 57
REPATHA SURECLICK 47
REPATHA SYRINGE 47
RETACRIT 63
RETEVMO 25
RETROVIR 10
REVCOVI 53
REVUFORJ 25
REXTOVY 36
REXULTI 41
REYATAZ 10
REZDIFFRA 53
REZLIDHIA 25
REZUROCK 25
ribavirin 10
rifabutin 14
rifampin 14
rifapentine 14
rilpivirine hcl 10
riluzole 53
rimantadine 10
ringer's 52, 77
RINVOQ 67
RINVOQ LQ 67
risperidone 42

risperidone microspheres 41
ritonavir 10
rivaroxaban 47
rivastigmine 33
rivastigmine tartrate 33
rivelsa 70
rizatriptan 32
roflumilast 75
romidepsin 26
ROMVIMZA 26
ropinirole 32
rosuvastatin 47
rosyrah 70
ROTARIX 64
ROTATEQ VACCINE 64
roweepra 30
ROZLYTREK 26
RUBRACA 26
rufinamide 31
RUKOBIA 10
RUXIENCE 26
RYBELSUS 58
RYBREVANT 26
RYBREVANT FASPRO 26
RYDAPT 26
RYLAZE 26

S

sacubitril-valsartan 48
sajazir 75
SANCUSO 61
SANTYL 49
sapropterin 58
SARCLISA 26
SARCLISA ESCENA 26
SCEMBLIX 26
scopolamine base 61
SECUADO 42
selegiline hcl 32
selenium sulfide 48
SELZENTRY 10
SEREVENT DISKUS 75
sertraline 42
setlakin 70
sevelamer carbonate 53
sharobel 68
SHINGRIX (PF) 64
SIGNIFOR 26
sildenafil (pulm.hypertension) 75
silver sulfadiazine 49
simliya (28) 70
simpesse 70
SIMULECT 26
simvastatin 47
sirolimus 26
SIRTURO 14
sitagliptin phos-metformin 58
sitagliptin phosphate 58
SIVEXTRO 14
SKYRIZI 48, 49, 61
sodium bicarbonate 77
sodium chloride 77
SODIUM CHLORIDE 53, 77
sodium chloride 0.45 % 77
sodium chloride 0.9 % 53
sodium chloride 3 % hypertonic 77
sodium chloride 5 % hypertonic 77
sodium fluoride 5000 dry mouth 54
sodium fluoride 5000 plus 54
sodium fluoride-pot nitrate 54
SODIUM OXYBATE 42
sodium phenylbutyrate 53
sodium polystyrene sulfonate 53
sodium,potassium,mag sulfates 61
solifenacin 76
SOLIQUA 100/33 58
SOLTAMOX 26
SOLU-CORTEF ACT-O-VIAL (PF) 55
SOMATULINE DEPOT 26
SOMAVERT 58
sorafenib 26
sotalol 43
sotalol af 43
SOTYLIZE 43
SPIRIVA RESPIMAT 75
spironolactone 45
spironolacton-hydrochlorothiaz 45
SPRAVATO 42
sprintec (28) 70
SPRITAM 31
sps (with sorbitol) 53
ssd 50
STAMARIL (PF) 64
STIVARGA 26
STREPTOMYCIN 14
STRIBILD 10
SUBLOCADE 35
subvenite 31
SUBVENITE 31
subvenite starter (blue) kit 31
subvenite starter (green) kit 31
subvenite starter (orange) kit 31
SUCRAID 61
sucralfate 62
SUFLAVE 61
sulfacetamide sodium 72
sulfacetamide sodium (acne) 50
sulfacetamide-prednisolone 72
sulfadiazine 16
sulfamethoxazole-trimethoprim 16
sulfasalazine 61
sulindac 36
sumatriptan 32
sumatriptan succinate 32
sunitinib malate 26
SUNLENCA 10
SUTAB 61
syeda 71
SYLVANT 26
SYMPAZAN 31
SYMTUZA 10
SYNAREL 59
SYNTHROID 59

T

TABLOID 26
TABRECTA 26
tacrolimus 26, 50
TACROLIMUS 26
tadalafil 76
TAFINLAR 26
TAGRISSO 26
TALICIA 62
TALVEY 26
TALZENNA 26
tamoxifen 26
tamsulosin 76
tarina 24 fe 71
tarina fe 1-20 eq (28) 71
taron-c dha 78
TARPEYO 55
tasimelteon 42
tazarotene 50
tazicef 12
TECENTRIQ 26
TECENTRIQ HYBREZA 26
TECHLITE INSULIN SYRINGE 66
TECHLITE INSULN SYR(HALF UNIT) 66

TECHLITE PEN NEEDLE 66
TECVAYLI 26
TEFLARO 12
telmisartan 45
TEMODAR 26
temsirolimus 26
TENIVAC (PF) 64
tenofovir disoproxil fumarate 11
TEPMETKO 26
terazosin 45
terbinafine hcl 8
terbutaline 75
terconazole 68
teriflunomide 33
teriparatide 67
testosterone 59
TESTOSTERONE 59
testosterone cypionate 59
testosterone enanthate 59
tetrabenazine 33
tetracycline 16
TEVIMBRA 26
THALOMID 26
theophylline 75
thioridazine 42
thiotepa 27
thiothixene 42
tiadylt er 45
tiagabine 31
TIBSOVO 27
ticagrelor 47
TICE BCG 64
TICOVAC 64
tigecycline 14
tilia fe 71
timolol maleate 45, 72
tinidazole 14
TIVDAK 27
TIVICAY 11
TIVICAY PD 11
tizanidine 34
TOBI PODHALER 14
tobramycin 71
tobramycin in 0.225 % nacl 14
tobramycin sulfate 14
tobramycin-dexamethasone 72
tolterodine 76
tolvaptan 59
tolvaptan (polycys kidney dis) 59
topiramate 31
TOPIRAMATE 31
topotecan 27
toremifene 27
torsemide 45
TOUJEO MAX U-300 SOLOSTAR 58
TOUJEO SOLOSTAR U-300 INSULIN 58
TRADJENTA 58
tramadol 36
tramadol-acetaminophen 36
trandolapril 45
tranexamic acid 68
tranylcypromine 42
travasol 10 % 78
TRAZIMERA 27
trazodone 42
TRELEGY ELLIPTA 75
TREMFYA 49
TREMFYA ONE-PRESS 49
TREMFYA PEN 49
TREMFYA PEN INDUCTION PK(2PEN) 49
tretinoin 50
tretinoin (antineoplastic) 27
triamcinolone acetonide .52, 54, 55
triamterene-hydrochlorothiazid 45
trientine 53
tri-estarylla 71
trifluoperazine 42
trifluridine 71
TRIKAFTA 75
tri-legest fe 71
tri-linyah 71
tri-lo-estarylla 71
tri-lo-marzia 71
tri-lo-mili 71
tri-lo-sprintec 71
trimethoprim 17
tri-mili 71
trimipramine 42
trinatal rx 1 78
TRINTELLIX 42
tri-sprintec (28) 71
TRIUMEQ 11
TRIUMEQ PD 11
tri-vylibra 71
tri-vylibra lo 71
TRODELVY 27
TROGARZO 11
TROPHAMINE 10 % 78
TRUE COMFORT ALCOHOL PADS 58
TRUE COMFORT PRO ALCOHOL PADS 58
TRUEPLUS INSULIN 66
TRUEPLUS PEN NEEDLE 66
TRULICITY 58
TRUMENBA 64
TRUQAP 27
TUKYSA 27
TURALIO 27
turqoz (28) 71
TWINRIX (PF) 64
tydemy 71
TYENNE 67
TYENNE AUTOINJECTOR 67
TYPHIM VI 64
TYVASO 75
TYVASO INSTITUTIONAL START KIT 75
TYVASO REFILL KIT 75
TYVASO STARTER KIT 75
TZIELD 53

U

ULTRA-FINE INSULIN SYRINGE 66
ULTRA-FINE PEN NEEDLE 66
UNIFINE PENTIPS 66
UNIFINE PENTIPS MAXFLOW 66
UNIFINE PENTIPS PLUS 66
UNIFINE PENTIPS PLUS MAXFLOW 66
UNIFINE SAFECONTROL PEN NEEDLE 66
UNIFINE ULTRA PEN NEEDLE 66
unithroid 59
UNITUXIN 27
ursodiol 61

V

valacyclovir 11
VALCHLOR 50
valganciclovir 11
valproate sodium 31
valproic acid 31
valproic acid (as sodium salt) 31
valrubicin 27
valsartan 45
valsartan-hydrochlorothiazide 45
VALTOCO 31
valtya 71
vancomycin 14, 15

VANCOMYCIN 14, 15
VANCOMYCIN IN 0.9 % SODIUM CHL 14
VANCOMYCIN IN DEXTROSE 5 % 14
VANCOMYCIN-DILUENT COMBO NO.1 15
VANFLYTA 27
VAQTA (PF) 64
varenicline tartrate 54
VARENICLINE TARTRATE 54
VARIVAX (PF) 64
VAXCHORA VACCINE 64
VECTIBIX 27
VEKLURY 11
velivet triphasic regimen (28) 71
VEMLIDY 11
VENCLEXTA 27
VENCLEXTA STARTING PACK 27
venlafaxine 42
VENTOLIN HFA 75
VEPPANU 27
verapamil 45, 46
VERIFINE PLUS PEN NEEDLE-SHARP 66
VERQUVO 48
VERSACLOZ 42
VERZENIO 27
vestura (28) 71
vienva 71
vigabatrin 31
vigadrone 31
VIGAFYDE 31
vilazodone 42
VIMKUNYA (PF) 64
vinblastine 27
vincristine 27
vinorelbine 27
viorele (28) 71
VIRACEPT 11
VIREAD 11
VITRAKVI 27
VIVITROL 36
VIVOTIF 64
volnea (28) 71
VONJO 27
VOQUEZNA DUAL PAK 62
VOQUEZNA TRIPLE PAK 62
VORANIGO 27
voriconazole 8
voriconazole-hpbcd 8
VOSEVI 11
VOWST 61
VRAYLAR 42
vyfemla (28) 71
vylibra 71
VYLOY 27
VYNDAMAX 48
VYVGART HYTRULO 34
VYXEOS 27

W

warfarin 47
water for irrigation, sterile 53
WEGOVY 53, 54
WELIREG 27
wera (28) 71
wescap-pn dha 78
wesnate dha 78
westab plus 78
westgel dha 78
WINREVAIR 75
wymzya fe 71

X

XALKORI 27, 28
xarah fe 71
XATMEP 28
XCOPRI 31
XCOPRI MAINTENANCE PACK 31
XCOPRI TITRATION PACK 31
XDEMVY 72
xelria fe 71
XEMBIFY 64
XERMELO 28
XIAFLEX 54
XIFAXAN 15
XOFLUZA 11
XOLAIR 75
XOSPATA 28
XPOVIO 28
XTANDI 28

Y

YERVOY 28
YF-VAX (PF) 64
YONDELIS 28
yulithira 28
yuvafem 68

Z

zafemy 68
zafirlukast 75
ZALTRAP 28
ZEJULA 28
ZELBORAF 28
ZENBEXUS 28
ZENPEP 61
ZEPOSIA 33
ZEPOSIA STARTER KIT (28-DAY) 33
ZEPOSIA STARTER PACK (7-DAY) 33
ZEPZELCA 28
zidovudine 11
ZIIHERA 28
ziprasidone hcl 42, 43
ziprasidone mesylate 43
ZIRABEV 28
ZIRGAN 71
zoledronic acid 59
zoledronic acid-mannitol-water 54
ZOLEDRONIC AC-MANNITOL-0.9NACL 59
ZOLINZA 28
zolpidem 43
ZONISADE 31
zonisamide 31
zovia 1-35 (28) 71
ZTALMY 31
ZTLIDO 50
zumandimine (28) 71
ZURZUVAE 43
ZYDELIG 28
ZYKADIA 28
ZYMFENTRA 62
ZYNLONTA 28
ZYNYZ 28

HealthSpring℠

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，我们可以为您免费提供语言协助服务。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 libreng 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.
Deutsch (German):	BITTE BEACHTEN: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Für weitere Informationen wenden Sie sich bitte an den Kundendienst Ihrer Versicherung bzw. an Ihren Versicherungsberater.

한국어 (Korean):	참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 도구 및 서비스도 무료로 제공해 드립니다. 자세한 정보는 플랜에 전화하거나 서비스 제공업체에 문의하십시오.
Русский (Russian):	ВНИМАНИЕ: Если вам удобнее для общения русский язык, вы можете воспользоваться бесплатными услугами языковой поддержки. Также доступны необходимые вспомогательные средства и услуги предоставления информации в доступном формате для людей с ограниченными возможностями. Для получения дополнительной информации позвоните или обратитесь к своему поставщику.
اللغة العربية (Arabic):	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل بالخطة للحصول على مزيد من المعلومات أو للتحدث مع مقدم الخدمة الذي تتعامل معه.
हिंदी (Hindi):	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उचित सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। प्लान के बारे में अधिक जानकारी के लिए कॉल करें या अपने प्रदाता से बात करें।
Italiano (Italian):	ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiami il numero corrispondente al Suo piano per ulteriori informazioni o si rivolga al Suo fornitore.
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 fòma ki aksesib, ki disponib gratis tou. Rele plan an pou jwenn plis enfòmasyon oswa pou w pale ak pwofesyonèl swen sante w la.
Polski (Polish):	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie wsparcie i usługi pomocnicze w celu zapewnienia informacji w przystępnych formatach są również dostępne bezpłatnie. Dodatkowe informacje można uzyskać dzwoniąc do planu lub rozmawiając ze świadczeniodawcą.
日本語 (Japanese):	注：お客様が[日本語]を話す場合は、無料の言語アシスタンス・サービスを利用できます。アクセスしやすい形式で情報提供を行うための、適切な補助器具やサービスも無料でご利用いただけます。詳細はプランにお電話いただくか、プロバイダーにご相談ください。

HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.

NOTES

NOTES

NOTES

1-800-222-6700 (TTY users should call 711)
8 a.m. – 8 p.m. local time, 7 days a week.
Our automated phone system may answer your call
during weekends from April 1 - September 30.

www.HealthSpring.com

HealthSpring℠

Express Scripts is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network.

Express Scripts Pharmacy does not dispense prescriptions for less than a 35-day supply for most medications. Exceptions may apply based on medication type or state law. For more information, please contact Customer Service.

This formulary was updated on 09/22/2026. For more recent information or other questions, please contact HealthSpring Customer Service at **1-800-222-6700** (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30, or visit **www.HealthSpring.com**. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.