# 2027 HealthSpring℠ Formulary Arizona Basic (List of Covered Drugs or "Drug List")

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

## Plans covered

HealthSpring Preferred (HMO)

This formulary was updated 08/26/2026. For more recent information or other questions, please contact HealthSpring Customer Service. Contact information can be found on the back cover of this document. The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

**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 formulary refers to "we," "us", or "our," it means HealthSpring. When it refers to "plan" or "our plan," it means HealthSpring Rx (PDP), HealthSpring True Choice (PPO) or HealthSpring Preferred (HMO). This document includes the Drug List (formulary) for our plan which is current as of 08/26/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the formulary, appears on the back cover page. 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.

**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.

HealthSpring℠

**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.

**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: HealthSpring.com/GroupPDP or HealthSpring.com/GroupMA.

**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. For instance, we may add a new generic drug to replace a brand-name drug currently on the drug

list or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our drug list, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 entitled "How do I request an exception to the HealthSpring Drug list?"

**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 formulary is current as of 08/26/2026. To get updated information about the drugs covered by HealthSpring please contact us. Our contact information appears on the back cover page.

### How do I use the formulary?

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

- **Medical Condition**
  The formulary begins on page 11. 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 11. Then look under the category name for your drug.
- **Alphabetical Listing**
  If you are not sure what category to look under, you should look for your drug in the Index that begins after the List of Covered Drugs. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first 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 cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5 (for MAPD plans) or Chapter 3 (for PDP plans), 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 physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring before you fill your prescriptions. If you don't get approval, HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover. For example, HealthSpring allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, HealthSpring requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSpring will then cover Drug B.
- **Non-Extended Days Supply**: For certain drugs, HealthSpring limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, members who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Members who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high- cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

**Options for Maintenance Medications**

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

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

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

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

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

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the HealthSpring drug list, talk with your doctor about alternative medications which are covered on the drug list.

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

If your drug is not included in this formulary (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 Services for a list of similar drugs that are covered by HealthSpring. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthSpring.
- You can ask HealthSpring to make an exception and cover your drug. See below 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 coverage restrictions or limits 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 are 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 either brand or generic 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 tier.

Generally, HealthSpring will only approve your request for an exception if the alternative drugs included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a drug list, tier, or utilization restriction exception. **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) exception 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 continuing 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 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 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. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

**For more information**

For more detailed information about your HealthSpring prescription drug coverage, please review your *Evidence of Coverage Snapshot* and other plan materials.

If you have questions about HealthSpring or your plan, please contact us. Our contact information, along with the date we last updated the drug list, appears on the back cover page.

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.

**HealthSpring formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Index that begins after the List of Covered Drugs.

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*).

**Drug Tier and Cost-Sharing**

The amount you pay for a covered drug will depend on:

- Your coverage stage. Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your *Summary of Benefits* or *Evidence of Coverage Snapshot* for more information about your specific prescription drug benefit.
- The drug tier for your drug. Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount.
- If your plan includes additional benefits as noted on the *Summary of Benefits* or *Evidence of Coverage Snapshot*, you can find the lists of those covered benefits in the 2027 Formulary Addendum document included in your Benefits Booklet.
- **If you qualify for Extra Help**: Your 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 drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

**Drug Tiers**
Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

**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. And are typically the most expensive drugs on the drug list.

Cost-sharing for each tier varies by plan. Refer to your *Evidence of Coverage Snapshot* for your plan's specific cost-sharing amounts. To access a copy of your most recent *Evidence of Coverage Snapshot*, visit myHealthSpring.com. We are not always able to keep all generic medications in the generic tiers. Keep in mind that the name of the tier is just a description of most of the drugs in the tier. It does not mean that there are only that type of drug in the tier.

## List of Abbreviations

| | |
|---|---|
| ***** | Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply. |
| **B/D PA** | 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, please call Customer Service. |
| **PA** | This drug requires prior authorization. |
| **Part B** | Part B Covered |
| **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 injection recon soln 50 mg* | 4 | PA |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | 5 | PA |
| *caspofungin intravenous recon soln 50 mg, 70 mg* | 4 | |
| *clotrimazole mucous membrane troche 10 mg* | 2 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 5 | |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 4 | PA |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | 2 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 2 | |
| *flucytosine oral capsule 250 mg, 500 mg* | 5 | |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | 4 | |
| *griseofulvin microsize oral tablet 500 mg* | 4 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg* | 4 | |
| *itraconazole oral capsule 100 mg* | 4 | QL (120 EA per 30 days) |
| *ketoconazole oral tablet 200 mg* | 3 | |
| MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML | 5 | |
| *micafungin intravenous recon soln 100 mg, 50 mg* | 4 | |
| *nystatin oral suspension 100,000 unit/ml* | 2 | |
| *nystatin oral tablet 500,000 unit* | 3 | |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | 5 | QL (96 EA per 30 days) |
| *terbinafine hcl oral tablet 250 mg* | 2 | |
| *voriconazole intravenous recon soln 200 mg* | 4 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | 5 | |
| *voriconazole oral tablet 200 mg, 50 mg* | 4 | |
| *voriconazole-hpbcd intravenous recon soln 200 mg* | 4 | PA |
| ***ANTIVIRALS*** | | |
| *abacavir oral solution 20 mg/ml* | 3 | QL (960 ML per 30 days) |
| *abacavir oral tablet 300 mg* | 4 | QL (60 EA per 30 days) |
| *abacavir-lamivudine oral tablet 600-300 mg* | 3 | QL (30 EA per 30 days) |
| *acyclovir oral capsule 200 mg* | 2 | |
| *acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)* | 4 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 2 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 4 | B/D PA |
| *adefovir oral tablet 10 mg* | 4 | |
| *amantadine hcl oral capsule 100 mg* | 3 | |
| *amantadine hcl oral solution 50 mg/5 ml* | 3 | |
| *amantadine hcl oral tablet 100 mg* | 3 | |
| APTIVUS ORAL CAPSULE 250 MG | 5 | QL (120 EA per 30 days) |
| *atazanavir oral capsule 150 mg, 300 mg* | 3 | QL (30 EA per 30 days) |
| *atazanavir oral capsule 200 mg* | 3 | QL (60 EA per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 5 | QL (630 ML per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML-600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 5 | |
| CIMDUO ORAL TABLET 300-300 MG | 5 | |
| *darunavir oral tablet 600 mg* | 4 | QL (60 EA per 30 days) |
| *darunavir oral tablet 800 mg* | 5 | QL (30 EA per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | QL (30 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DOVATO ORAL TABLET 50-300 MG | 5 | |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | 5 | QL (180 EA per 30 days) |
| *efavirenz oral tablet 600 mg* | 4 | QL (30 EA per 30 days) |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | 4 | QL (30 EA per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | 5 | QL (30 EA per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | 5 | |
| *emtricitabine oral capsule 200 mg* | 3 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 133-200 mg* | 5 | QL (30 EA per 30 days) |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | 5 | QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | QL (680 ML per 28 days) |
| *entecavir oral tablet 0.5 mg, 1 mg* | 4 | QL (30 EA per 30 days) |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 5 | PA; QL (28 EA per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 5 | PA; QL (56 EA per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; QL (56 EA per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG | 5 | PA; QL (28 EA per 28 days) |
| *etravirine oral tablet 100 mg, 200 mg* | 5 | QL (60 EA per 30 days) |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | QL (30 EA per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 3 | QL (60 EA per 30 days) |
| *fosamprenavir oral tablet 700 mg* | 4 | QL (120 EA per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | QL (30 EA per 30 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 5 | PA; QL (28 EA per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 5 | PA; QL (56 EA per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; QL (56 EA per 28 days) |
| HARVONI ORAL TABLET 90-400 MG | 5 | PA; QL (28 EA per 28 days) |
| IDVYNSO ORAL TABLET 100-0.25 MG | 5 | |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INTELENCE ORAL TABLET 25 MG | 4 | QL (120 EA per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 5 | QL (60 EA per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | 5 | QL (120 EA per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 4 | QL (180 EA per 30 days) |
| JULUCA ORAL TABLET 50-25 MG | 5 | |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | 3 | |
| *lamivudine oral solution 10 mg/ml* | 3 | QL (900 ML per 30 days) |
| *lamivudine oral tablet 100 mg, 300 mg* | 3 | QL (30 EA per 30 days) |
| *lamivudine oral tablet 150 mg* | 3 | QL (60 EA per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 3 | QL (60 EA per 30 days) |
| LIVTENCITY ORAL TABLET 200 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | 4 | QL (300 EA per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | 4 | QL (120 EA per 30 days) |
| *maraviroc oral tablet 150 mg* | 5 | QL (60 EA per 30 days) |
| *maraviroc oral tablet 300 mg* | 5 | QL (120 EA per 30 days) |
| *nevirapine oral suspension 50 mg/5 ml* | 4 | QL (1200 ML per 30 days) |
| *nevirapine oral tablet 200 mg* | 3 | QL (60 EA per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 4 | QL (30 EA per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | 4 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | QL (30 EA per 30 days) |
| *oseltamivir oral capsule 30 mg, 45 mg, 75 mg* | 3 | |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | 3 | |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | 5 | QL (20 EA per 90 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5) | 5 | QL (11 EA per 90 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 5 | QL (30 EA per 90 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PIFELTRO ORAL TABLET 100 MG | 5 | |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG | 5 | QL (120 EA per 30 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | QL (30 EA per 30 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | 5 | QL (30 EA per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | QL (400 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG | 5 | QL (240 EA per 30 days) |
| PREZISTA ORAL TABLET 75 MG | 3 | QL (480 EA per 30 days) |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 4 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 5 | QL (240 EA per 30 days) |
| *ribavirin oral capsule 200 mg* | 3 | |
| *ribavirin oral tablet 200 mg* | 3 | |
| *rilpivirine hcl oral tablet 25 mg* | 5 | QL (30 EA per 30 days) |
| *rimantadine oral tablet 100 mg* | 3 | |
| *ritonavir oral tablet 100 mg* | 3 | QL (360 EA per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 5 | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | QL (30 EA per 30 days) |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | 5 | |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 5 | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 4 | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 50 MG | 5 | QL (60 EA per 30 days) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | QL (180 EA per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | QL (30 EA per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 4 | QL (180 EA per 30 days) |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 5 | |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valacyclovir oral tablet 1 gram* | 2 | QL (120 EA per 30 days) |
| *valacyclovir oral tablet 500 mg* | 2 | QL (60 EA per 30 days) |
| *valganciclovir oral recon soln 50 mg/ml* | 5 | |
| *valganciclovir oral tablet 450 mg* | 3 | |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG | 5 | QL (4 EA per 180 days) |
| VEMLIDY ORAL TABLET 25 MG | 5 | |
| VIRACEPT ORAL TABLET 250 MG | 5 | QL (270 EA per 30 days) |
| VIRACEPT ORAL TABLET 625 MG | 4 | QL (120 EA per 30 days) |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | QL (30 EA per 30 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; QL (28 EA per 28 days) |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 4 | |
| *zidovudine oral capsule 100 mg* | 4 | QL (180 EA per 30 days) |
| *zidovudine oral syrup 10 mg/ml* | 3 | QL (1680 ML per 28 days) |
| *zidovudine oral tablet 300 mg* | 3 | QL (60 EA per 30 days) |
| ***CEPHALOSPORINS*** | | |
| *cefaclor oral capsule 250 mg, 500 mg* | 3 | |
| *cefaclor oral suspension for reconstitution 250 mg/5 ml* | 3 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | 3 | |
| *cefadroxil oral capsule 500 mg* | 3 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 3 | |
| *cefadroxil oral tablet 1 gram* | 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 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CEFAZOLIN INJECTION RECON SOLN 2 GRAM | 4 | |
| *cefazolin intravenous recon soln 1 gram, 10 gram* | 4 | |
| CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM | 4 | |
| *cefdinir oral capsule 300 mg* | 3 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 3 | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | 4 | |
| *cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml* | 4 | |
| *cefepime injection recon soln 1 gram, 2 gram* | 4 | |
| CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM | 4 | |
| *cefixime oral capsule 400 mg* | 4 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 4 | |
| *cefixime oral tablet 400 mg* | 4 | |
| *cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 4 | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | 4 | |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 3 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 3 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 2 | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* | 5 | |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* | 4 | |
| *ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 1 gram, 2 gram* | 4 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 2 | |
| *cefuroxime sodium injection recon soln 750 mg* | 4 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | 4 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *tazicef injection recon soln 1 gram, 2 gram, 6 gram* | 4 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 5 | |
| ***ERYTHROMYCINS / OTHER MACROLIDES*** | | |
| *azithromycin intravenous recon soln 500 mg* | 4 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 2 | |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)* | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | 3 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 3 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 3 | |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | 3 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 3 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | 3 | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *erythromycin lactobionate intravenous recon soln 500 mg* | 4 | |
| *erythromycin oral tablet 250 mg, 500 mg* | 4 | |
| *erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg* | 3 | |
| *fidaxomicin oral tablet 200 mg* | 5 | QL (20 EA per 10 days) |
| ***MISCELLANEOUS ANTIINFECTIVES*** | | |
| *albendazole oral tablet 200 mg* | 4 | |
| *amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml* | 4 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | 5 | PA; LA |
| *atovaquone oral suspension 750 mg/5 ml* | 4 | |
| *atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg* | 3 | |
| *aztreonam injection recon soln 1 gram* | 3 | |
| *aztreonam injection recon soln 2 gram* | 4 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 5 | PA; LA; QL (84 ML per 28 days) |
| *chloramphenicol sod succinate intravenous recon soln 1 gram* | 4 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 3 | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 2 | |
| CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML | 4 | |
| CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML | 4 | |
| *clindamycin palmitate hcl oral recon soln 75 mg/5 ml* | 4 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml* | 4 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | QL (24 EA per 30 days) |
| *colistin (colistimethate na) injection recon soln 150 mg* | 4 | |
| *cycloserine oral capsule 250 mg* | 5 | |
| *dapsone oral tablet 100 mg, 25 mg* | 3 | |
| DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML | 5 | |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 4 | |
| *daptomycin intravenous recon soln 500 mg* | 4 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | 5 | |
| *ertapenem injection recon soln 1 gram* | 4 | |
| *ethambutol oral tablet 100 mg, 400 mg* | 3 | |
| *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 solution 40 mg/ml* | 4 | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | 4 | |
| *hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg* | 2 | |
| *imipenem-cilastatin intravenous recon soln 250 mg, 500 mg* | 4 | |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA |
| *isoniazid oral solution 50 mg/5 ml* | 4 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 2 | |
| *ivermectin oral tablet 3 mg, 6 mg* | 3 | PA |
| *lincomycin injection solution 300 mg/ml* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | 4 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | 5 | QL (1800 ML per 30 days) |
| *linezolid oral tablet 600 mg* | 3 | QL (60 EA per 30 days) |
| LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML | 4 | |
| *mefloquine oral tablet 250 mg* | 2 | |
| *meropenem intravenous recon soln 1 gram* | 3 | QL (30 EA per 10 days) |
| MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM | 4 | QL (30 EA per 10 days) |
| *meropenem intravenous recon soln 500 mg* | 3 | QL (10 EA per 10 days) |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML | 3 | |
| *metro i.v. intravenous piggyback 500 mg/100 ml* | 4 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | 4 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 3 | |
| *neomycin oral tablet 500 mg* | 2 | |
| *nitazoxanide oral tablet 500 mg* | 5 | QL (12 EA per 30 days) |
| ORBACTIV INTRAVENOUS RECON SOLN 400 MG | 5 | QL (3 EA per 30 days) |
| *pentamidine inhalation recon soln 300 mg* | 3 | B/D PA; QL (1 EA per 28 days) |
| *pentamidine injection recon soln 300 mg* | 3 | |
| *polymyxin b sulfate injection recon soln 500,000 unit* | 4 | |
| *praziquantel oral tablet 600 mg* | 4 | |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 3 | |
| *pyrazinamide oral tablet 500 mg* | 4 | |
| *pyrimethamine oral tablet 25 mg* | 5 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *quinine sulfate oral capsule 324 mg* | 4 | PA; QL (42 EA per 30 days) |
| *rifabutin oral capsule 150 mg* | 4 | |
| *rifampin intravenous recon soln 600 mg* | 4 | |
| *rifampin oral capsule 150 mg, 300 mg* | 3 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; LA |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG | 5 | QL (6 EA per 28 days) |
| SIVEXTRO ORAL TABLET 200 MG | 5 | QL (6 EA per 28 days) |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM | 5 | |
| *tigecycline intravenous recon soln 50 mg* | 4 | |
| *tinidazole oral tablet 250 mg, 500 mg* | 4 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 5 | QL (224 EA per 56 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | 5 | B/D PA; QL (280 ML per 28 days) |
| *tobramycin sulfate injection recon soln 1.2 gram* | 4 | |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | 4 | |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML | 4 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 500 MG/100 ML, 750 MG/150 ML | 4 | |
| VANCOMYCIN INJECTION RECON SOLN 100 GRAM | 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 EA per 10 days) |
| *vancomycin oral capsule 250 mg* | 4 | PA; QL (80 EA per 10 days) |
| VANCOMYCIN ORAL RECON SOLN 25 MG/ML | 4 | QL (450 ML per 10 days) |
| *vancomycin oral recon soln 50 mg/ml* | 4 | QL (450 ML per 10 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML | 4 | |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 3 | PA; QL (90 EA per 30 days) |
| ***PENICILLINS*** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | 1 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | 1 | |
| *amoxicillin oral tablet,chewable 125 mg* | 1 | |
| *amoxicillin oral tablet,chewable 250 mg* | 3 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml* | 3 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 3 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | 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 recon soln 1 gram, 2 gram* | 4 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* | 4 | |
| *ampicillin-sulbactam intravenous recon soln 1.5 gram* | 4 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 5 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dicloxacillin oral capsule 250 mg, 500 mg* | 2 | |
| *nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml* | 4 | |
| *nafcillin injection recon soln 1 gram, 2 gram* | 4 | |
| *nafcillin injection recon soln 10 gram* | 5 | |
| *oxacillin injection recon soln 1 gram, 10 gram, 2 gram* | 4 | |
| *penicillin g potassium injection recon soln 20 million unit, 5 million unit* | 4 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml* | 1 | |
| *penicillin v potassium oral recon soln 250 mg/5 ml* | 3 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 2 | |
| *pfizerpen-g injection recon soln 20 million unit, 5 million unit* | 4 | |
| PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML | 4 | |
| PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM | 4 | |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | 4 | |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML | 4 | |
| ***QUINOLONES*** | | |
| *ciprofloxacin hcl oral tablet 250 mg* | 1 | |
| *ciprofloxacin hcl oral tablet 500 mg, 750 mg* | 3 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 4 | |
| *ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml* | 4 | |
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | 4 | |
| *levofloxacin oral solution 250 mg/10 ml* | 4 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 2 | |
| *moxifloxacin oral tablet 400 mg* | 4 | |
| MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML | 4 | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | 4 | |
| ***SULFA'S / RELATED AGENTS*** | | |
| *sulfadiazine oral tablet 500 mg* | 4 | |
| *sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml* | 4 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | 4 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | |
| ***TETRACYCLINES*** | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | 4 | |
| *doxy-100 intravenous recon soln 100 mg* | 4 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | 4 | |
| *doxycycline hyclate oral capsule 100 mg* | 1 | |
| *doxycycline hyclate oral capsule 50 mg* | 3 | |
| *doxycycline hyclate oral tablet 100 mg* | 1 | |
| *doxycycline hyclate oral tablet 20 mg* | 3 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 3 | |
| *doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg* | 4 | |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | 3 | |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | 3 | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | 2 | |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | 3 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mondoxyne nl oral capsule 100 mg* | 3 | |
| NUZYRA INTRAVENOUS RECON SOLN 100 MG | 5 | |
| NUZYRA ORAL TABLET 150 MG | 5 | |
| *tetracycline oral capsule 250 mg, 500 mg* | 3 | |
| ***URINARY TRACT AGENTS*** | | |
| *fosfomycin tromethamine oral packet 3 gram* | 3 | |
| *methenamine hippurate oral tablet 1 gram* | 3 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | 3 | |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | 3 | |
| *trimethoprim oral tablet 100 mg* | 2 | |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| ***ADJUNCTIVE AGENTS*** | | |
| BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 5 | PA; QL (1.7 ML per 28 days) |
| BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML) | 5 | PA; QL (1.7 ML per 28 days) |
| *leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg* | 4 | |
| *leucovorin calcium injection solution 10 mg/ml* | 4 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 3 | |
| *mesna intravenous solution 100 mg/ml* | 4 | B/D PA |
| *mesna oral tablet 400 mg* | 4 | |
| ***ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS*** | | |
| *abiraterone oral tablet 250 mg* | 5 | PA; QL (120 EA per 30 days) |
| *abiraterone oral tablet 500 mg* | 5 | PA; QL (60 EA per 30 days) |
| *abirtega oral tablet 250 mg* | 4 | PA; QL (120 EA per 30 days) |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG | 5 | PA |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADSTILADRIN INTRAVESICAL SUSPENSION 3X10EXP11 VP/ML | 5 | PA |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA; QL (240 EA per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA; QL (30 EA per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (60 EA per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | 5 | PA; QL (30 EA per 180 days) |
| *anastrozole oral tablet 1 mg* | 3 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 5 | PA |
| *arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml* | 5 | B/D PA |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA; QL (60 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; QL (240 EA per 30 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | 5 | PA; QL (66 EA per 28 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| *azacitidine injection recon soln 100 mg* | 4 | B/D PA |
| *azathioprine oral tablet 100 mg, 75 mg* | 3 | B/D PA |
| *azathioprine oral tablet 50 mg* | 2 | B/D PA |
| *azathioprine sodium injection recon soln 100 mg* | 4 | B/D PA |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 5 | PA; LA |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA |
| BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) | 5 | B/D PA |
| BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML | 5 | B/D PA |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | 5 | B/D PA |
| *bendamustine intravenous recon soln 100 mg, 25 mg* | 5 | B/D PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | 5 | B/D PA |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | 5 | B/D PA |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | 5 | PA |
| *bexarotene oral capsule 75 mg* | 5 | PA |
| *bexarotene topical gel 1 %* | 5 | PA |
| *bicalutamide oral tablet 50 mg* | 2 | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | 5 | PA |
| BLENREP INTRAVENOUS RECON SOLN 70 MG | 5 | PA |
| *bleomycin injection recon soln 15 unit, 30 unit* | 4 | B/D PA |
| BLINCYTO INTRAVENOUS KIT 35 MCG | 5 | B/D PA |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | 5 | PA |
| *bortezomib injection recon soln 3.5 mg* | 5 | PA |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | 5 | PA |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA; QL (180 EA per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA; QL (330 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; QL (90 EA per 30 days) |
| BOSULIF ORAL TABLET 500 MG | 5 | PA; QL (30 EA per 30 days) |
| *bosutinib oral tablet 100 mg* | 5 | PA; QL (90 EA per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | 5 | PA; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA; LA; QL (180 EA per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| *busulfan intravenous solution 60 mg/10 ml* | 5 | B/D PA |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | 5 | PA |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA; LA; QL (60 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAPRELSA ORAL TABLET 300 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| *carboplatin intravenous solution 10 mg/ml* | 4 | B/D PA |
| *carmustine intravenous recon soln 100 mg* | 4 | B/D PA |
| *cisplatin intravenous solution 1 mg/ml* | 4 | B/D PA |
| *cladribine intravenous solution 10 mg/10 ml* | 4 | B/D PA |
| *clofarabine intravenous solution 1 mg/ml* | 4 | B/D PA |
| COLUMVI INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 5 | PA; QL (56 EA per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA; QL (112 EA per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 5 | PA; QL (84 EA per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA; LA; QL (63 EA per 28 days) |
| *cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg* | 5 | B/D PA |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML | 5 | B/D PA |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 3 | B/D PA |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | B/D PA |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 4 | B/D PA |
| *cyclosporine modified oral solution 100 mg/ml* | 4 | B/D PA |
| *cyclosporine oral capsule 100 mg, 25 mg* | 4 | B/D PA |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA |
| *cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml* | 4 | B/D PA |
| *cytarabine injection solution 20 mg/ml* | 4 | B/D PA |
| *dacarbazine intravenous recon soln 100 mg, 200 mg* | 4 | B/D PA |
| *dactinomycin intravenous recon soln 0.5 mg* | 4 | B/D PA |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 5 | PA |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | PA; QL (112 EA per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 5 | PA |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg* | 5 | PA; QL (30 EA per 30 days) |
| *dasatinib oral tablet 20 mg* | 5 | PA; QL (90 EA per 30 days) |
| *dasatinib oral tablet 70 mg* | 5 | PA; QL (60 EA per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | 5 | PA |
| *daunorubicin intravenous solution 5 mg/ml* | 4 | B/D PA |
| DAURISMO ORAL TABLET 100 MG | 5 | PA; QL (30 EA per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA; QL (60 EA per 30 days) |
| *decitabine intravenous recon soln 50 mg* | 5 | B/D PA |
| DECNUPAZ INTRAVENOUS RECON SOLN 2 MG | 5 | PA |
| *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 |
| *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 INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) | 5 | B/D PA |
| *doxorubicin intravenous recon soln 10 mg, 50 mg* | 4 | B/D PA |
| *doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml* | 4 | B/D PA |
| *doxorubicin, peg-liposomal intravenous suspension 2 mg/ml* | 5 | B/D PA |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 3 | |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | 5 | PA; LA |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | PA |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | PA |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | PA |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 5 | PA |
| ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML | 5 | PA |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG | 5 | PA |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG | 5 | PA |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG | 5 | PA |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | 5 | PA; QL (60 EA per 30 days) |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | 4 | B/D PA |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 5 | PA |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5 | B/D PA |
| *eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)* | 5 | PA |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA; QL (30 EA per 30 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA; QL (30 EA per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA; QL (120 EA per 30 days) |
| *erlotinib oral tablet 100 mg, 150 mg* | 5 | PA; QL (30 EA per 30 days) |
| *erlotinib oral tablet 25 mg* | 5 | PA; QL (60 EA per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 4 | B/D PA |
| *etoposide intravenous solution 20 mg/ml* | 3 | B/D PA |
| EULEXIN ORAL CAPSULE 125 MG | 5 | |
| EVDI INTRAVENOUS SOLUTION 1 MG/20 ML (0.05 MG/ML) | 5 | PA |
| *everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 5 | PA; QL (30 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *everolimus (antineoplastic) oral tablet for suspension 2 mg* | 5 | PA; QL (150 EA per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 3 mg* | 5 | PA; QL (90 EA per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 5 mg* | 5 | PA; QL (60 EA per 30 days) |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* | 3 | B/D PA |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* | 5 | B/D PA |
| EVOMELA INTRAVENOUS RECON SOLN 50 MG | 5 | PA |
| *exemestane oral tablet 25 mg* | 3 | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | B/D PA |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 4 | B/D PA |
| *floxuridine injection recon soln 0.5 gram* | 4 | B/D PA |
| *fludarabine intravenous recon soln 50 mg* | 4 | B/D PA |
| *fludarabine intravenous solution 50 mg/2 ml* | 4 | B/D PA |
| *fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml* | 4 | B/D PA |
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) | 5 | B/D PA |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA; LA; QL (21 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA; QL (84 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA; QL (21 EA per 28 days) |
| *fulvestrant intramuscular syringe 250 mg/5 ml* | 5 | B/D PA |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML | 5 | PA |
| *gefitinib oral tablet 250 mg* | 5 | PA; QL (30 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg* | 4 | B/D PA |
| *gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)* | 4 | B/D PA |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML | 4 | B/D PA |
| *gengraf oral capsule 100 mg, 25 mg* | 4 | B/D PA |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA; QL (30 EA per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | 5 | PA; QL (126 EA per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 5 | PA; QL (84 EA per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 5 | PA; QL (168 EA per 28 days) |
| GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM | 5 | B/D PA |
| HERNEXEOS ORAL TABLET 60 MG | 5 | PA; QL (90 EA per 30 days) |
| *hydroxyurea oral capsule 500 mg* | 2 | |
| HYRNUO ORAL TABLET 10 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| IBRANCE ORAL CAPSULE 125 MG | 5 | PA; QL (21 EA per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA; QL (21 EA per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 5 | PA; QL (90 EA per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 EA per 30 days) |
| *idarubicin intravenous solution 1 mg/ml* | 4 | B/D PA |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| *ifosfamide intravenous recon soln 1 gram, 3 gram* | 4 | B/D PA |
| *ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml* | 4 | B/D PA |
| *imatinib oral tablet 100 mg* | 3 | PA; QL (180 EA per 30 days) |
| *imatinib oral tablet 400 mg* | 5 | PA; QL (60 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (90 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (30 EA per 30 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA; QL (324 ML per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA; QL (30 EA per 30 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 5 | PA |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA; QL (280 ML per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG | 5 | B/D PA; LA |
| INLURIYO ORAL TABLET 200 MG | 5 | PA |
| INLYTA ORAL TABLET 1 MG | 5 | PA; QL (180 EA per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA; QL (120 EA per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA; QL (5 EA per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| *irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml* | 4 | B/D PA |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA; QL (60 EA per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA; QL (30 EA per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 5 | PA; LA; QL (240 EA per 30 days) |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG | 5 | B/D PA |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA; QL (60 EA per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 5 | PA; QL (30 EA per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | 5 | PA |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA |
| JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML) | 5 | B/D PA |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG | 5 | PA |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML | 5 | PA |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 5 | PA |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA; QL (21 EA per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA; QL (42 EA per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA; QL (63 EA per 28 days) |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | 4 | ST; QL (5 EA per 30 days) |
| KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % | 4 | ST; QL (5 EA per 30 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 5 | PA; QL (90 EA per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA; QL (240 EA per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA; QL (120 EA per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG | 5 | PA |
| KRAZATI ORAL TABLET 200 MG | 5 | PA; QL (180 EA per 30 days) |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG | 5 | B/D PA |
| *lapatinib oral tablet 250 mg* | 5 | PA; QL (180 EA per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | 5 | PA; LA; QL (28 EA per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 5 | PA; QL (30 EA per 30 days) |
| 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 EA per 30 days) |
| 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 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *letrozole oral tablet 2.5 mg* | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 4 | |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | 4 | PA |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA |
| 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 EA per 28 days) |
| 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 EA per 28 days) |
| *lomustine oral capsule 10 mg, 40 mg* | 4 | |
| *lomustine oral capsule 100 mg* | 5 | |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA; QL (100 EA per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA; QL (80 EA per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 5 | PA |
| LORBRENA ORAL TABLET 100 MG | 5 | PA; QL (30 EA per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; QL (90 EA per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA; QL (240 EA per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA; QL (120 EA per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA; QL (90 EA per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML | 5 | PA |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG | 4 | PA |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 4 | PA |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 4 | PA |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 5 | PA |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 4 | PA |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML | 5 | PA |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (120 EA per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3) | 5 | PA; LA; QL (84 EA per 28 days) |
| LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4) | 5 | PA; LA; QL (112 EA per 28 days) |
| LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5) | 5 | PA; LA; QL (140 EA per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA; LA |
| MATULANE ORAL CAPSULE 50 MG | 5 | |
| *megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)* | 3 | PA |
| *megestrol oral tablet 20 mg, 40 mg* | 3 | PA |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA; QL (1260 ML per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; QL (30 EA per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA; LA; QL (180 EA per 30 days) |
| *melphalan hcl intravenous recon soln 50 mg* | 5 | B/D PA |
| *mercaptopurine oral suspension 20 mg/ml* | 5 | |
| *mercaptopurine oral tablet 50 mg* | 3 | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | 4 | B/D PA |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 4 | B/D PA |
| *methotrexate sodium injection solution 25 mg/ml* | 4 | B/D PA |
| *methotrexate sodium oral tablet 2.5 mg* | 3 | |
| *mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg* | 5 | B/D PA |
| MODEYSO ORAL CAPSULE 125 MG | 5 | PA; QL (20 EA per 28 days) |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG | 5 | PA |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* | 4 | B/D PA |
| *mycophenolate mofetil oral capsule 250 mg* | 2 | B/D PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | 5 | B/D PA |
| *mycophenolate mofetil oral tablet 500 mg* | 2 | B/D PA |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* | 3 | B/D PA |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | 5 | PA |
| NELARABINE INTRAVENOUS SOLUTION 5 MG/ML | 5 | B/D PA |
| NERLYNX ORAL TABLET 40 MG | 5 | PA; LA |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 5 | PA; QL (112 EA per 28 days) |
| *nilotinib hcl oral capsule 50 mg* | 5 | PA; QL (120 EA per 30 days) |
| *nilutamide oral tablet 150 mg* | 5 | PA |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA; QL (3 EA per 28 days) |
| NIPENT INTRAVENOUS RECON SOLN 10 MG | 4 | B/D PA |
| NUBEQA ORAL TABLET 300 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 5 | B/D PA |
| *octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | 4 | PA |
| *octreotide acetate injection solution 500 mcg/ml* | 5 | PA |
| *octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)* | 4 | PA |
| *octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg* | 5 | PA |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (56 EA per 28 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 5 | PA; QL (96 ML per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4) | 5 | PA; QL (16 EA per 28 days) |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5) | 5 | PA; QL (20 EA per 28 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6) | 5 | PA; QL (24 EA per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA; QL (30 EA per 30 days) |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML | 5 | B/D PA |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML | 5 | PA |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA; QL (14 EA per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 5 | PA |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML | 5 | PA |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 5 | PA |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA; LA; QL (30 EA per 28 days) |
| ORSERDU ORAL TABLET 345 MG, 86 MG | 5 | PA; LA |
| *oxaliplatin intravenous recon soln 100 mg, 50 mg* | 4 | B/D PA |
| *oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)* | 4 | B/D PA |
| *paclitaxel intravenous concentrate 6 mg/ml* | 4 | B/D PA |
| *paclitaxel protein-bound intravenous suspension for reconstitution 100 mg* | 5 | PA |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG | 5 | PA |
| *pazopanib oral tablet 200 mg* | 5 | PA; QL (120 EA per 30 days) |
| PAZOPANIB ORAL TABLET 400 MG | 5 | PA; QL (60 EA per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA; LA; QL (14 EA per 21 days) |
| *pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg* | 5 | PA |
| *pemetrexed disodium intravenous recon soln 100 mg* | 4 | PA |
| PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG | 5 | PA |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) | 5 | PA |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG-20000 UNIT/10ML | 5 | PA |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG | 5 | PA |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* | 5 | PA; QL (21 EA per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA; LA; QL (21 EA per 28 days) |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML | 5 | PA |
| PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) | 5 | B/D PA |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 4 | B/D PA |
| QINLOCK ORAL TABLET 50 MG | 5 | PA; LA; QL (90 EA per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; LA; QL (90 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA; QL (120 EA per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA; QL (60 EA per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 5 | PA; QL (240 EA per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA; QL (60 EA per 30 days) |
| REZUROCK ORAL TABLET 200 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| *romidepsin intravenous recon soln 10 mg/2 ml* | 5 | PA |
| *romidepsin intravenous solution 5 mg/ml* | 5 | PA |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 5 | PA; LA; QL (8 EA per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA; QL (150 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA; QL (90 EA per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 5 | PA; QL (360 EA per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML | 5 | PA |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA; QL (224 EA per 28 days) |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML | 5 | B/D PA |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA; QL (120 EA per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA; QL (60 EA per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA; QL (300 EA per 30 days) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG | 5 | B/D PA |
| *sirolimus oral solution 1 mg/ml* | 4 | B/D PA |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 4 | B/D PA |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 5 | |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML | 5 | PA |
| *sorafenib oral tablet 200 mg* | 5 | PA; QL (120 EA per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA; QL (84 EA per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 5 | PA; QL (30 EA per 30 days) |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG | 5 | B/D PA |
| TABLOID ORAL TABLET 40 MG | 4 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA |
| TACROLIMUS INTRAVENOUS SOLUTION 5 MG/ML | 4 | B/D PA |
| *tacrolimus oral capsule 0.5 mg, 1 mg* | 2 | B/D PA |
| *tacrolimus oral capsule 5 mg* | 3 | B/D PA |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA; QL (120 EA per 30 days) |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 5 | PA; QL (840 EA per 28 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 5 | PA |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA; QL (30 EA per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | 2 | |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML | 5 | PA; LA |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5 | PA |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 5 | PA |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG | 5 | B/D PA |
| *temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)* | 5 | B/D PA |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA |
| THALOMID ORAL CAPSULE 100 MG | 5 | PA; QL (112 EA per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | 5 | PA; QL (56 EA per 28 days) |
| *thiotepa injection recon soln 100 mg, 15 mg* | 4 | PA |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 5 | PA |
| *topotecan intravenous recon soln 4 mg* | 5 | B/D PA |
| *topotecan intravenous solution 4 mg/4 ml (1 mg/ml)* | 4 | B/D PA |
| *toremifene oral tablet 60 mg* | 4 | |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 5 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRODELVY INTRAVENOUS RECON SOLN 180 MG | 5 | PA |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA; QL (64 EA per 28 days) |
| TUKYSA ORAL TABLET 150 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA; LA; QL (300 EA per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML | 5 | PA |
| *valrubicin intravesical solution 40 mg/ml* | 4 | B/D PA |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA; QL (56 EA per 28 days) |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | 5 | PA |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA; LA; QL (60 EA per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; LA; QL (180 EA per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA; LA; QL (84 EA per 365 days) |
| VEPPANU ORAL TABLET 100 MG, 200 MG | 5 | PA; QL (30 EA per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| *vinblastine intravenous solution 1 mg/ml* | 4 | B/D PA |
| *vincristine intravenous solution 1 mg/ml, 2 mg/2 ml* | 4 | B/D PA |
| *vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml* | 4 | B/D PA |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA; LA; QL (180 EA per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA; LA; QL (300 ML per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA; QL (120 EA per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (60 EA per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 5 | PA; QL (30 EA per 30 days) |
| VYLOY INTRAVENOUS RECON SOLN 100 MG | 5 | PA |
| VYLOY INTRAVENOUS RECON SOLN 300 MG | 5 | PA; LA |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG | 5 | B/D PA |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| WELIREG ORAL TABLET 40 MG | 5 | PA; LA; QL (90 EA per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA; QL (60 EA per 30 days) |
| XALKORI ORAL PELLET 150 MG | 5 | PA; QL (180 EA per 30 days) |
| XALKORI ORAL PELLET 20 MG, 50 MG | 5 | PA; QL (120 EA per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | |
| XERMELO ORAL TABLET 250 MG | 5 | PA; LA; QL (84 EA per 28 days) |
| XOSPATA ORAL TABLET 40 MG | 5 | PA; LA |
| 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 |
| XPOVIO ORAL TABLET 80 MG/WEEK (80 MG X 1) | 5 | PA |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA; QL (60 EA per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5 | PA |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | 5 | PA |
| *yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 4 | PA; QL (30 EA per 30 days) |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | 4 | B/D PA |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA; QL (240 EA per 30 days) |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG | 5 | PA |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | 5 | PA |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | PA; QL (120 EA per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (60 EA per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA; QL (90 EA per 30 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 5 | PA; LA |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 5 | PA |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH** | | |
| ***ANTICONVULSANTS*** | | |
| *brivaracetam intravenous solution 50 mg/5 ml* | 4 | |
| *brivaracetam oral solution 10 mg/ml* | 5 | QL (600 ML per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | 5 | QL (60 EA per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | 2 | |
| *carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml* | 3 | |
| *carbamazepine oral tablet 200 mg* | 2 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | 2 | |
| *carbamazepine oral tablet,chewable 100 mg* | 2 | |
| CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG | 2 | |
| *clobazam oral suspension 2.5 mg/ml* | 4 | PA; QL (480 ML per 30 days) |
| *clobazam oral tablet 10 mg* | 4 | PA; QL (120 EA per 30 days) |
| *clobazam oral tablet 20 mg* | 4 | PA; QL (60 EA per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 2 | QL (120 EA per 30 days) |
| *clonazepam oral tablet 2 mg* | 2 | QL (300 EA per 30 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg* | 3 | QL (90 EA per 30 days) |
| *clonazepam oral tablet,disintegrating 0.5 mg, 1 mg* | 3 | QL (120 EA per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | 3 | QL (300 EA per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 5 | LA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | 5 | LA |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | 4 | |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | 2 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | 3 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA; LA |
| *eslicarbazepine oral tablet 200 mg* | 4 | QL (180 EA per 30 days) |
| *eslicarbazepine oral tablet 400 mg* | 4 | QL (90 EA per 30 days) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | 5 | QL (60 EA per 30 days) |
| *ethosuximide oral capsule 250 mg* | 3 | |
| *ethosuximide oral solution 250 mg/5 ml* | 3 | |
| *felbamate oral suspension 600 mg/5 ml* | 4 | |
| *felbamate oral tablet 400 mg, 600 mg* | 4 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA; LA; QL (360 ML per 30 days) |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | 3 | |
| *gabapentin oral capsule 100 mg, 300 mg* | 3 | QL (360 EA per 30 days) |
| *gabapentin oral capsule 400 mg* | 2 | QL (270 EA per 30 days) |
| *gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)* | 4 | QL (2160 ML per 30 days) |
| *gabapentin oral tablet 600 mg* | 2 | QL (180 EA per 30 days) |
| *gabapentin oral tablet 800 mg* | 2 | QL (120 EA per 30 days) |
| *lacosamide intravenous solution 200 mg/20 ml* | 5 | QL (1200 ML per 30 days) |
| LACOSAMIDE ORAL SOLUTION 10 MG/ML | 3 | QL (1200 ML per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg* | 3 | QL (60 EA per 30 days) |
| *lacosamide oral tablet 50 mg* | 3 | QL (120 EA per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 2 | |
| *lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 3 | |
| *lamotrigine oral tablet, chewable dispersible 25 mg* | 3 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lamotrigine oral tablet, chewable dispersible 5 mg* | 2 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | 2 | |
| *lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)* | 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 solution 500 mg/5 ml* | 3 | |
| *levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)* | 2 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | 2 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | 2 | |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | 4 | |
| *methsuximide oral capsule 300 mg* | 3 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 4 | PA; QL (10 EA per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | 3 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 2 | |
| *perampanel oral suspension 0.5 mg/ml* | 5 | QL (720 ML per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | 4 | QL (30 EA per 30 days) |
| *perampanel oral tablet 2 mg, 4 mg, 6 mg* | 4 | QL (60 EA per 30 days) |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | 3 | PA; QL (1500 ML per 30 days) |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | 3 | PA; QL (120 EA per 30 days) |
| *phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml* | 3 | |
| *phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml* | 2 | |
| *phenytoin oral tablet,chewable 50 mg* | 2 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 2 | |
| *phenytoin sodium intravenous solution 50 mg/ml* | 3 | |
| *pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | QL (120 EA per 30 days) |
| *pregabalin oral capsule 200 mg* | 2 | QL (90 EA per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 2 | QL (60 EA per 30 days) |
| *pregabalin oral solution 20 mg/ml* | 3 | QL (900 ML per 30 days) |
| PRIMIDONE ORAL TABLET 125 MG | 4 | |
| *primidone oral tablet 250 mg, 50 mg* | 2 | |
| *roweepra oral tablet 500 mg* | 2 | |
| *rufinamide oral suspension 40 mg/ml* | 5 | PA |
| *rufinamide oral tablet 200 mg* | 3 | PA |
| *rufinamide oral tablet 400 mg* | 5 | PA |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | 4 | |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | 5 | |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 2 | |
| *subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)* | 2 | |
| *subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)* | 2 | |
| *subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)* | 2 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA; QL (60 EA per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | PA; QL (60 EA per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 4 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | 3 | PA |
| TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG | 3 | PA |
| *topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg* | 4 | PA |
| *topiramate oral solution 25 mg/ml* | 4 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 2 | PA |
| *valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)* | 3 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)* | 2 | |
| *valproic acid oral capsule 250 mg* | 2 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 5 | PA; QL (10 EA per 30 days) |
| *vigabatrin oral powder in packet 500 mg* | 5 | PA; LA; QL (180 EA per 30 days) |
| *vigabatrin oral tablet 500 mg* | 5 | PA; LA; QL (180 EA per 30 days) |
| *vigadrone oral powder in packet 500 mg* | 5 | PA; LA; QL (180 EA per 30 days) |
| *vigadrone oral tablet 500 mg* | 5 | PA; LA; QL (180 EA per 30 days) |
| VIGAFYDE ORAL SOLUTION 100 MG/ML | 5 | PA; LA; QL (900 ML per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 5 | PA; QL (56 EA per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 5 | PA; QL (30 EA per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 5 | PA; QL (60 EA per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | 4 | PA; QL (56 EA per 365 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 5 | PA; QL (56 EA per 365 days) |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 5 | PA |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 2 | PA |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA; LA; QL (1100 ML per 30 days) |
| ***ANTIPARKINSONISM AGENTS*** | | |
| *benztropine injection solution 1 mg/ml* | 4 | |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bromocriptine oral capsule 5 mg* | 4 | |
| *bromocriptine oral tablet 2.5 mg* | 4 | |
| *carbidopa oral tablet 25 mg* | 4 | |
| CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 4 | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 2 | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | 3 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | 3 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | 3 | |
| *entacapone oral tablet 200 mg* | 4 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 5 | PA; QL (300 EA per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 3 | |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 2 | |
| *pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg* | 4 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* | 4 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 2 | |
| *selegiline hcl oral capsule 5 mg* | 3 | |
| *selegiline hcl oral tablet 5 mg* | 3 | |
| *trihexyphenidyl oral elixir 0.4 mg/ml* | 3 | |
| *trihexyphenidyl oral tablet 2 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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***MIGRAINE / CLUSTER HEADACHE THERAPY*** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 3 | PA; QL (1 ML per 30 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | 4 | QL (8 ML per 28 days) |
| *ergotamine-caffeine oral tablet 1-100 mg* | 3 | |
| *migergot rectal suppository 2-100 mg* | 5 | |
| *naratriptan oral tablet 1 mg, 2.5 mg* | 2 | QL (18 EA per 28 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 3 | PA; QL (16 EA per 30 days) |
| *rizatriptan oral tablet 10 mg, 5 mg* | 2 | QL (36 EA per 28 days) |
| *rizatriptan oral tablet,disintegrating 10 mg, 5 mg* | 3 | QL (36 EA per 28 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation* | 4 | QL (18 EA per 28 days) |
| *sumatriptan nasal spray,non-aerosol 5 mg/actuation* | 4 | QL (36 EA per 28 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 2 | QL (18 EA per 28 days) |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 4 | QL (8 ML per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | 4 | QL (8 ML per 28 days) |
| ***MISCELLANEOUS NEUROLOGICAL THERAPY*** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; QL (60 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; QL (30 EA per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 5 | PA; QL (56 EA per 365 days) |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | 3 | PA; QL (60 EA per 30 days) |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | 4 | PA; QL (14 EA per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | 4 | PA; QL (120 EA per 365 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | 5 | PA; QL (60 EA per 30 days) |
| *donepezil oral tablet 10 mg* | 1 | QL (60 EA per 30 days) |
| *donepezil oral tablet 5 mg* | 1 | QL (30 EA per 30 days) |
| *donepezil oral tablet,disintegrating 10 mg* | 2 | QL (60 EA per 30 days) |
| *donepezil oral tablet,disintegrating 5 mg* | 2 | QL (30 EA per 30 days) |
| EDARAVONE INTRAVENOUS SOLUTION 30 MG/100 ML, 60 MG/100 ML | 5 | PA |
| *fingolimod oral capsule 0.5 mg* | 5 | PA; QL (30 EA per 30 days) |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | 4 | QL (30 EA per 30 days) |
| *galantamine oral solution 4 mg/ml* | 4 | QL (200 ML per 30 days) |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | 4 | QL (60 EA per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | 5 | PA; QL (30 ML per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 5 | PA; QL (12 ML per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | 5 | PA; QL (30 ML per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | 5 | PA; QL (12 ML per 28 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 5 | PA; QL (1.6 ML per 28 days) |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML | 5 | PA |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg* | 4 | PA |
| *memantine oral capsule,sprinkle,er 24hr 28 mg, 7 mg* | 3 | PA |
| *memantine oral solution 2 mg/ml* | 3 | PA; QL (300 ML per 30 days) |
| *memantine oral tablet 10 mg* | 2 | PA; QL (60 EA per 30 days) |
| *memantine oral tablet 5 mg* | 2 | PA; QL (90 EA per 30 days) |
| MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG | 2 | PA; QL (98 EA per 365 days) |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg* | 3 | PA |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 5 | PA |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML | 5 | PA |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 4 | QL (60 EA per 30 days) |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | 4 | |
| *teriflunomide oral tablet 14 mg, 7 mg* | 5 | PA; QL (30 EA per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* | 4 | PA; QL (240 EA per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; QL (120 EA per 30 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 5 | PA; QL (30 EA per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | 5 | PA; QL (56 EA per 365 days) |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) | 5 | PA; QL (14 EA per 365 days) |
| ***MUSCLE RELAXANTS / ANTISPASMODIC THERAPY*** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *baclofen oral tablet 15 mg* | 3 | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 3 | PA |
| *dantrolene oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 2 | |
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | 4 | |
| *pyridostigmine bromide oral tablet 60 mg* | 3 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 4 | |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 3 | |
| *tizanidine oral tablet 2 mg, 4 mg* | 1 | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML | 5 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML | 5 | PA; LA |
| ***NARCOTIC ANALGESICS*** | | |
| *acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml* | 3 | *; QL (4500 ML per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 3 | *; QL (360 EA per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 3 | *; QL (180 EA per 30 days) |
| *buprenorphine hcl injection solution 0.3 mg/ml* | 5 | * |
| *buprenorphine hcl injection syringe 0.3 mg/ml* | 5 | * |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | 3 | |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | 4 | *; QL (4 EA per 28 days) |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 3 | *; QL (360 EA per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour* | 4 | *; QL (10 EA per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml* | 4 | *; QL (5550 ML per 30 days) |
| HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML | 4 | *; QL (5550 ML per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg* | 3 | *; QL (390 EA per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 3 | *; QL (360 EA per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 3 | *; QL (50 EA per 30 days) |
| *hydromorphone oral liquid 1 mg/ml* | 4 | *; QL (2400 ML per 30 days) |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | 3 | *; QL (180 EA per 30 days) |
| *hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg* | 4 | *; QL (60 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML | 5 | B/D PA; * |
| *methadone injection solution 10 mg/ml* | 4 | * |
| *methadone oral solution 10 mg/5 ml* | 4 | *; QL (600 ML per 30 days) |
| *methadone oral solution 5 mg/5 ml* | 4 | *; QL (1200 ML per 30 days) |
| *methadone oral tablet 10 mg* | 3 | *; QL (120 EA per 30 days) |
| *methadone oral tablet 5 mg* | 3 | *; QL (240 EA per 30 days) |
| *morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 4 | * |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | 3 | *; QL (900 ML per 30 days) |
| MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML | 4 | * |
| *morphine intravenous solution 10 mg/ml* | 4 | * |
| MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML | 4 | * |
| *morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)* | 3 | *; QL (900 ML per 30 days) |
| *morphine oral tablet 15 mg, 30 mg* | 3 | *; QL (180 EA per 30 days) |
| *morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 3 | *; QL (120 EA per 30 days) |
| *oxycodone oral concentrate 20 mg/ml* | 4 | *; QL (180 ML per 30 days) |
| *oxycodone oral solution 5 mg/5 ml* | 4 | *; QL (1200 ML per 30 days) |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 3 | *; QL (180 EA per 30 days) |
| *oxycodone oral tablet 5 mg* | 3 | *; QL (360 EA per 30 days) |
| OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG | 3 | *; QL (180 EA per 30 days) |
| OXYCODONE ORAL TABLET, ORAL ONLY 5 MG | 3 | *; QL (360 EA per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 3 | *; QL (360 EA per 30 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML | 5 | |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***NON-NARCOTIC ANALGESICS*** | | |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | 4 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | 2 | |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | 4 | *; QL (10 ML per 28 days) |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 2 | QL (60 EA per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | 2 | |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | 2 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg* | 2 | |
| *diclofenac sodium topical drops 1.5 %* | 4 | PA; QL (300 ML per 28 days) |
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | 4 | PA; QL (224 GM per 28 days) |
| *diflunisal oral tablet 500 mg* | 3 | |
| *etodolac oral capsule 200 mg, 300 mg* | 4 | |
| *etodolac oral tablet 400 mg* | 3 | |
| *etodolac oral tablet 500 mg* | 4 | |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg* | 4 | |
| *flurbiprofen oral tablet 100 mg* | 2 | |
| *ibu oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *ibuprofen oral suspension 100 mg/5 ml* | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 3 | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | 3 | |
| *meloxicam oral tablet 15 mg* | 3 | |
| *meloxicam oral tablet 7.5 mg* | 3 | QL (60 EA per 30 days) |
| *nabumetone oral tablet 500 mg, 750 mg* | 2 | |
| *naloxone injection solution 0.4 mg/ml* | 2 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml* | 2 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | 3 | |
| *naltrexone oral tablet 50 mg* | 2 | |
| *naproxen oral suspension 125 mg/5 ml* | 3 | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 3 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg* | 2 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 4 | |
| *oxaprozin oral tablet 600 mg* | 4 | |
| REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION | 3 | |
| *salsalate oral tablet 500 mg, 750 mg* | 2 | |
| *sulindac oral tablet 150 mg, 200 mg* | 2 | |
| *tramadol oral tablet 50 mg* | 2 | *; QL (240 EA per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 2 | *; QL (240 EA per 30 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG | 5 | |
| ***PSYCHOTHERAPEUTIC DRUGS*** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 5 | QL (2.4 ML per 56 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 5 | QL (3.2 ML per 56 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 5 | QL (1 EA per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 5 | QL (1 EA per 28 days) |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | 2 | QL (120 EA per 30 days) |
| *alprazolam oral tablet 2 mg* | 2 | QL (150 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg* | 3 | QL (90 EA per 30 days) |
| *alprazolam oral tablet,disintegrating 2 mg* | 3 | QL (150 EA per 30 days) |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 3 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 3 | |
| *aripiprazole oral solution 1 mg/ml* | 4 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg* | 3 | QL (60 EA per 30 days) |
| *aripiprazole oral tablet 20 mg, 30 mg* | 3 | QL (30 EA per 30 days) |
| *aripiprazole oral tablet,disintegrating 10 mg, 15 mg* | 4 | QL (60 EA per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 5 | QL (4.8 ML per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | QL (3.9 ML per 56 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 5 | QL (1.6 ML per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 5 | QL (2.4 ML per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 5 | QL (3.2 ML per 28 days) |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 4 | PA; QL (30 EA per 30 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg* | 4 | QL (60 EA per 30 days) |
| *asenapine maleate sublingual tablet 5 mg* | 4 | QL (90 EA per 30 days) |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 4 | QL (60 EA per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | 4 | QL (30 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 5 | ST; QL (60 EA per 30 days) |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG | 4 | ST; QL (102 EA per 365 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| *bupropion hcl oral tablet 100 mg* | 2 | QL (120 EA per 30 days) |
| *bupropion hcl oral tablet 75 mg* | 2 | QL (180 EA per 30 days) |
| *bupropion hcl oral tablet extended release 24 hr 150 mg* | 2 | QL (90 EA per 30 days) |
| *bupropion hcl oral tablet extended release 24 hr 300 mg* | 2 | QL (30 EA per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg* | 2 | QL (120 EA per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg* | 2 | QL (60 EA per 30 days) |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 2 | |
| BYSANTI ORAL TABLET 1 MG | 5 | PA; QL (180 EA per 30 days) |
| BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | PA; QL (60 EA per 30 days) |
| BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 5 | PA; QL (16 EA per 365 days) |
| BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 5 | PA; QL (24 EA per 365 days) |
| BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2) | 5 | PA; QL (16 EA per 365 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | QL (30 EA per 30 days) |
| *chlorpromazine injection solution 25 mg/ml* | 4 | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 3 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 3 | |
| *citalopram oral solution 10 mg/5 ml* | 3 | |
| *citalopram oral tablet 10 mg, 20 mg* | 1 | QL (60 EA per 30 days) |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *citalopram oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | 4 | |
| *clorazepate dipotassium oral tablet 15 mg* | 3 | QL (180 EA per 30 days) |
| *clorazepate dipotassium oral tablet 3.75 mg* | 3 | QL (90 EA per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 3 | QL (360 EA per 30 days) |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 3 | |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | 4 | |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | ST; QL (60 EA per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG | 5 | ST; QL (56 EA per 180 days) |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 3 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg* | 3 | QL (120 EA per 30 days) |
| *desvenlafaxine succinate oral tablet extended release 24 hr 25 mg* | 4 | QL (60 EA per 30 days) |
| *desvenlafaxine succinate oral tablet extended release 24 hr 50 mg* | 3 | QL (90 EA per 30 days) |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | 3 | |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg* | 4 | |
| *dextroamphetamine sulfate oral solution 5 mg/5 ml* | 4 | QL (1800 ML per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 4 | |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | 4 | QL (60 EA per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg* | 3 | QL (180 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg* | 3 | QL (60 EA per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 15 mg* | 3 | QL (120 EA per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 20 mg* | 3 | QL (90 EA per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 5 mg* | 3 | QL (360 EA per 30 days) |
| *diazepam injection solution 5 mg/ml* | 2 | |
| *diazepam injection syringe 5 mg/ml* | 2 | |
| *diazepam intensol oral concentrate 5 mg/ml* | 2 | QL (360 ML per 30 days) |
| *diazepam oral concentrate 5 mg/ml* | 2 | QL (360 ML per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)* | 2 | QL (1800 ML per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | 2 | QL (180 EA per 30 days) |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 3 | |
| *doxepin oral concentrate 10 mg/ml* | 3 | |
| *doxepin oral tablet 3 mg, 6 mg* | 4 | QL (30 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG | 4 | QL (60 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG | 4 | QL (120 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | QL (90 EA per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg* | 2 | QL (60 EA per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 30 mg* | 2 | QL (120 EA per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | QL (30 EA per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5 ml* | 3 | QL (600 ML per 30 days) |
| *escitalopram oxalate oral tablet 10 mg* | 3 | QL (60 EA per 30 days) |
| *escitalopram oxalate oral tablet 20 mg* | 3 | QL (30 EA per 30 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *escitalopram oxalate oral tablet 5 mg* | 1 | QL (60 EA per 30 days) |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | 5 | ST; QL (30 EA per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | 5 | ST; QL (32 EA per 180 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG | 5 | PA; QL (60 EA per 30 days) |
| FANAPT ORAL TABLET 8 MG | 5 | PA; QL (90 EA per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 4 | PA; QL (16 EA per 365 days) |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 4 | PA; QL (24 EA per 365 days) |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | 4 | PA; QL (16 EA per 365 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | ST; QL (56 EA per 365 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 EA per 30 days) |
| *fluoxetine (pmdd) oral tablet 10 mg, 20 mg* | 3 | QL (120 EA per 30 days) |
| *fluoxetine oral capsule 10 mg* | 1 | QL (120 EA per 30 days) |
| *fluoxetine oral capsule 20 mg* | 1 | QL (90 EA per 30 days) |
| *fluoxetine oral capsule 40 mg* | 3 | QL (90 EA per 30 days) |
| *fluoxetine oral capsule,delayed release(dr/ec) 90 mg* | 3 | QL (4 EA per 28 days) |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 2 | |
| *fluoxetine oral tablet 10 mg, 20 mg* | 3 | QL (120 EA per 30 days) |
| *fluphenazine decanoate injection solution 25 mg/ml* | 4 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 4 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 4 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 4 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 3 | |
| *fluvoxamine oral tablet 100 mg, 25 mg* | 2 | QL (90 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluvoxamine oral tablet 50 mg* | 2 | QL (120 EA per 30 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | 4 | QL (30 EA per 30 days) |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)* | 4 | |
| *haloperidol lactate injection solution 5 mg/ml* | 4 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 2 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg* | 3 | |
| *haloperidol oral tablet 10 mg, 20 mg* | 2 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 3 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | QL (3.5 ML per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | QL (5 ML per 180 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | QL (0.75 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | QL (1 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | QL (1.5 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | QL (0.25 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | QL (0.5 ML per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | QL (0.88 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | QL (1.32 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | QL (1.75 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | QL (2.63 ML per 90 days) |
| *lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 4 | QL (30 EA per 30 days) |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 2 | |
| *lithium carbonate oral tablet 300 mg* | 2 | |
| *lithium carbonate oral tablet extended release 300 mg, 450 mg* | 2 | |
| *lithium citrate oral solution 8 meq/5 ml* | 3 | |
| *lorazepam injection solution 2 mg/ml, 4 mg/ml* | 4 | |
| *lorazepam injection syringe 2 mg/ml* | 4 | |
| *lorazepam intensol oral concentrate 2 mg/ml* | 3 | QL (150 ML per 30 days) |
| *lorazepam oral concentrate 2 mg/ml* | 3 | QL (150 ML per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | 3 | QL (90 EA per 30 days) |
| *lorazepam oral tablet 2 mg* | 3 | QL (150 EA per 30 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 4 | QL (30 EA per 30 days) |
| *lurasidone oral tablet 80 mg* | 4 | QL (60 EA per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 4 | PA; QL (30 EA per 30 days) |
| MARPLAN ORAL TABLET 10 MG | 4 | QL (180 EA per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 3 | QL (90 EA per 30 days) |
| *methylphenidate hcl oral tablet extended release 10 mg, 20 mg* | 3 | |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)* | 3 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 1 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | 3 | QL (30 EA per 30 days) |
| *modafinil oral tablet 100 mg* | 3 | PA; QL (30 EA per 30 days) |
| *modafinil oral tablet 200 mg* | 3 | PA; QL (60 EA per 30 days) |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *molindone oral tablet 10 mg* | 3 | |
| *molindone oral tablet 25 mg, 5 mg* | 4 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 4 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *nortriptyline oral solution 10 mg/5 ml* | 3 | |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; QL (30 EA per 30 days) |
| *olanzapine intramuscular recon soln 10 mg* | 4 | QL (30 EA per 30 days) |
| *olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 3 | QL (60 EA per 30 days) |
| *olanzapine oral tablet 15 mg, 20 mg* | 3 | QL (30 EA per 30 days) |
| *olanzapine oral tablet,disintegrating 10 mg, 5 mg* | 4 | QL (60 EA per 30 days) |
| *olanzapine oral tablet,disintegrating 15 mg, 20 mg* | 4 | QL (30 EA per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 4 | |
| OPIPZA ORAL FILM 10 MG | 5 | ST; QL (90 EA per 30 days) |
| OPIPZA ORAL FILM 2 MG, 5 MG | 5 | ST; QL (60 EA per 30 days) |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | 3 | QL (120 EA per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg* | 4 | PA; QL (30 EA per 30 days) |
| *paliperidone oral tablet extended release 24hr 3 mg, 6 mg* | 4 | PA; QL (60 EA per 30 days) |
| *paroxetine hcl oral suspension 10 mg/5 ml* | 4 | QL (900 ML per 30 days) |
| *paroxetine hcl oral tablet 10 mg* | 1 | QL (180 EA per 30 days) |
| *paroxetine hcl oral tablet 20 mg, 40 mg* | 1 | QL (30 EA per 30 days) |
| *paroxetine hcl oral tablet 30 mg* | 1 | QL (60 EA per 30 days) |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | 3 | QL (60 EA per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 4 | |
| *phenelzine oral tablet 15 mg* | 3 | |
| *pimozide oral tablet 1 mg, 2 mg* | 4 | |
| *protriptyline oral tablet 10 mg, 5 mg* | 4 | |
| *quetiapine oral tablet 100 mg, 25 mg, 50 mg* | 2 | QL (120 EA per 30 days) |
| QUETIAPINE ORAL TABLET 150 MG | 2 | QL (90 EA per 30 days) |
| *quetiapine oral tablet 200 mg* | 2 | QL (90 EA per 30 days) |
| *quetiapine oral tablet 300 mg, 400 mg* | 2 | QL (60 EA per 30 days) |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg* | 3 | QL (30 EA per 30 days) |
| *quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg* | 3 | QL (60 EA per 30 days) |
| RALDESY ORAL SOLUTION 10 MG/ML | 5 | |
| *ramelteon oral tablet 8 mg* | 3 | QL (30 EA per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | QL (30 EA per 30 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml* | 4 | QL (2 EA per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml* | 5 | QL (2 EA per 28 days) |
| *risperidone oral solution 1 mg/ml* | 2 | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg* | 2 | QL (120 EA per 30 days) |
| *risperidone oral tablet 1 mg* | 2 | QL (180 EA per 30 days) |
| *risperidone oral tablet 2 mg* | 2 | QL (90 EA per 30 days) |
| *risperidone oral tablet 3 mg* | 2 | QL (60 EA per 30 days) |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg* | 4 | QL (120 EA per 30 days) |
| *risperidone oral tablet,disintegrating 1 mg* | 4 | QL (180 EA per 30 days) |
| *risperidone oral tablet,disintegrating 2 mg* | 4 | QL (90 EA per 30 days) |
| *risperidone oral tablet,disintegrating 3 mg* | 4 | QL (60 EA per 30 days) |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5 | QL (30 EA per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | 4 | |
| *sertraline oral tablet 100 mg, 25 mg* | 1 | QL (60 EA per 30 days) |
| *sertraline oral tablet 50 mg* | 3 | QL (60 EA per 30 days) |
| SODIUM OXYBATE ORAL SOLUTION 500 MG/ML | 5 | PA; LA; QL (540 ML per 30 days) |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2) | 5 | PA; QL (16 EA per 28 days) |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3) | 5 | PA; QL (18 EA per 28 days) |
| *tasimelteon oral capsule 20 mg* | 5 | PA; QL (30 EA per 30 days) |
| *temazepam oral capsule 15 mg, 30 mg* | 3 | QL (60 EA per 365 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 3 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 4 | |
| *tranylcypromine oral tablet 10 mg* | 4 | |
| *trazodone oral tablet 100 mg* | 1 | |
| *trazodone oral tablet 150 mg, 300 mg, 50 mg* | 3 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 3 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | ST; QL (30 EA per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg* | 3 | QL (60 EA per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 75 mg* | 3 | QL (90 EA per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg* | 2 | QL (90 EA per 30 days) |
| *venlafaxine oral tablet 50 mg, 75 mg* | 2 | QL (120 EA per 30 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | |
| *vilazodone oral tablet 10 mg, 20 mg* | 4 | QL (30 EA per 30 days) |
| *vilazodone oral tablet 40 mg* | 3 | QL (30 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 3 | QL (30 EA per 30 days) |
| *zaleplon oral capsule 10 mg* | 4 | QL (60 EA per 30 days) |
| *zaleplon oral capsule 5 mg* | 4 | QL (30 EA per 30 days) |
| *ziprasidone hcl oral capsule 20 mg* | 3 | QL (180 EA per 30 days) |
| *ziprasidone hcl oral capsule 40 mg* | 3 | QL (120 EA per 30 days) |
| *ziprasidone hcl oral capsule 60 mg, 80 mg* | 3 | QL (60 EA per 30 days) |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* | 4 | QL (6 EA per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | 2 | QL (30 EA per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG | 5 | PA |
| **CARDIOVASCULAR, HYPERTENSION / LIPIDS** | | |
| ***ANTIARRHYTHMIC AGENTS*** | | |
| *amiodarone intravenous solution 50 mg/ml* | 4 | B/D PA |
| *amiodarone oral tablet 100 mg, 200 mg, 400 mg* | 3 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 3 | |
| *flecainide oral tablet 100 mg, 150 mg* | 2 | |
| *flecainide oral tablet 50 mg* | 3 | |
| *lidocaine (pf) intravenous solution 20 mg/ml (2 %)* | 4 | |
| *lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)* | 4 | |
| *mexiletine oral capsule 150 mg, 250 mg* | 2 | |
| *mexiletine oral capsule 200 mg* | 3 | |
| MULTAQ ORAL TABLET 400 MG | 3 | QL (60 EA per 30 days) |
| *pacerone oral tablet 100 mg, 200 mg* | 3 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | 4 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | 2 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 2 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | 2 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 2 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 4 | |
| ***ANTIHYPERTENSIVE THERAPY*** | | |
| *acebutolol oral capsule 200 mg, 400 mg* | 2 | |
| *aliskiren oral tablet 150 mg, 300 mg* | 4 | |
| *amiloride oral tablet 5 mg* | 2 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 2 | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 1 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 1 | |
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | 1 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 3 | |
| *azilsartan medoxomil oral tablet 40 mg, 80 mg* | 1 | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 1 | |
| *betaxolol oral tablet 10 mg, 20 mg* | 3 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 2 | |
| BISOPROLOL FUMARATE ORAL TABLET 2.5 MG | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 3 | |
| *bumetanide injection solution 0.25 mg/ml* | 4 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 3 | |
| *candesartan oral tablet 16 mg, 4 mg, 8 mg* | 1 | QL (60 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *candesartan oral tablet 32 mg* | 1 | QL (30 EA per 30 days) |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 1 | |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 2 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | |
| *carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg* | 3 | |
| *chlorothiazide sodium intravenous recon soln 500 mg* | 4 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 2 | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg* | 1 | |
| *clonidine hcl oral tablet 0.3 mg* | 3 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr* | 3 | QL (4 EA per 28 days) |
| *clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr* | 4 | QL (4 EA per 28 days) |
| *diltiazem hcl intravenous recon soln 100 mg* | 4 | |
| *diltiazem hcl intravenous solution 5 mg/ml* | 4 | |
| *diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 2 | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | 2 | |
| *diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 2 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 2 | |
| *diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 2 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg* | 2 | QL (30 EA per 30 days) |
| *doxazosin oral tablet 8 mg* | 2 | QL (60 EA per 30 days) |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | |
| *eplerenone oral tablet 25 mg, 50 mg* | 3 | |
| *ethacrynate sodium intravenous recon soln 50 mg* | 5 | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | 2 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | |
| *furosemide injection solution 10 mg/ml* | 4 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 2 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *hydralazine injection solution 20 mg/ml* | 4 | |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 2 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | QL (30 EA per 30 days) |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | QL (30 EA per 30 days) |
| *isosorbide-hydralazine oral tablet 20-37.5 mg* | 3 | QL (180 EA per 30 days) |
| *isradipine oral capsule 2.5 mg, 5 mg* | 3 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | PA; QL (30 EA per 30 days) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 2 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | 1 | QL (60 EA per 30 days) |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg* | 1 | QL (30 EA per 30 days) |
| *losartan-hydrochlorothiazide oral tablet 50-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | 2 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *metyrosine oral capsule 250 mg* | 5 | PA |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 2 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 3 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 3 | |
| *nicardipine intravenous solution 25 mg/10 ml* | 4 | |
| *nicardipine oral capsule 20 mg, 30 mg* | 4 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | 3 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | 3 | |
| *nimodipine oral capsule 30 mg* | 4 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | 1 | |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 1 | |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 | |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) | 5 | PA |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) | 5 | PA |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | 5 | PA |
| 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 |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 1 | |
| *phenoxybenzamine oral capsule 10 mg* | 5 | |
| *pindolol oral tablet 10 mg, 5 mg* | 3 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | 3 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | 2 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | 2 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 3 | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | 2 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 1 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | 1 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 1 | |
| *terazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | QL (30 EA per 30 days) |
| *terazosin oral capsule 10 mg* | 1 | QL (60 EA per 30 days) |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 4 | |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 2 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | 1 | |
| *valsartan oral tablet 160 mg, 40 mg, 80 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan oral tablet 320 mg* | 1 | QL (30 EA per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 | QL (30 EA per 30 days) |
| *verapamil intravenous solution 2.5 mg/ml* | 4 | |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | 3 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg* | 2 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 360 mg* | 3 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | 2 | |
| ***COAGULATION THERAPY*** | | |
| *aminocaproic acid oral solution 250 mg/ml (25 %)* | 5 | |
| *aminocaproic acid oral tablet 1,000 mg, 500 mg* | 4 | |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 4 | |
| *cilostazol oral tablet 100 mg, 50 mg* | 2 | |
| *clopidogrel oral tablet 300 mg* | 4 | |
| *clopidogrel oral tablet 75 mg* | 1 | QL (30 EA per 30 days) |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* | 4 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 3 | |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 5 | PA; LA |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 5 | PA; LA |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 5 | PA; LA |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG | 5 | PA; LA |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) | 3 | |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | 3 | |
| *eltrombopag olamine oral powder in packet 12.5 mg* | 5 | PA; QL (360 EA per 30 days) |
| *eltrombopag olamine oral powder in packet 25 mg* | 5 | PA; QL (180 EA per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg* | 5 | PA; QL (30 EA per 30 days) |
| *eltrombopag olamine oral tablet 75 mg* | 5 | PA; QL (60 EA per 30 days) |
| *enoxaparin subcutaneous solution 300 mg/3 ml* | 3 | |
| *enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml* | 3 | |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml* | 5 | |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | 4 | |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)* | 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 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 3 | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | 4 | |
| *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, 5,000 UNIT/ML | 4 | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| *pentoxifylline oral tablet extended release 400 mg* | 2 | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 3 | |
| *rivaroxaban oral tablet 2.5 mg* | 4 | QL (60 EA per 30 days) |
| *ticagrelor oral tablet 60 mg, 90 mg* | 4 | QL (60 EA per 30 days) |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| ***LIPID/CHOLESTEROL LOWERING AGENTS*** | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg* | 1 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | QL (30 EA per 30 days) |
| *cholestyramine (with sugar) oral powder 4 gram* | 3 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | 3 | |
| *cholestyramine light oral powder 4 gram* | 3 | |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cholestyramine light oral powder in packet 4 gram* | 3 | |
| *colesevelam oral powder in packet 3.75 gram* | 3 | |
| *colesevelam oral tablet 625 mg* | 3 | |
| *colestipol oral granules 5 gram* | 4 | |
| *colestipol oral packet 5 gram* | 4 | |
| *colestipol oral tablet 1 gram* | 3 | |
| *ezetimibe oral tablet 10 mg* | 1 | QL (30 EA per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 1 | QL (30 EA per 30 days) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | 3 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | 3 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | 1 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg* | 3 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg* | 4 | |
| *fluvastatin oral capsule 20 mg* | 1 | QL (30 EA per 30 days) |
| *fluvastatin oral capsule 40 mg* | 1 | QL (60 EA per 30 days) |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | 1 | QL (30 EA per 30 days) |
| *gemfibrozil oral tablet 600 mg* | 3 | |
| *icosapent ethyl oral capsule 0.5 gram, 1 gram* | 3 | |
| *lovastatin oral tablet 10 mg* | 1 | QL (30 EA per 30 days) |
| *lovastatin oral tablet 20 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| NEXLETOL ORAL TABLET 180 MG | 3 | PA; QL (30 EA per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | PA; QL (30 EA per 30 days) |
| *niacin oral tablet 500 mg* | 3 | |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | 3 | |
| NIACOR ORAL TABLET 500 MG | 3 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | 3 | |

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You can find information on what the symbols and abbreviations on this table mean by going to page 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | 1 | QL (30 EA per 30 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | QL (30 EA per 30 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 3 | PA; QL (6 ML per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 3 | PA; QL (6 ML per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | QL (30 EA per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | QL (30 EA per 30 days) |
| ***MISCELLANEOUS CARDIOVASCULAR AGENTS*** | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 5 | PA; QL (30 EA per 30 days) |
| *digoxin injection solution 250 mcg/ml (0.25 mg/ml)* | 4 | |
| *digoxin oral solution 50 mcg/ml (0.05 mg/ml)* | 3 | |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 2 | |
| *digoxin oral tablet 62.5 mcg (0.0625 mg)* | 4 | |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | 3 | QL (240 EA per 30 days) |
| FILSPARI ORAL TABLET 200 MG, 400 MG | 5 | PA; QL (30 EA per 30 days) |
| *ivabradine oral tablet 5 mg, 7.5 mg* | 4 | PA; QL (60 EA per 30 days) |
| LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML) | 4 | |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | 3 | QL (60 EA per 30 days) |
| *sacubitril-valsartan oral tablet 24-26 mg* | 3 | QL (180 EA per 30 days) |
| *sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg* | 3 | QL (60 EA per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | PA; QL (30 EA per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 5 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VYNDAQEL ORAL CAPSULE 20 MG | 5 | PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 3 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 3 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | 2 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | 2 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 2 | |
| *nitroglycerin translingual spray,non-aerosol 400 mcg/spray* | 4 | |
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| ***ANTIPSORIATIC / ANTISEBORRHEIC*** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 4 | PA |
| *calcipotriene scalp solution 0.005 %* | 3 | QL (120 ML per 30 days) |
| *calcipotriene topical cream 0.005 %* | 4 | QL (120 GM per 30 days) |
| *calcipotriene topical ointment 0.005 %* | 4 | QL (120 GM per 30 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; QL (2.5 ML per 28 days) |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; QL (10 ML per 28 days) |
| OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML | 5 | PA; QL (104 ML per 180 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | PA; QL (0.5 ML per 28 days) |
| OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; QL (0.5 ML per 28 days) |
| OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| *selenium sulfide topical lotion 2.5 %* | 3 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; QL (6 ML per 365 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; QL (6 ML per 365 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | 5 | PA; QL (20 ML per 28 days) |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (2 ML per 28 days) |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 5 | PA; QL (24 ML per 365 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 5 | PA; QL (2 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 5 | PA; QL (2 ML per 28 days) |
| ***MISCELLANEOUS DERMATOLOGICALS*** | | |
| *ammonium lactate topical cream 12 %* | 3 | |
| *ammonium lactate topical lotion 12 %* | 3 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; QL (8 ML per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML | 5 | PA; QL (8 ML per 28 days) |
| EUCRISA TOPICAL OINTMENT 2 % | 4 | PA; QL (120 GM per 30 days) |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 5 | |
| *fluorouracil topical cream 5 %* | 3 | |
| *fluorouracil topical solution 2 %, 5 %* | 3 | |
| *glydo mucous membrane jelly in applicator 2 %* | 3 | QL (60 ML per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *imiquimod topical cream in metered-dose pump 3.75 %* | 4 | |
| *imiquimod topical cream in packet 3.75 %* | 4 | |
| *imiquimod topical cream in packet 5 %* | 3 | |
| *lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)* | 4 | |
| *lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)* | 4 | |
| *lidocaine hcl laryngotracheal solution 4 %* | 3 | |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | 3 | QL (60 ML per 30 days) |
| *lidocaine hcl mucous membrane solution 2 %* | 1 | |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | 3 | |
| *lidocaine topical adhesive patch,medicated 5 %* | 3 | PA; QL (90 EA per 30 days) |
| *lidocaine topical ointment 5 %* | 3 | QL (50 GM per 30 days) |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | 4 | QL (30 GM per 30 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | 5 | |
| PANRETIN TOPICAL GEL 0.1 % | 5 | |
| *pimecrolimus topical cream 1 %* | 4 | PA; QL (100 GM per 30 days) |
| *podofilox topical solution 0.5 %* | 3 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 4 | QL (180 GM per 30 days) |
| *silver sulfadiazine topical cream 1 %* | 3 | |
| *ssd topical cream 1 %* | 3 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | 4 | PA; QL (100 GM per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | 5 | PA |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | 4 | PA; QL (90 EA per 30 days) |
| ***THERAPY FOR ACNE*** | | |
| *adapalene topical gel 0.3 %* | 4 | QL (45 GM per 30 days) |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *adapalene topical gel with pump 0.3 %* | 4 | |
| *amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| *azelaic acid topical gel 15 %* | 4 | |
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| *clindacin etz topical swab 1 %* | 3 | QL (69 EA per 30 days) |
| *clindacin p topical swab 1 %* | 3 | QL (69 EA per 30 days) |
| *clindamycin phosphate topical gel 1 %* | 4 | QL (120 GM per 30 days) |
| *clindamycin phosphate topical gel, once daily 1 %* | 4 | QL (150 ML per 30 days) |
| *clindamycin phosphate topical lotion 1 %* | 3 | QL (120 ML per 30 days) |
| *clindamycin phosphate topical solution 1 %* | 3 | QL (120 ML per 30 days) |
| *clindamycin phosphate topical swab 1 %* | 3 | QL (60 EA per 30 days) |
| *ery pads topical swab 2 %* | 3 | |
| *erythromycin with ethanol topical gel 2 %* | 4 | |
| *erythromycin with ethanol topical solution 2 %* | 3 | |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | 4 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| *metronidazole topical cream 0.75 %* | 4 | |
| *metronidazole topical gel 0.75 %, 1 %* | 4 | |
| *metronidazole topical gel with pump 1 %* | 4 | |
| *metronidazole topical lotion 0.75 %* | 4 | |
| *tazarotene topical cream 0.05 %, 0.1 %* | 4 | PA |
| *tazarotene topical gel 0.05 %, 0.1 %* | 4 | PA |
| *tretinoin microspheres topical gel 0.04 %* | 4 | PA |
| *tretinoin microspheres topical gel with pump 0.04 %, 0.08 %* | 4 | PA |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | 4 | PA |
| *tretinoin topical gel 0.01 %* | 3 | PA |
| *tretinoin topical gel 0.025 %, 0.05 %* | 4 | PA |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***TOPICAL ANTIBACTERIALS*** | | |
| *gentamicin topical cream 0.1 %* | 3 | QL (60 GM per 30 days) |
| *gentamicin topical ointment 0.1 %* | 3 | |
| *mupirocin calcium topical cream 2 %* | 4 | QL (30 GM per 30 days) |
| *mupirocin topical ointment 2 %* | 3 | QL (44 GM per 30 days) |
| *sulfacetamide sodium (acne) topical suspension 10 %* | 3 | |
| ***TOPICAL ANTIFUNGALS*** | | |
| *ciclodan topical solution 8 %* | 3 | |
| *ciclopirox topical cream 0.77 %* | 3 | QL (90 GM per 28 days) |
| *ciclopirox topical shampoo 1 %* | 3 | QL (120 ML per 28 days) |
| *ciclopirox topical solution 8 %* | 3 | QL (6.6 ML per 28 days) |
| *ciclopirox topical suspension 0.77 %* | 3 | QL (60 ML per 28 days) |
| *clotrimazole topical cream 1 %* | 3 | QL (45 GM per 28 days) |
| *clotrimazole topical solution 1 %* | 3 | QL (30 ML per 28 days) |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | 3 | QL (45 GM per 28 days) |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | 3 | QL (60 ML per 28 days) |
| *econazole nitrate topical cream 1 %* | 3 | QL (85 GM per 28 days) |
| *ketoconazole topical cream 2 %* | 3 | QL (60 GM per 28 days) |
| *ketoconazole topical shampoo 2 %* | 3 | QL (120 ML per 28 days) |
| *klayesta topical powder 100,000 unit/gram* | 3 | QL (180 GM per 30 days) |
| *naftifine topical cream 1 %, 2 %* | 3 | QL (60 GM per 28 days) |
| *naftifine topical gel 2 %* | 3 | QL (60 GM per 30 days) |
| *nyamyc topical powder 100,000 unit/gram* | 3 | QL (180 GM per 30 days) |
| *nystatin topical cream 100,000 unit/gram* | 3 | QL (30 GM per 28 days) |
| *nystatin topical ointment 100,000 unit/gram* | 3 | QL (30 GM per 28 days) |
| *nystatin topical powder 100,000 unit/gram* | 3 | QL (180 GM per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | 4 | QL (60 GM per 28 days) |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | 4 | QL (60 GM per 28 days) |
| *nystop topical powder 100,000 unit/gram* | 3 | QL (180 GM per 30 days) |
| ***TOPICAL ANTIVIRALS*** | | |
| *acyclovir topical ointment 5 %* | 4 | QL (30 GM per 30 days) |
| *penciclovir topical cream 1 %* | 4 | QL (5 GM per 30 days) |
| ***TOPICAL CORTICOSTEROIDS*** | | |
| *ala-cort topical cream 1 %* | 1 | |
| *alclometasone topical cream 0.05 %* | 3 | |
| *alclometasone topical ointment 0.05 %* | 3 | |
| *betamethasone dipropionate topical cream 0.05 %* | 3 | |
| *betamethasone dipropionate topical lotion 0.05 %* | 3 | |
| *betamethasone dipropionate topical ointment 0.05 %* | 3 | |
| *betamethasone valerate topical cream 0.1 %* | 3 | |
| *betamethasone valerate topical foam 0.12 %* | 3 | |
| *betamethasone valerate topical lotion 0.1 %* | 3 | |
| *betamethasone valerate topical ointment 0.1 %* | 3 | |
| *betamethasone, augmented topical cream 0.05 %* | 3 | |
| *betamethasone, augmented topical gel 0.05 %* | 3 | |
| *betamethasone, augmented topical lotion 0.05 %* | 3 | |
| *betamethasone, augmented topical ointment 0.05 %* | 3 | |
| *clobetasol scalp solution 0.05 %* | 3 | QL (100 ML per 28 days) |
| *clobetasol topical cream 0.05 %* | 3 | QL (120 GM per 28 days) |
| *clobetasol topical foam 0.05 %* | 4 | QL (100 GM per 28 days) |
| *clobetasol topical gel 0.05 %* | 3 | QL (120 GM per 28 days) |
| *clobetasol topical ointment 0.05 %* | 3 | QL (120 GM per 28 days) |
| *clobetasol topical shampoo 0.05 %* | 4 | QL (236 ML per 28 days) |
| *clobetasol-emollient topical cream 0.05 %* | 3 | QL (120 GM per 28 days) |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobetasol-emollient topical foam 0.05 %* | 4 | QL (100 GM per 28 days) |
| CLOCORTOLONE PIVALATE TOPICAL CREAM 0.1 % | 4 | |
| *clodan topical shampoo 0.05 %* | 4 | QL (236 ML per 28 days) |
| *desonide topical cream 0.05 %* | 3 | |
| *desonide topical lotion 0.05 %* | 3 | |
| *desonide topical ointment 0.05 %* | 3 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | 4 | |
| *desoximetasone topical gel 0.05 %* | 4 | |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | 4 | |
| *fluocinolone and shower cap scalp oil 0.01 %* | 3 | |
| *fluocinolone topical cream 0.01 %, 0.025 %* | 3 | |
| *fluocinolone topical oil 0.01 %* | 3 | |
| *fluocinolone topical ointment 0.025 %* | 3 | |
| *fluocinolone topical solution 0.01 %* | 3 | |
| *fluocinonide topical cream 0.05 %* | 3 | QL (120 GM per 30 days) |
| *fluocinonide topical cream 0.1 %* | 4 | QL (120 GM per 30 days) |
| *fluocinonide topical gel 0.05 %* | 3 | QL (120 GM per 30 days) |
| *fluocinonide topical ointment 0.05 %* | 3 | QL (120 GM per 30 days) |
| *fluocinonide topical solution 0.05 %* | 3 | QL (120 ML per 30 days) |
| *fluticasone propionate topical cream 0.05 %* | 2 | |
| *fluticasone propionate topical ointment 0.005 %* | 2 | |
| *halobetasol propionate topical cream 0.05 %* | 3 | |
| *halobetasol propionate topical ointment 0.05 %* | 3 | |
| *hydrocortisone butyrate topical cream 0.1 %* | 4 | QL (120 GM per 30 days) |
| *hydrocortisone butyrate topical ointment 0.1 %* | 3 | QL (120 GM per 30 days) |
| *hydrocortisone butyrate topical solution 0.1 %* | 3 | QL (120 ML per 30 days) |
| *hydrocortisone topical cream 1 %, 2.5 %* | 3 | |
| *hydrocortisone topical lotion 2.5 %* | 2 | |
| *hydrocortisone topical ointment 1 %, 2.5 %* | 2 | |
| *hydrocortisone valerate topical cream 0.2 %* | 3 | |
| *hydrocortisone valerate topical ointment 0.2 %* | 3 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mometasone topical cream 0.1 %* | 3 | |
| *mometasone topical ointment 0.1 %* | 3 | |
| *mometasone topical solution 0.1 %* | 3 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %* | 3 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | 3 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %* | 3 | |
| ***TOPICAL SCABICIDES / PEDICULICIDES*** | | |
| *malathion topical lotion 0.5 %* | 4 | |
| *permethrin topical cream 5 %* | 3 | |
| **DIAGNOSTICS / MISCELLANEOUS AGENTS** | | |
| ***IRRIGATING SOLUTIONS*** | | |
| *lactated ringers irrigation solution* | 4 | |
| *neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml* | 4 | |
| *ringer's irrigation solution* | 4 | |
| ***MISCELLANEOUS AGENTS*** | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | 3 | |
| *anagrelide oral capsule 0.5 mg, 1 mg* | 3 | |
| *carglumic acid oral tablet, dispersible 200 mg* | 5 | PA; LA |
| *cevimeline oral capsule 30 mg* | 4 | |
| CHEMET ORAL CAPSULE 100 MG | 5 | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | B/D PA |
| CUVRIOR ORAL TABLET 300 MG | 5 | PA; LA; QL (300 EA per 30 days) |
| *d10 %-0.45 % sodium chloride intravenous parenteral solution* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *d2.5 %-0.45 % sodium chloride intravenous parenteral solution* | 4 | |
| D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | 4 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | 4 | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | 5 | PA |
| *deferasirox oral tablet 180 mg, 360 mg* | 4 | PA |
| *deferasirox oral tablet 90 mg* | 3 | PA |
| *deferiprone oral tablet 1,000 mg, 500 mg* | 5 | PA |
| *dextrose 10 % and 0.2 % nacl intravenous parenteral solution* | 4 | |
| *dextrose 10 % in water (d10w) intravenous parenteral solution 10 %* | 4 | |
| *dextrose 25 % in water (d25w) intravenous syringe* | 4 | |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| *dextrose 5 % in water (d5w) intravenous piggyback 5 %* | 4 | |
| *dextrose 5 %-lactated ringers intravenous parenteral solution* | 4 | |
| *dextrose 5%-0.2 % sod chloride intravenous parenteral solution* | 4 | |
| *dextrose 5%-0.3 % sod.chloride intravenous parenteral solution* | 4 | |
| DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| *dextrose 50 % in water (d50w) intravenous syringe* | 4 | |
| *dextrose 70 % in water (d70w) intravenous parenteral solution* | 4 | |
| *disulfiram oral tablet 250 mg, 500 mg* | 3 | |
| *droxidopa oral capsule 100 mg* | 4 | PA; QL (90 EA per 30 days) |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *droxidopa oral capsule 200 mg, 300 mg* | 5 | PA; QL (180 EA per 30 days) |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 5 | PA |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 5 | PA |
| *glutamine (sickle cell) oral powder in packet 5 gram* | 5 | PA; QL (180 EA per 30 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | PA; LA |
| *kionex oral suspension 15 gram/60 ml* | 3 | |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | 4 | |
| *levocarnitine oral solution 100 mg/ml* | 4 | |
| *levocarnitine oral tablet 330 mg* | 3 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | 3 | QL (34 EA per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | 3 | QL (90 EA per 30 days) |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | 3 | |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | 5 | PA |
| *pilocarpine hcl oral tablet 5 mg* | 3 | |
| *pilocarpine hcl oral tablet 7.5 mg* | 4 | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 5 | PA; LA |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 5 | PA |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 5 | PA; QL (30 EA per 30 days) |
| *riluzole oral tablet 50 mg* | 3 | |
| *risedronate oral tablet 30 mg* | 3 | QL (30 EA per 30 days) |
| *sevelamer carbonate oral powder in packet 0.8 gram* | 4 | PA; QL (510 EA per 30 days) |
| *sevelamer carbonate oral powder in packet 2.4 gram* | 4 | PA; QL (150 EA per 30 days) |
| *sevelamer carbonate oral tablet 800 mg* | 4 | PA; QL (510 EA per 30 days) |
| *sodium chloride 0.9 % intravenous parenteral solution* | 4 | |
| *sodium chloride 0.9 % intravenous piggyback* | 4 | |
| SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % | 4 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sodium phenylbutyrate oral powder 0.94 gram/gram* | 5 | PA |
| *sodium phenylbutyrate oral tablet 500 mg* | 5 | PA |
| *sodium polystyrene sulfonate oral powder 15 gram* | 3 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | 3 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | 3 | |
| *trientine oral capsule 250 mg* | 5 | PA; QL (240 EA per 30 days) |
| TZIELD INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA; QL (14 ML per 999 days) |
| *water for irrigation, sterile irrigation solution* | 4 | |
| WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (MISC CARDIOVASCULAR) | 3 | PA; QL (30 EA per 30 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (MISC CARDIOVASCULAR) | 3 | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (MISC CARDIOVASCULAR) | 3 | PA; QL (3 ML per 28 days) |
| XIAFLEX INJECTION RECON SOLN 0.9 MG | 5 | PA |
| *zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml* | 4 | B/D PA |
| ***SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | 2 | QL (60 EA per 30 days) |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | 4 | |
| VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG, 1 MG (56 PACK) | 4 | |
| *varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **EAR, NOSE / THROAT MEDICATIONS** | | |
| ***MISCELLANEOUS AGENTS*** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 2 | QL (60 ML per 30 days) |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | 1 | |
| *fluoride (sodium) dental cream 1.1 %* | 2 | |
| *fluoride (sodium) dental gel 1.1 %* | 2 | |
| *fluoride (sodium) dental paste 1.1 %* | 2 | |
| *fluoride (sodium) dental solution 0.2 %* | 2 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | 2 | QL (30 ML per 30 days) |
| *kourzeq dental paste 0.1 %* | 3 | |
| *oralone dental paste 0.1 %* | 3 | |
| *periogard mucous membrane mouthwash 0.12 %* | 1 | |
| *sodium fluoride 5000 dry mouth dental paste 1.1 %* | 2 | |
| *sodium fluoride 5000 plus dental cream 1.1 %* | 2 | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | 2 | |
| *triamcinolone acetonide dental paste 0.1 %* | 3 | |
| ***MISCELLANEOUS OTIC PREPARATIONS*** | | |
| *acetic acid otic (ear) solution 2 %* | 3 | |
| *flac otic oil otic (ear) drops 0.01 %* | 3 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | 3 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | 3 | |
| *ofloxacin otic (ear) drops 0.3 %* | 3 | |
| ***OTIC STEROID / ANTIBIOTIC*** | | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | 3 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | 3 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | 3 | |
| **ENDOCRINE/DIABETES** | | |
| ***ADRENAL HORMONES*** | | |
| *cortisone oral tablet 25 mg* | 4 | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML | 4 | |
| *dexamethasone intensol oral drops 1 mg/ml* | 4 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | 2 | |
| *dexamethasone oral solution 0.5 mg/5 ml* | 2 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 2 | |
| *dexamethasone sodium phos (pf) injection solution 10 mg/ml* | 4 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | 4 | |
| *fludrocortisone oral tablet 0.1 mg* | 2 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *hydrocortisone sod succinate injection recon soln 100 mg* | 4 | |
| MEDROL ORAL TABLET 2 MG | 3 | B/D PA |
| *methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml* | 4 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | B/D PA |
| *methylprednisolone oral tablets,dose pack 4 mg* | 2 | |
| *methylprednisolone sodium succ injection recon soln 125 mg, 40 mg* | 4 | |
| *methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg* | 4 | |
| *prednisolone oral solution 15 mg/5 ml* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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)* | 3 | |
| *prednisolone sodium phosphate oral syringe 15 mg/5 ml* | 3 | |
| *prednisone intensol oral concentrate 5 mg/ml* | 4 | |
| *prednisone oral solution 5 mg/5 ml* | 3 | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *prednisone oral tablet 50 mg* | 2 | |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | 1 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 4 | |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG | 5 | PA; QL (120 EA per 30 days) |
| *triamcinolone acetonide injection suspension 40 mg/ml* | 2 | |
| ***ANTITHYROID AGENTS*** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 2 | |
| *propylthiouracil oral tablet 50 mg* | 3 | |
| ***DIABETES THERAPY*** | | |
| *acarbose oral tablet 100 mg* | 1 | QL (90 EA per 30 days) |
| *acarbose oral tablet 25 mg* | 1 | QL (360 EA per 30 days) |
| *acarbose oral tablet 50 mg* | 1 | QL (180 EA per 30 days) |
| *alcohol pads topical pads, medicated* | 2 | PA |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | 2 | PA |
| ALCOHOL SWABS TOPICAL PADS, MEDICATED | 2 | PA |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | 2 | PA |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED | 2 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED | 2 | PA |
| CYCLOSET ORAL TABLET 0.8 MG | 4 | QL (180 EA per 30 days) |
| *dapagliflozin oral tablet 10 mg* | 1 | QL (30 EA per 30 days) |
| *dapagliflozin oral tablet 5 mg* | 1 | QL (60 EA per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg* | 1 | QL (30 EA per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg* | 1 | QL (60 EA per 30 days) |
| *diazoxide oral suspension 50 mg/ml* | 5 | |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | 2 | PA |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED | 2 | PA |
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | 2 | PA |
| FARXIGA ORAL TABLET 10 MG | 3 | ST; QL (30 EA per 30 days) |
| FARXIGA ORAL TABLET 5 MG | 3 | ST; QL (60 EA per 30 days) |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 3 | |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | 3 | |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| *glimepiride oral tablet 1 mg* | 1 | QL (240 EA per 30 days) |
| *glimepiride oral tablet 2 mg* | 1 | QL (120 EA per 30 days) |
| *glimepiride oral tablet 4 mg* | 1 | QL (60 EA per 30 days) |
| *glipizide oral tablet 10 mg* | 1 | QL (120 EA per 30 days) |
| GLIPIZIDE ORAL TABLET 15 MG | 1 | QL (60 EA per 30 days) |
| GLIPIZIDE ORAL TABLET 2.5 MG | 1 | QL (30 EA per 30 days) |
| *glipizide oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *glipizide oral tablet extended release 24hr 10 mg* | 1 | QL (60 EA per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg* | 1 | QL (240 EA per 30 days) |
| *glipizide oral tablet extended release 24hr 5 mg* | 1 | QL (120 EA per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | 1 | QL (240 EA per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | 1 | QL (120 EA per 30 days) |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG | 3 | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | 3 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3 | QL (0.8 ML per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3 | QL (0.8 ML per 30 days) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | QL (0.8 ML per 30 days) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | QL (0.8 ML per 30 days) |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 3 | QL (0.8 ML per 30 days) |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 3 | |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) | 3 | |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | 3 | |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 3 | |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | 3 | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 3 | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | 3 | |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 5 | |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 5 | |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 3 | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 3 | |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| IV PREP WIPES TOPICAL PADS, MEDICATED | 2 | PA |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | QL (30 EA per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (60 EA per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 EA per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 3 | |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| *metformin oral solution 500 mg/5 ml* | 1 | QL (765 ML per 30 days) |
| *metformin oral tablet 1,000 mg* | 1 | QL (75 EA per 30 days) |
| *metformin oral tablet 500 mg* | 1 | QL (150 EA per 30 days) |
| *metformin oral tablet 850 mg* | 1 | QL (90 EA per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | QL (120 EA per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | QL (60 EA per 30 days) |
| *metformin oral tablet extended release 24hr 1,000 mg* | 1 | ST; QL (60 EA per 30 days) |
| *metformin oral tablet extended release 24hr 500 mg* | 1 | QL (150 EA per 30 days) |
| *miglitol oral tablet 100 mg* | 4 | QL (90 EA per 30 days) |
| *miglitol oral tablet 25 mg* | 4 | QL (360 EA per 30 days) |
| *miglitol oral tablet 50 mg* | 4 | QL (180 EA per 30 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | PA; QL (2 ML per 28 days) |
| *nateglinide oral tablet 120 mg* | 1 | QL (90 EA per 30 days) |
| *nateglinide oral tablet 60 mg* | 1 | QL (180 EA per 30 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 4 | |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | 3 | PA; QL (30 EA per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | PA; QL (3 ML per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* | 1 | QL (30 EA per 30 days) |
| *pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg* | 1 | QL (90 EA per 30 days) |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED | 2 | PA |
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED | 2 | PA |
| *repaglinide oral tablet 0.5 mg* | 1 | QL (960 EA per 30 days) |
| *repaglinide oral tablet 1 mg* | 1 | QL (480 EA per 30 days) |
| *repaglinide oral tablet 2 mg* | 1 | QL (240 EA per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; QL (30 EA per 30 days) |
| *sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg* | 3 | QL (60 EA per 30 days) |
| *sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg* | 3 | QL (30 EA per 30 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 3 | QL (15 ML per 24 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 3 | |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 3 | |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 EA per 30 days) |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED | 2 | PA |
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED | 2 | PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3 | PA; QL (2 ML per 28 days) |
| ***MISCELLANEOUS HORMONES*** | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 5 | PA |
| *cabergoline oral tablet 0.5 mg* | 3 | |
| *calcitonin (salmon) injection solution 200 unit/ml* | 5 | |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | 3 | |
| *calcitriol intravenous solution 1 mcg/ml* | 4 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 2 | |
| *calcitriol oral solution 1 mcg/ml* | 4 | |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 5 | PA |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT | 4 | PA |
| *cinacalcet oral tablet 30 mg* | 3 | QL (60 EA per 30 days) |
| *cinacalcet oral tablet 60 mg* | 4 | QL (60 EA per 30 days) |
| *cinacalcet oral tablet 90 mg* | 4 | QL (120 EA per 30 days) |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 4 | |
| *desmopressin injection solution 4 mcg/ml* | 4 | |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 4 | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | 4 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* | 3 | |
| *doxercalciferol intravenous solution 4 mcg/2 ml* | 4 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 5 | PA |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 5 | |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG | 5 | PA |
| *mifepristone oral tablet 300 mg* | 5 | PA; QL (120 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 5 | PA |
| *pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)* | 4 | |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 4 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 5 | |
| *sapropterin oral powder in packet 100 mg, 500 mg* | 5 | PA |
| *sapropterin oral tablet,soluble 100 mg* | 5 | PA |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; QL (30 EA per 30 days) |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | 5 | |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 2 | |
| *testosterone enanthate intramuscular oil 200 mg/ml* | 3 | |
| *testosterone transdermal gel 50 mg/5 gram (1 %)* | 4 | PA; QL (300 GM per 30 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 4 | PA; QL (300 GM per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 4 | PA; QL (150 GM per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | 4 | PA; QL (300 GM per 30 days) |
| TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) | 4 | PA; QL (300 GM per 30 days) |
| *tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg* | 5 | PA; QL (120 EA per 30 days) |
| *tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)* | 5 | PA; QL (56 EA per 28 days) |
| *tolvaptan oral tablet 15 mg* | 5 | PA; QL (120 EA per 30 days) |
| *tolvaptan oral tablet 30 mg* | 5 | PA; QL (60 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zoledronic acid intravenous solution 4 mg/5 ml* | 4 | B/D PA |
| ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML | 4 | B/D PA |
| ***THYROID HORMONES*** | | |
| | | |
| *levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| *levothyroxine oral tablet 175 mcg, 300 mcg* | 3 | |
| *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 oral tablet 25 mcg, 5 mcg, 50 mcg* | 2 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | 2 | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| *unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 3 | |
| **GASTROENTEROLOGY** | | |
| ***ANTIDIARRHEALS / ANTISPASMODICS*** | | |
| *dicyclomine oral capsule 10 mg* | 3 | |
| *dicyclomine oral solution 10 mg/5 ml* | 3 | |
| *dicyclomine oral tablet 20 mg* | 3 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | 3 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 3 | |
| GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML | 4 | |
| *glycopyrrolate (pf) in water intravenous 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 0.4 MG/2 ML (0.2 MG/ML) | 4 | |
| *glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)* | 4 | |
| *glycopyrrolate injection solution 0.2 mg/ml* | 4 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 2 | |
| *loperamide oral capsule 2 mg* | 2 | |
| ***MISCELLANEOUS GASTROINTESTINAL AGENTS*** | | |
| *alosetron oral tablet 0.5 mg* | 4 | PA |
| *alosetron oral tablet 1 mg* | 5 | PA |
| *aprepitant oral capsule 125 mg* | 5 | B/D PA |
| *aprepitant oral capsule 40 mg, 80 mg* | 4 | B/D PA |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | 4 | B/D PA |
| *balsalazide oral capsule 750 mg* | 4 | |
| *betaine oral powder 1 gram/scoop* | 5 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | 4 | |
| *budesonide oral tablet,delayed and ext.release 9 mg* | 5 | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML | 4 | |
| *compro rectal suppository 25 mg* | 3 | |
| *constulose oral solution 10 gram/15 ml* | 2 | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | 5 | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 3 | |
| *cromolyn oral concentrate 100 mg/5 ml* | 3 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 4 | B/D PA; QL (60 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | 5 | PA; QL (1.36 ML per 28 days) |
| *enulose oral solution 10 gram/15 ml* | 2 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | 2 | |
| *generlac oral solution 10 gram/15 ml* | 2 | |
| *granisetron hcl oral tablet 1 mg* | 3 | B/D PA |
| *hydrocortisone rectal enema 100 mg/60 ml* | 3 | |
| *hydrocortisone topical cream with perineal applicator 1 %, 2.5 %* | 3 | |
| IQIRVO ORAL TABLET 80 MG | 5 | PA; QL (30 EA per 30 days) |
| *lactulose oral solution 10 gram/15 ml* | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 EA per 30 days) |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | 3 | QL (60 EA per 30 days) |
| *meclizine oral tablet 12.5 mg, 25 mg* | 2 | |
| *mesalamine oral capsule, extended release 500 mg* | 4 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | 4 | |
| *mesalamine rectal enema 4 gram/60 ml* | 4 | |
| *mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml* | 4 | |
| *metoclopramide hcl oral solution 5 mg/5 ml* | 2 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 2 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 4 | QL (30 EA per 30 days) |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | 4 | |
| *ondansetron hcl (pf) injection solution 4 mg/2 ml* | 4 | |
| *ondansetron hcl (pf) injection syringe 4 mg/2 ml* | 4 | |
| *ondansetron hcl intravenous solution 2 mg/ml* | 4 | |
| *ondansetron hcl oral solution 4 mg/5 ml* | 4 | B/D PA |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 oral recon soln 236-22.74-6.74 -5.86 gram (rx)* | 2 | |
| *peg-electrolyte soln oral recon soln 420 gram (rx)* | 2 | |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)* | 4 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 2 | |
| *prochlorperazine rectal suppository 25 mg* | 3 | |
| *procto-med hc topical cream with perineal applicator 2.5 %* | 3 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | 3 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | 3 | |
| REMICADE INTRAVENOUS RECON SOLN 100 MG | 5 | PA; QL (20 EA per 30 days) |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR | 5 | |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | 3 | QL (10 EA per 30 days) |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 5 | PA; QL (30 ML per 180 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | 5 | PA; QL (1.2 ML per 56 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 5 | PA; QL (2.4 ML per 56 days) |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)* | 3 | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | 5 | PA |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM | 4 | |
| *sulfasalazine oral tablet 500 mg* | 2 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | 2 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 4 | |
| TRULANCE ORAL TABLET 3 MG | 4 | |
| *ursodiol oral capsule 300 mg* | 3 | |
| *ursodiol oral tablet 250 mg, 500 mg* | 4 | |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | 5 | PA; LA |
| 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 | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 5 | PA; QL (2 EA per 28 days) |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 5 | PA; QL (2 EA per 28 days) |
| ***ULCER THERAPY*** | | |
| *bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg* | 4 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg* | 3 | QL (60 EA per 30 days) |
| *famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)* | 4 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg* | 2 | QL (60 EA per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 3 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | 3 | QL (60 EA per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| *sucralfate oral suspension 100 mg/ml* | 4 | |
| *sucralfate oral tablet 1 gram* | 2 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG | 4 | QL (168 EA per 180 days) |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | 4 | QL (224 EA per 365 days) |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | 4 | QL (224 EA per 365 days) |
| **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY** | | |
| ***BIOTECHNOLOGY DRUGS*** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | PA |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | PA |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 5 | PA; LA; QL (2 ML per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; QL (14 EA per 28 days) |
| 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 |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 5 | PA |
| LEUKINE INJECTION RECON SOLN 250 MCG | 5 | PA |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | QL (4 ML per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | QL (2 ML per 28 days) |
| *plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)* | 5 | B/D PA |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4 | PA |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML | 5 | PA |
| 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 |
| ***VACCINES / MISCELLANEOUS IMMUNOLOGICALS*** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 3 | PA; V; QL (1 EA per 365 days) |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | V |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | V |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 3 | PA; V; QL (1 EA per 365 days) |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML | 4 | B/D PA |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 3 | V |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 3 | V |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 3 | V |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | V |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 3 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 3 | B/D PA; V |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 3 | B/D PA; V |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 3 | B/D PA; V |
| *fomepizole intravenous solution 1 gram/ml* | 5 | |
| GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 (100 ML) | 5 | B/D PA |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %, 10 % (50ML) | 5 | B/D PA |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | 5 | B/D PA |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 5 | B/D PA |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 5 | B/D PA |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 5 | B/D PA |
| GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %) | 4 | B/D PA |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | V |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | B/D PA; V |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | B/D PA; V |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 3 | V |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | V |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | V |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | V |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | V |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML | 3 | V |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | V |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | PA; V; QL (1 ML per 365 days) |
| OCTAGAM INTRAVENOUS SOLUTION 10 % | 5 | B/D PA |
| OCTAGAM INTRAVENOUS SOLUTION 5 % | 4 | B/D PA |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | V |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | 3 | V |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | 3 | V |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | B/D PA; V |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 3 | B/D PA; V |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | B/D PA; V |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | V; QL (2 EA per 999 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | V; QL (1 ML per 999 days) |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML | 3 | V |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 3 | V |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 3 | V |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 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 |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | V |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 3 | V |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 3 | V |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 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) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | V |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 3 | V |
| VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | 3 | V |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | 3 | V; QL (4 EA per 720 days) |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | 5 | B/D PA |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 3 | V |
| **MISCELLANEOUS SUPPLIES** | | |
| ***MISCELLANEOUS SUPPLIES*** | | |
| ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 2 | PA; QL (200 EA per 30 days) |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN | 3 | |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN | 3 | |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | 2 | PA; QL (200 EA per 30 days) |
| CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) | 3 | QL (10 EA per 30 days) |
| CEQUR SIMPLICITY INSERTER | 3 | QL (1 EA per 365 days) |
| CURITY GAUZE TOPICAL SPONGE 2 X 2 " | 2 | PA |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" | 2 | PA; QL (200 EA per 30 days) |
| DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16" | 2 | PA; QL (200 EA per 30 days) |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | 2 | PA; QL (200 EA per 30 days) |
| EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | 2 | PA; QL (200 EA per 30 days) |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | 2 | PA |
| INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | 2 | PA; QL (200 EA per 30 days) |
| MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16" | 2 | PA; QL (200 EA per 30 days) |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" | 2 | PA; QL (200 EA per 30 days) |
| NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" | 2 | PA; QL (200 EA per 30 days) |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | 3 | |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | 3 | QL (20 EA per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (20 EA per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (20 EA per 30 days) |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | 2 | PA; QL (200 EA per 30 days) |
| PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | 2 | PA; QL (200 EA per 30 days) |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" | 2 | PA; QL (200 EA per 30 days) |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | 2 | PA; QL (200 EA per 30 days) |
| TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | 2 | PA; QL (200 EA per 30 days) |
| ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16" | 2 | PA; QL (200 EA per 30 days) |
| UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" | 2 | PA; QL (200 EA per 30 days) |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" | 2 | PA; QL (200 EA per 30 days) |
| UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" | 2 | PA; QL (200 EA per 30 days) |
| V-GO 20 DEVICE | 3 | QL (30 EA per 30 days) |
| V-GO 30 DEVICE | 3 | QL (30 EA per 30 days) |
| V-GO 40 DEVICE | 3 | QL (30 EA per 30 days) |
| **MUSCULOSKELETAL / RHEUMATOLOGY** | | |
| ***GOUT THERAPY*** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 3 | |
| *colchicine oral tablet 0.6 mg* | 3 | QL (120 EA per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | 3 | |

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## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *probenecid oral tablet 500 mg* | 3 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | 3 | |
| ***OSTEOPOROSIS THERAPY*** | | |
| *alendronate oral tablet 10 mg* | 1 | QL (30 EA per 30 days) |
| *alendronate oral tablet 35 mg, 70 mg* | 1 | QL (4 EA per 28 days) |
| CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML | 4 | QL (1 ML per 180 days) |
| *ibandronate oral tablet 150 mg* | 2 | QL (1 EA per 28 days) |
| *raloxifene oral tablet 60 mg* | 2 | QL (30 EA per 30 days) |
| *risedronate oral tablet 150 mg* | 3 | QL (1 EA per 28 days) |
| *risedronate oral tablet 35 mg* | 3 | QL (4 EA per 28 days) |
| *risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)* | 2 | QL (4 EA per 28 days) |
| *risedronate oral tablet 5 mg* | 3 | QL (30 EA per 30 days) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | 5 | PA; QL (2.24 ML per 28 days) |
| ***OTHER RHEUMATOLOGICALS*** | | |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 5 | PA |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 5 | PA |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA; QL (8 ML per 28 days) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 5 | PA; QL (4.8 ML per 28 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 5 | PA; QL (4.8 ML per 28 days) |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | 5 | PA; QL (2.4 ML per 28 days) |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; QL (2.4 ML per 28 days) |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 5 | PA; QL (2.28 ML per 28 days) |
| KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 5 | PA; QL (2.28 ML per 28 days) |
| *leflunomide oral tablet 10 mg* | 2 | QL (30 EA per 30 days) |
| *leflunomide oral tablet 20 mg* | 3 | QL (30 EA per 30 days) |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; QL (60 EA per 30 days) |
| 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 EA per 365 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) | 5 | PA; QL (54 EA per 365 days) |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | 5 | PA; QL (82 EA per 365 days) |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | 5 | PA; QL (30 EA per 30 days) |
| *penicillamine oral capsule 250 mg* | 5 | |
| *penicillamine oral tablet 250 mg* | 5 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (360 ML per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 5 | PA; QL (30 EA per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 5 | PA; QL (168 EA per 365 days) |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA; QL (3.6 ML per 28 days) |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; QL (3.6 ML per 28 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **OBSTETRICS / GYNECOLOGY** | | |
| ***ESTROGENS / PROGESTINS*** | | |
| *camila oral tablet 0.35 mg* | 3 | |
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | 3 | |
| *deblitane oral tablet 0.35 mg* | 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | 4 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | |
| *dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | 3 | QL (8 EA per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG | 4 | PA |
| *emzahh oral tablet 0.35 mg* | 3 | |
| *errin oral tablet 0.35 mg* | 3 | |
| *estradiol oral tablet 0.5 mg, 1 mg* | 1 | |
| *estradiol oral tablet 2 mg* | 3 | |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | 3 | QL (8 EA per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | 3 | QL (4 EA per 28 days) |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | 3 | |
| *estradiol vaginal tablet 10 mcg* | 3 | |
| *estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml* | 4 | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | 4 | |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 3 | |
| *gallifrey oral tablet 5 mg* | 3 | |
| *heather oral tablet 0.35 mg* | 3 | |
| *incassia oral tablet 0.35 mg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *jencycla oral tablet 0.35 mg* | 3 | |
| *lyza oral tablet 0.35 mg* | 3 | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | 3 | |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | 3 | |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *meleya oral tablet 0.35 mg* | 3 | |
| *nora-be oral tablet 0.35 mg* | 3 | |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | 3 | |
| *norethindrone acetate oral tablet 5 mg* | 3 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg* | 3 | |
| *orquidea oral tablet 0.35 mg* | 3 | |
| PREMARIN INJECTION RECON SOLN 25 MG | 4 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | 3 | |
| *sharobel oral tablet 0.35 mg* | 3 | |
| *yuvafem vaginal tablet 10 mcg* | 3 | |
| ***MISCELLANEOUS OB/GYN*** | | |
| *clindamycin phosphate vaginal cream 2 %* | 3 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | 3 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | 3 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 3 | |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEXPLANON SUBDERMAL IMPLANT 68 MG | 3 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 3 | |
| *terconazole vaginal suppository 80 mg* | 3 | |
| *tranexamic acid oral tablet 650 mg* | 3 | |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | 3 | |
| ***ORAL CONTRACEPTIVES / RELATED AGENTS*** | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | 3 | |
| *altavera (28) oral tablet 0.15-0.03 mg* | 3 | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | 3 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 3 | |
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 3 | |
| *amethyst (28) oral tablet 90-20 mcg (28)* | 3 | |
| *apri oral tablet 0.15-0.03 mg* | 3 | |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | 3 | |
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 3 | |
| *aubra eq oral tablet 0.1-20 mg-mcg* | 3 | |
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 3 | |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | 3 | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *aviane oral tablet 0.1-20 mg-mcg* | 3 | |
| *ayuna oral tablet 0.15-0.03 mg* | 3 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *balziva (28) oral tablet 0.4-35 mg-mcg* | 3 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *briellyn oral tablet 0.4-35 mg-mcg* | 3 | |
| *camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 3 | |
| *camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 3 | |
| *charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 3 | |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | 3 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | 3 | |
| *cyred eq oral tablet 0.15-0.03 mg* | 3 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | 3 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 3 | |
| *daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 3 | |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |
| *dolishale oral tablet 90-20 mcg (28)* | 3 | |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)* | 3 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | 3 | |
| *elinest oral tablet 0.3-30 mg-mcg* | 3 | |
| *enskyce oral tablet 0.15-0.03 mg* | 3 | |
| *estarylla oral tablet 0.25-0.035 mg* | 3 | |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 3 | |
| *galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 3 | |
| *gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *hailey oral tablet 1.5-30 mg-mcg* | 3 | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 3 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 3 | |
| *isibloom oral tablet 0.15-0.03 mg* | 3 | |
| *jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 3 | |
| *jasmiel (28) oral tablet 3-0.02 mg* | 3 | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 3 | |
| *joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 3 | |
| *juleber oral tablet 0.15-0.03 mg* | 3 | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 3 | |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | 3 | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 3 | |
| *kalliga oral tablet 0.15-0.03 mg* | 3 | |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | 3 | |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | 3 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 3 | |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 3 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | 3 | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *lessina oral tablet 0.1-20 mg-mcg* | 3 | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 3 | |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 2 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)* | 3 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 3 | |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 3 | |
| *lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 3 | |
| *loryna (28) oral tablet 3-0.02 mg* | 3 | |
| *lo-zumandimine (28) oral tablet 3-0.02 mg* | 3 | |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 3 | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | 3 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 3 | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | 3 | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 3 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *mili oral tablet 0.25-0.035 mg* | 3 | |
| *minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 2 | |
| *mono-linyah oral tablet 0.25-0.035 mg* | 3 | |
| *necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 3 | |
| *nikki (28) oral tablet 3-0.02 mg* | 3 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 3 | |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 3 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg* | 3 | |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 3 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | 3 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | 3 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 3 | |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | 3 | |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 3 | |
| *ocella oral tablet 3-0.03 mg* | 3 | |
| *philith oral tablet 0.4-35 mg-mcg* | 3 | |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |
| *portia 28 oral tablet 0.15-0.03 mg* | 3 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 3 | |
| *rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 3 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 3 | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |
| *simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 3 | |
| *sprintec (28) oral tablet 0.25-0.035 mg* | 3 | |
| *syeda oral tablet 3-0.03 mg* | 3 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 3 | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 3 | |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 3 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 3 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 3 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 3 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 3 | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 3 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 3 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 3 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 3 | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 3 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 3 | |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | 3 | |
| *tydemy oral tablet 3-0.03-0.451 mg (21) (7)* | 3 | |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 3 | |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 3 | |
| *vestura (28) oral tablet 3-0.02 mg* | 3 | |
| *vienva oral tablet 0.1-20 mg-mcg* | 3 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 3 | |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | 3 | |
| *vylibra oral tablet 0.25-0.035 mg* | 3 | |
| *wera (28) oral tablet 0.5-35 mg-mcg* | 3 | |
| *wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 3 | |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 3 | |
| *xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 3 | |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | 3 | |
| *zumandimine (28) oral tablet 3-0.03 mg* | 3 | |
| **OPHTHALMOLOGY** | | |
| ***ANTIBIOTICS*** | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | 3 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | 3 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | 3 | |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | 3 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | 3 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | 3 | |
| *moxifloxacin ophthalmic (eye) drops, viscous 0.5 %* | 3 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 4 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | 3 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | 3 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | 3 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | 3 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | 3 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | 4 | |
| ***ANTIVIRALS*** | | |
| *trifluridine ophthalmic (eye) drops 1 %* | 3 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 4 | |
| ***BETA-BLOCKERS*** | | |
| *carteolol ophthalmic (eye) drops 1 %* | 3 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 3 | |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %* | 3 | |
| *timolol maleate ophthalmic (eye) drops 0.25 %* | 1 | |
| *timolol maleate ophthalmic (eye) drops 0.5 %* | 3 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | 4 | |
| ***MISCELLANEOUS OPHTHALMOLOGICS*** | | |
| *atropine ophthalmic (eye) drops 1 %* | 3 | |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 % | 3 | |
| *azelastine ophthalmic (eye) drops 0.05 %* | 3 | |
| *cromolyn ophthalmic (eye) drops 4 %* | 2 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | 3 | QL (60 EA per 30 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 5 | PA |
| *epinastine ophthalmic (eye) drops 0.05 %* | 3 | |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML | 5 | PA; QL (0.1 ML per 28 days) |
| EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML | 5 | PA; QL (0.1 ML per 28 days) |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | 3 | QL (3 ML per 30 days) |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | 5 | PA; QL (112 ML per 56 days) |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %* | 3 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | 3 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | 3 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | 5 | PA; QL (10 ML per 42 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 3 | QL (60 EA per 30 days) |
| ***NON-STEROIDAL ANTI-INFLAMMATORY AGENTS*** | | |
| *bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %* | 4 | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | 2 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | 3 | |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 3 | |
| *ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %* | 3 | |
| ***ORAL DRUGS FOR GLAUCOMA*** | | |
| *acetazolamide oral capsule, extended release 500 mg* | 3 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *acetazolamide sodium injection recon soln 500 mg* | 4 | |
| *methazolamide oral tablet 25 mg, 50 mg* | 4 | |
| ***OTHER GLAUCOMA DRUGS*** | | |
| *bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %* | 3 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | 3 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | 3 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | 2 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | 3 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | 3 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 3 | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 3 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 4 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | 3 | |
| ***STEROID-ANTIBIOTIC COMBINATIONS*** | | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | 3 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | 2 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | 3 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | 3 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | 3 | |
| TOBRAMYCIN-LOTEPRED OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***STEROIDS*** | | |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | 3 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | 4 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | QL (16.6 ML per 30 days) |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | 3 | |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 4 | |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 4 | |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | 4 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %* | 4 | |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | 3 | |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | 3 | |
| ***SYMPATHOMIMETICS*** | | |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 3 | |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %* | 3 | |
| **RESPIRATORY AND ALLERGY** | | |
| ***ANTIHISTAMINE / ANTIALLERGENIC AGENTS*** | | |
| *cetirizine oral solution 1 mg/ml* | 2 | |
| *desloratadine oral tablet 5 mg* | 2 | QL (30 EA per 30 days) |
| *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 EA per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | 3 | QL (2 EA per 30 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 2 | QL (2 EA per 30 days) |
| *epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)* | 4 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 3 | PA |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 3 | PA |
| *levocetirizine oral solution 2.5 mg/5 ml* | 4 | |
| *levocetirizine oral tablet 5 mg* | 2 | QL (30 EA per 30 days) |
| *promethazine oral syrup 6.25 mg/5 ml* | 3 | PA |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | 3 | PA |
| *promethazine rectal suppository 12.5 mg, 25 mg* | 4 | |
| *promethegan rectal suppository 25 mg, 50 mg* | 4 | |
| ***PULMONARY AGENTS*** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 3 | B/D PA |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; LA; QL (90 EA per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3 | QL (12 GM per 30 days) |
| ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | 2 | QL (17 GM per 30 days) |
| ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503) | 2 | QL (13.4 GM per 30 days) |
| ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983) | 2 | QL (36 GM per 30 days) |
| *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 |
| *albuterol sulfate oral syrup 2 mg/5 ml* | 2 | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | 4 | |
| *ambrisentan oral tablet 10 mg, 5 mg* | 5 | PA; LA; QL (30 EA per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | QL (60 EA per 30 days) |
| *arformoterol inhalation solution for nebulization 15 mcg/2 ml* | 4 | B/D PA |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | QL (30 EA per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | 3 | QL (60 EA per 30 days) |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 3 | QL (10.3 GM per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | 3 | B/D PA; QL (120 ML per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 3 | QL (8 GM per 30 days) |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 3 | B/D PA |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 5 | PA; QL (0.5 ML per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | 3 | QL (50 ML per 30 days) |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | 3 | QL (60 EA per 30 days) |
| FLUTICASONE PROPIONATE NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION | 3 | QL (16 GM per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 2 | QL (60 EA per 30 days) |
| *formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml* | 4 | B/D PA; QL (120 ML per 30 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | 5 | PA; LA |
| *icatibant subcutaneous syringe 30 mg/3 ml* | 5 | PA; QL (18 ML per 30 days) |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 3 | QL (30 EA per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* | 4 | QL (25.8 GM per 30 days) |
| *ipratropium bromide inhalation solution 0.02 %* | 2 | B/D PA |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 2 | B/D PA |
| JASCAYD ORAL TABLET 18 MG, 9 MG | 5 | PA; QL (60 EA per 30 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; QL (56 EA per 28 days) |
| *levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml* | 3 | B/D PA |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | 3 | QL (30 GM per 30 days) |
| *macitentan oral tablet 10 mg* | 5 | PA |
| MOMETASONE NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION | 3 | QL (34 GM per 30 days) |
| *montelukast oral granules in packet 4 mg* | 3 | QL (30 EA per 30 days) |
| *montelukast oral tablet 10 mg* | 3 | QL (30 EA per 30 days) |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | 3 | QL (30 EA per 30 days) |
| *nintedanib oral capsule 100 mg, 150 mg* | 5 | PA; QL (60 EA per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; QL (3 EA per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; QL (0.4 ML per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; QL (60 EA per 30 days) |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML | 5 | PA; QL (150 ML per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 5 | PA; QL (56 EA per 28 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; QL (112 EA per 28 days) |
| *pirfenidone oral capsule 267 mg* | 5 | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 267 mg* | 5 | PA; QL (270 EA per 30 days) |
| PIRFENIDONE ORAL TABLET 534 MG | 5 | PA; QL (90 EA per 30 days) |
| *pirfenidone oral tablet 801 mg* | 5 | PA; QL (90 EA per 30 days) |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | B/D PA; QL (150 ML per 30 days) |
| *roflumilast oral tablet 250 mcg* | 4 | PA; QL (30 EA per 30 days) |
| *roflumilast oral tablet 500 mcg* | 3 | PA; QL (30 EA per 30 days) |
| *sajazir subcutaneous syringe 30 mg/3 ml* | 5 | PA; QL (18 ML per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | QL (60 EA per 30 days) |
| *sildenafil (pah) 20 mg tab* | 3 | PA; QL (90 EA per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 4 | ST; QL (4 GM per 30 days) |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 5 | PA; QL (56 EA per 28 days) |
| *tadalafil (pah) 20 mg tab* | 4 | PA; QL (60 EA per 30 days) |
| *terbutaline oral tablet 2.5 mg, 5 mg* | 4 | |
| *terbutaline subcutaneous solution 1 mg/ml* | 4 | |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | 4 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | 3 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 3 | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* | 2 | QL (30 EA per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3 | QL (60 EA per 30 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 5 | PA; QL (56 EA per 28 days) |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 5 | PA; QL (84 EA per 28 days) |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 5 | B/D PA |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | 5 | B/D PA |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 5 | B/D PA |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | 5 | B/D PA |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | 3 | QL (36 GM per 30 days) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | 5 | PA; QL (1 EA per 21 days) |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 2 | QL (60 EA per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 4 | ST; QL (32 ML per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML | 5 | PA; LA; QL (8 ML per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML | 5 | PA; LA; QL (1 ML per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; LA; QL (8 EA per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML | 5 | PA; LA; QL (8 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; LA; QL (1 ML per 28 days) |
| *zafirlukast oral tablet 10 mg, 20 mg* | 4 | QL (60 EA per 30 days) |
| **UROLOGICALS** | | |
| ***ANTICHOLINERGICS / ANTISPASMODICS*** | | |
| GEMTESA ORAL TABLET 75 MG | 3 | QL (30 EA per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 3 | |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | 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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxybutynin chloride oral tablet 5 mg* | 2 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | 2 | QL (60 EA per 30 days) |
| *solifenacin oral tablet 10 mg, 5 mg* | 2 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | 3 | |
| *tolterodine oral tablet 1 mg, 2 mg* | 3 | |
| ***BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY*** | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | 2 | |
| *dutasteride oral capsule 0.5 mg* | 2 | |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | 4 | |
| *finasteride oral tablet 5 mg* | 3 | QL (30 EA per 30 days) |
| *tamsulosin oral capsule 0.4 mg* | 3 | QL (60 EA per 30 days) |
| ***MISCELLANEOUS UROLOGICALS*** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | LA |
| ELMIRON ORAL CAPSULE 100 MG | 4 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG | 4 | |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | 3 | |
| *potassium citrate oral tablet extended release 15 meq, 5 meq (540 mg)* | 4 | |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML | 4 | |
| *tadalafil oral tablet 2.5 mg, 5 mg (bph)* | 4 | PA; QL (30 EA per 30 days) |
| **VITAMINS, HEMATINICS / ELECTROLYTES** | | |
| ***ELECTROLYTES*** | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | 3 | PA; QL (360 EA per 30 days) |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *calcium acetate(phosphat bind) oral tablet 667 mg* | 3 | PA |
| *klor-con 10 oral tablet extended release 10 meq* | 2 | |
| *klor-con 8 oral tablet extended release 8 meq* | 2 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | 2 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | 2 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | 2 | |
| *klor-con oral packet 20 meq* | 3 | |
| *lactated ringers intravenous parenteral solution* | 4 | |
| MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML | 4 | |
| *magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)* | 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 solution 500 mg/ml (50 %)* | 4 | |
| *magnesium sulfate injection syringe 500 mg/ml (50 %)* | 4 | |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l* | 4 | |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 4 | |
| *potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l* | 4 | |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml* | 4 | |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML, 2 MEQ/ML (20 ML) | 4 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | 2 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | 4 | |
| *potassium chloride oral packet 20 meq* | 3 | |
| *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 10 meq, 15 meq, 20 meq* | 2 | |
| *potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l* | 4 | |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l* | 4 | |
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 4 | |
| *ringer's intravenous parenteral solution* | 4 | |
| *sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)* | 4 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | 4 | |
| *sodium chloride 3 % hypertonic intravenous parenteral solution 3 %* | 4 | |
| *sodium chloride 5 % hypertonic intravenous parenteral solution 5 %* | 4 | |
| *sodium chloride intravenous solution 2.5 meq/ml* | 4 | |
| SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML | 4 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML | 4 | B/D PA |
| ***MISCELLANEOUS NUTRITION PRODUCTS*** | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | B/D PA |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | B/D PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | B/D PA |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 4 | B/D PA |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | B/D PA |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | B/D PA |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 4 | B/D PA |
| *electrolyte-48 in d5w intravenous parenteral solution* | 4 | |
| *intralipid intravenous emulsion 20 %* | 4 | B/D PA |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | B/D PA |
| KABIVEN INTRAVENOUS EMULSION 3.31-10.8-3.9 % | 4 | B/D PA |
| PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 % | 4 | B/D PA |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % | 4 | B/D PA |
| *premasol 10 % intravenous parenteral solution 10 %* | 5 | B/D PA |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| *travasol 10 % intravenous parenteral solution 10 %* | 4 | B/D PA |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | B/D PA |

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 9.

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***VITAMINS / HEMATINICS*** | | |
| *bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg* | 3 | |
| *c-nate dha oral capsule 28 mg iron-1 mg -200 mg* | 3 | |
| *complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg* | 3 | |
| *elite-ob oral tablet 50 mg iron- 1.25 mg* | 3 | |
| *fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)* | 1 | |
| *fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)* | 1 | |
| *folivane-ob oral capsule 85-1 mg* | 3 | |
| *ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)* | 1 | |
| *m-natal plus oral tablet 27 mg iron- 1 mg* | 3 | |
| *pnv-dha oral capsule 27 mg iron-1 mg -300 mg* | 3 | |
| *pnv-omega oral capsule 28-1-300 mg* | 3 | |
| *pnv-select oral tablet 27-1 mg* | 3 | |
| *pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg* | 3 | |
| *pr natal 400 oral combo pack 29-1-400 mg* | 3 | |
| *pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg* | 3 | |
| *pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg* | 3 | |
| *prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg* | 3 | |
| *prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg* | 3 | |
| *taron-c dha oral capsule 35-1-200 mg* | 3 | |
| *trinatal rx 1 oral tablet 60 mg iron-1 mg* | 3 | |
| *wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg* | 3 | |

## Covered Drugs By Category

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *wesnate dha oral capsule 28 mg iron-1 mg -200 mg* | 3 | |
| *westab plus oral tablet 27 mg iron- 1 mg* | 3 | |
| *westgel dha oral capsule 31 mg iron- 1 mg-200 mg* | 2 | |

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