

2025 Cigna Healthcare Comprehensive Formulary (List of Covered Drugs or “Drug List”)

Please read:

This document contains information about all the drugs we cover in this plan.

Plans covered:

Cigna Primary Medicare (HMO)

Cigna TotalCare (HMO D-SNP)

Cigna TotalCare Plus (HMO D-SNP)

Cigna TotalCare Select Plus (HMO D-SNP)



HPMS Approved Formulary File Submission 00025271.

This formulary was updated on 09/19/2024. For more recent information or other questions, please contact Cigna Healthcare Customer Service at 1-800-668-3813 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit [CignaMedicare.com](https://www.CignaMedicare.com). The Formulary, pharmacy network and/or provider network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.

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

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

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Cigna Healthcare. When it refers to “plan” or “our plan,” it means your Cigna Healthcare Medicare Advantage Plan.

This document includes a Drug List (formulary) for our plans, which is current as of 09/19/2024. For a complete updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Cigna Healthcare Comprehensive formulary?

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

Can the formulary change?

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

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

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

formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception for you and continue to cover for you the drug that is being changed. For more information, see the section titled “How do I request an exception to the Cigna Healthcare Drug List?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our drug list and later provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes

effective. Alternatively, when a customer requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 customers taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed drug list is current as of 09/19/2024. To get updated information about the drugs covered by Cigna Healthcare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

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

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drug Index that begins on page 72. The Covered Drug Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look

in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The Drug List” to tell which Part D drugs are covered.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna Healthcare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill these prescriptions. If you don’t get approval, Cigna Healthcare may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for a total quantity of 30 per 30 days) or three-month supply (for a total quantity of 90 per 90 days).

- **Step Therapy:** In some cases, Cigna Healthcare 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, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers 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. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high-cost drugs may be subject to a non- extended day supply restriction, as well.

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

You can ask Cigna Healthcare 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 Cigna Healthcare drug list?” on page 3 for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health. We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

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

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

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

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

What if my drug is not on the Drug List?

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

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

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

How do I request an exception to the Cigna Healthcare Drug List?

You can ask Cigna Healthcare 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 drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Cigna Healthcare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Cigna Healthcare will only approve your request for an exception if the alternative drug is included in our drug list, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

As a new or existing customer in our plan you may be taking drugs that are not in our drug list. Or you may be taking a drug that is on our drug list but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we

cover, or requesting a drug list 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 up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

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

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



For more information

For more detailed information about your Cigna Healthcare prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your most recent EOC, go to **CignaMedicare.com/resources**.

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

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

Cigna Healthcare's Drug List

The drug list that begins on page 8, provides coverage information about all of the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 72.

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

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

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

What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY 711), or you can visit CignaMedicare.com for the most current Pharmacy Directory.

Drug Tier and Cost-Sharing

Cigna Healthcare covers both brand name drugs and generic drugs. The amount you pay for a prescription drug depends on which tier your drug is in.

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

Cost-sharing amounts vary by Cigna Healthcare plan. Refer to your Evidence of Coverage (EOC) for your plan's specific cost-sharing amounts. To access a copy of your most recent EOC, visit CignaMedicare.com/resources.

For customers receiving Extra Help: Your Low-Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

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

For long-term care (LTC) you can get up to a 31-day supply.

At an out-of-network pharmacy you will pay the in-network pharmacy copay or percentage of the cost plus the amount that the out of network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges. If you receive Extra Help, these costs do not apply. You typically pay only a low copay.

Drug List Table of Contents:

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

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Drug List Key:

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

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit [CignaMedicare.com/resources](https://www.cignamedicare.com/resources).

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

V – This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Generally all medications on the drug list are available through mail-order, except when special circumstances or situations prohibit mailing a particular medication to your home.

Covered Drugs By Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole intravenous</i>	1	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	NDS
<i>voriconazole oral tablet</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL (960/30)
<i>abacavir oral tablet</i>	1	QL (60/30)
<i>abacavir-lamivudine</i>	1	QL (30/30)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	1	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	1	QL (60/30)
BARACLUDGE ORAL SOLUTION	1	QL (630/30); NDS
BIKTARVY	1	NDS
CABENUVA	1	NDS
CIMDUO	1	NDS
COMPLERA	1	QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

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

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>darunavir oral tablet 600 mg</i>	1	QL (60/30); NDS
<i>darunavir oral tablet 800 mg</i>	1	QL (30/30); NDS
DELSTRIGO	1	NDS
DESCOVY	1	QL (30/30); NDS
DOVATO	1	NDS
EDURANT	1	QL (30/30); NDS
<i>efavirenz oral tablet</i>	1	QL (30/30)
<i>efavirenz-emtricitabine-tenofovir</i>	1	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	1	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	1	NDS
<i>emtricitabine</i>	1	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	1	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	1	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	1	QL (680/28)
<i>entecavir</i>	1	QL (30/30)
<i>etravirine</i>	1	QL (60/30); NDS
EVOTAZ	1	QL (30/30); NDS
<i>famciclovir</i>	1	QL (60/30)
<i>fosamprenavir</i>	1	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	1	QL (60/30); NDS
GENVOYA	1	QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE ORAL TABLET 25 MG	1	QL (120/30)
ISENTRESS HD	1	NDS
ISENTRESS ORAL POWDER IN PACKET	1	QL (60/30)
ISENTRESS ORAL TABLET	1	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	QL (180/30)
JULUCA	1	NDS
<i>lamivudine oral solution</i>	1	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60/30)
<i>lamivudine-zidovudine</i>	1	QL (60/30)
LIVTENCITY	1	PA; LA; QL (120/30); NDS
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	1	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	1	QL (120/30); NDS
MAVYRET ORAL PELLETS IN PACKET	1	PA; QL (168/28); NDS
MAVYRET ORAL TABLET	1	PA; QL (84/28); NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

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

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine oral suspension</i>	1	QL (1200/30)
<i>nevirapine oral tablet</i>	1	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30/30)
NORVIR ORAL POWDER IN PACKET	1	
ODEFSEY	1	QL (30/30); NDS
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20/90)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30/90)
PIFELTRO	1	NDS
PREVYMIS ORAL	1	QL (30/30); NDS
PREZCOBIX	1	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	1	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	1	QL (240/30)
PREZISTA ORAL TABLET 75 MG	1	QL (480/30)
RETROVIR INTRAVENOUS	1	
REYATAZ ORAL POWDER IN PACKET	1	QL (240/30); NDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	QL (360/30)
RUKOBIA	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY ORAL SOLUTION	1	NDS
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	NDS
STRIBILD	1	QL (30/30); NDS
SUNLENCA	1	NDS
SYMTUZA	1	NDS
<i>tenofovir disoproxil fumarate</i>	1	QL (30/30)
TIVICAY ORAL TABLET 10 MG	1	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	1	QL (60/30); NDS
TIVICAY PD	1	QL (180/30)
TRIUMEQ	1	QL (30/30); NDS
TRIUMEQ PD	1	QL (300/30)
TROGARZO	1	NDS
TYBOST	1	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60/30)
<i>valganciclovir oral recon soln</i>	1	NDS
<i>valganciclovir oral tablet</i>	1	
VEKLURY	1	QL (4/180); NDS
VEMLIDY	1	NDS
VIRACEPT ORAL TABLET 250 MG	1	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	1	QL (120/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
VIREAD ORAL POWDER	1	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30/30); NDS
VOSEVI	1	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	
<i>zidovudine oral capsule</i>	1	QL (180/30)
<i>zidovudine oral syrup</i>	1	QL (1680/28)
<i>zidovudine oral tablet</i>	1	QL (60/30)
CEPHALOSPORINS		1
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5 %	1	
<i>cefepime in dextrose,iso-osm</i>	1	
<i>cefepime injection</i>	1	
CEFEPIME INTRAVENOUS	1	PA
<i>cefixime</i>	1	
<i>cefoxitin</i>	1	PA
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>tazicef</i>	1	PA
TEFLARO	1	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	1	QL (136/10); NDS
DIFICID ORAL TABLET	1	QL (20/10); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	1	PA
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE	1	PA; LA; NDS
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>aztreonam injection recon soln 1 gram</i>	1	PA
<i>aztreonam injection recon soln 2 gram</i>	1	PA; NDS
CAYSTON	1	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	1	PA
CLINDAMYCIN IN 5 % DEXTROSE	1	PA
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	PA
COARTEM	1	QL (24/30)
<i>colistin (colistimethate na)</i>	1	PA; NDS
<i>cycloserine</i>	1	NDS
<i>dapsone oral</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR	1	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	NDS
EMVERM	1	NDS
<i>ertapenem</i>	1	
<i>ethambutol</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ	1	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf)</i>	1	PA
<i>hydroxychloroquine</i>	1	
<i>imipenem-cilastatin</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral</i>	1	PA
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA
<i>linezolid oral suspension for reconstitution</i>	1	QL (1800/30); NDS
<i>linezolid oral tablet</i>	1	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	1	PA
<i>mefloquine</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metro i.v.</i>	1	PA
<i>metronidazole in nacl (iso-os)</i>	1	PA
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (20/10); NDS
ORBACTIV	1	PA; QL (3/30); NDS
<i>pentamidine inhalation</i>	1	B/D PA; QL (1/28)
<i>pentamidine injection</i>	1	
<i>polymyxin b sulfate</i>	1	PA
<i>praziquantel</i>	1	
PRIFTIN	1	
PRIMAQUINE	1	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA; NDS
<i>quinine sulfate</i>	1	PA; QL (42/30)
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
SIRTURO ORAL TABLET 100 MG	1	PA; LA; NDS
SIRTURO ORAL TABLET 20 MG	1	PA; LA
SIVEXTRO INTRAVENOUS	1	PA; QL (6/28); NDS
SIVEXTRO ORAL	1	QL (6/28); NDS
STREPTOMYCIN	1	PA; NDS
<i>tigecycline</i>	1	PA; NDS
<i>tinidazole</i>	1	
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA; QL (280/28); NDS

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium</i>	1	PA
<i>ampicillin-sulbactam</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	NDS
BICILLIN L-A	1	PA
<i>dicloxacillin</i>	1	
EXTENCILLINE	1	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection</i>	1	PA
<i>oxacillin</i>	1	PA
<i>penicillin g potassium</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g</i>	1	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM)	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w</i>	1	PA
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	1	PA
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline</i>	1	
<i>doxy-100</i>	1	PA
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mondoxyne nl oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS	1	PA; NDS
NUZYRA ORAL	1	NDS
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection</i>	1	
<i>leucovorin calcium oral</i>	1	
<i>mesna</i>	1	B/D PA
MESNEX ORAL	1	NDS
XGEVA	1	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; QL (60/30); NDS
ABRAXANE	1	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ADCETRIS	1	PA; NDS
ADSTILADRIN	1	PA; QL (4/90); NDS
AKEEGA	1	PA; LA; QL (60/30); NDS
ALECENSA	1	PA; QL (240/30); NDS
ALIQOPA	1	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (180/30); NDS
<i>anastrozole</i>	1	
ANKTIVA	1	PA; NDS
<i>arsenic trioxide</i>	1	B/D PA; NDS
AUGTYRO	1	PA; QL (240/30); NDS
AYVAKIT	1	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	1	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	1	B/D PA
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>azathioprine sodium</i>	1	B/D PA
BALVERSA	1	PA; LA; NDS
BAVENCIO	1	PA; NDS
BELEODAQ	1	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	1	B/D PA; NDS

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

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Drug Name	Drug Tier	Requirements/ Limits
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA
<i>cisplatin intravenous solution</i>	1	B/D PA
<i>cladribine</i>	1	B/D PA
<i>clofarabine</i>	1	B/D PA
COLUMVI	1	PA; QL (30/21); NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; QL (84/28); NDS
COPIKTRA	1	PA; LA; QL (60/30); NDS
COTELLIC	1	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; NDS
CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	1	B/D PA
CYCLOPHOSPHAMID E ORAL TABLET	1	B/D PA
<i>cyclosporine modified</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine oral capsule</i>	1	B/D PA
CYRAMZA	1	PA; NDS
<i>cytarabine</i>	1	B/D PA
<i>cytarabine (pf)</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA
<i>dactinomycin</i>	1	B/D PA
DANYELZA	1	PA; NDS
DARZALEX	1	PA; NDS
DARZALEX FASPRO	1	PA; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60/30); NDS
<i>decitabine</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA
<i>doxorubicin intravenous solution</i>	1	B/D PA
<i>doxorubicin, peg- liposomal</i>	1	B/D PA; NDS
DROXIA	1	
ELIGARD	1	PA
ELIGARD (3 MONTH)	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
ELIGARD (4 MONTH)	1	PA
ELIGARD (6 MONTH)	1	PA
ELREXFIO	1	PA; NDS
ELZONRIS	1	PA; NDS
EMPLICITI	1	PA; NDS
ENHERTU	1	PA; NDS
ENVARBUS XR	1	B/D PA
<i>epirubicin intravenous solution</i>	1	B/D PA
EPKINLY	1	PA; NDS
ERBITUX	1	B/D PA; NDS
<i>eribulin</i>	1	PA; NDS
ERIVEDGE	1	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; QL (60/30); NDS
ETOPOPHOS	1	B/D PA
<i>etoposide intravenous</i>	1	B/D PA
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; QL (330/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; QL (240/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; QL (180/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	1	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.75 mg, 1 mg</i>	1	B/D PA; NDS
EVOMELA	1	PA; NDS
<i>exemestane</i>	1	
FARYDAK	1	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA
<i>floxuridine</i>	1	B/D PA
<i>fludarabine</i>	1	B/D PA
<i>fluorouracil intravenous</i>	1	B/D PA
FOLOTYN	1	B/D PA; NDS
FOTIVDA	1	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21/28); NDS
<i>fulvestrant</i>	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
FYARRO	1	PA; LA; NDS
GAVRETO	1	PA; LA; QL (120/30); NDS
GAZYVA	1	PA; NDS
<i>gefitinib</i>	1	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf</i>	1	B/D PA
GILOTRIF	1	PA; QL (30/30); NDS
GLEOSTINE	1	
HALAVEN	1	PA; NDS
<i>hydroxyurea</i>	1	
IBRANCE	1	PA; QL (21/28); NDS
ICLUSIG	1	PA; QL (30/30); NDS
<i>idarubicin</i>	1	B/D PA
IDHIFA	1	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30/30); NDS
IMDELLTRA	1	PA; NDS
IMFINZI	1	PA; NDS
IMJUDO	1	PA; LA; NDS
INLYTA ORAL TABLET 1 MG	1	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	1	PA; QL (120/30); NDS
INQOVI	1	PA; QL (5/28); NDS
INREBIC	1	PA; LA; QL (120/30); NDS
<i>irinotecan</i>	1	B/D PA
IWILFIN	1	PA; LA; QL (240/30); NDS
IXEMPRA	1	B/D PA; NDS
JAKAFI	1	PA; QL (60/30); NDS
JAYPIRCA	1	PA; NDS
JEMPERLI	1	PA; NDS
JEVTANA	1	B/D PA; NDS
JYLAMVO	1	PA; NDS
KADCYLA	1	PA; NDS
KEYTRUDA	1	PA; NDS
KIMMTRAK	1	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)- 2.5 MG	1	PA; QL (49/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)- 2.5 MG	1	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)- 2.5 MG	1	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; QL (63/28); NDS
KLISYRI	1	ST; QL (5/30)
KOSELUGO ORAL CAPSULE 10 MG	1	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	1	PA; QL (120/30); NDS
KRAZATI	1	PA; QL (180/30); NDS
KYPROLIS	1	B/D PA; NDS
<i>lapatinib</i>	1	PA; QL (180/30); NDS
<i>lenalidomide</i>	1	PA; QL (28/28); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; QL (60/30); NDS
<i>letrozole</i>	1	
LEUKERAN	1	
LEUPROLIDE (3 MONTH)	1	PA
<i>leuprolide subcutaneous kit</i>	1	PA
LIBTAYO	1	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	1	PA; QL (80/28); NDS
LOQTORZI	1	PA; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; QL (90/30); NDS
LUNSUMIO	1	PA; LA; NDS
LUPRON DEPOT	1	PA; NDS
LUPRON DEPOT (3 MONTH)	1	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (4 MONTH)	1	PA
LUPRON DEPOT (6 MONTH)	1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	1	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	1	PA
LYNPARZA	1	PA; QL (120/30); NDS
LYSODREN	1	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (90/30); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (120/30); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (150/30); NDS
MARGENZA	1	PA; NDS
MATULANE	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	1	PA
<i>megestrol oral tablet</i>	1	PA
MEKINIST ORAL RECON SOLN	1	PA; QL (1200/30); NDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30/30); NDS
MEKTOVI	1	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	1	B/D PA; NDS
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	1	B/D PA
<i>methotrexate sodium injection</i>	1	B/D PA
<i>methotrexate sodium oral</i>	1	
<i>mitomycin intravenous</i>	1	B/D PA; NDS
<i>mitoxantrone</i>	1	B/D PA
MONJUVI	1	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
MYLOTARG	1	PA; NDS
<i>nelarabine</i>	1	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
NERLYNX	1	PA; LA; NDS
<i>nilutamide</i>	1	NDS
NINLARO	1	PA; QL (3/28); NDS
NIPENT	1	B/D PA
NUBEQA	1	PA; LA; QL (120/30); NDS
NULOJIX	1	B/D PA; NDS
<i>octreotide acetate</i>	1	PA
ODOMZO	1	PA; LA; QL (30/30); NDS
OGSIVEO ORAL TABLET 50 MG	1	PA; QL(180/30); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL(56/28); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96/28); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16/28); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24/28); NDS
OJJAARA	1	PA; QL (30/30); NDS
ONCASPAR	1	B/D PA; NDS
ONIVYDE	1	PA; NDS
ONUREG	1	PA; QL (14/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
OPDIVO	1	PA; NDS
OPDUALAG	1	PA; NDS
ORGOVYX	1	PA; LA; QL (30/28); NDS
ORSERDU	1	PA; NDS
<i>oxaliplatin</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA
PACLITAXEL PROTEIN-BOUND	1	PA; NDS
PADCEV	1	PA; NDS
<i>pazopanib</i>	1	PA; QL (120/30); NDS
PEMAZYRE	1	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	PA; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	1	PA; NDS
PERJETA	1	PA; NDS
PHESGO	1	PA; NDS
PIQRAY	1	PA; NDS
POLIVY	1	PA; NDS
POMALYST	1	PA; LA; QL (21/28); NDS
PORTRAZZA	1	B/D PA
POTELIGEO	1	PA; NDS
PRALATREXATE	1	B/D PA; NDS
PROGRAF INTRAVENOUS	1	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA
PURIXAN	1	
QINLOCK	1	PA; LA; QL (90/30); NDS
RETEVMO ORAL CAPSULE 40 MG	1	PA; LA; QL (180/30); NDS
RETEVMO ORAL CAPSULE 80 MG	1	PA; LA; QL (120/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	1	PA; QL (180/30); NDS
RETEVMO ORAL TABLET 80 MG	1	PA; QL (120/30); NDS
REVLIMID	1	PA; LA; QL (28/28); NDS
REZLIDHIA	1	PA; QL (60/30); NDS
REZUROCK	1	PA; LA; QL (30/30); NDS
<i>romidepsin intravenous recon soln</i>	1	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	1	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; QL (360/30); NDS
RUBRACA	1	PA; LA; QL (120/30); NDS
RUXIENCE	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
RYBREVANT	1	PA; NDS
RYDAPT	1	PA; QL (224/28); NDS
RYLAZE	1	B/D PA; NDS
SARCLISA	1	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300/30); NDS
SIGNIFOR	1	PA; NDS
SIMULECT	1	B/D PA; NDS
<i>sirolimus</i>	1	B/D PA
SOLTAMOX	1	NDS
SOMATULINE DEPOT	1	PA; NDS
<i>sorafenib</i>	1	PA; QL (120/30); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; QL (60/30); NDS
STIVARGA	1	PA; QL (84/28); NDS
<i>sunitinib malate</i>	1	PA; QL (30/30); NDS
TABLOID	1	
TABRECTA	1	PA; NDS
<i>tacrolimus oral capsule</i>	1	B/D PA
TAFINLAR ORAL CAPSULE	1	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; QL (840/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TAGRISSE	1	PA; LA; QL (30/30); NDS
TALVEY	1	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; QL (90/30); NDS
<i>tamoxifen</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120/30); NDS
TAZVERIK	1	PA; LA; NDS
TECENTRIQ	1	PA; NDS
TECVAYLI	1	PA; NDS
TEMODAR INTRAVENOUS	1	B/D PA; NDS
<i>temsirolimus</i>	1	B/D PA; NDS
TEPMETKO	1	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56/28); NDS
<i>thiotepa</i>	1	PA
TIBSOVO	1	PA; NDS
TIVDAK	1	PA; NDS
<i>topotecan intravenous recon soln</i>	1	B/D PA; NDS
<i>topotecan intravenous solution</i>	1	B/D PA
<i>toremifene</i>	1	NDS

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI ORAL CAPSULE 100 MG	1	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	1	PA; LA; QL (300/30); NDS
VIZIMPRO	1	PA; QL (30/30); NDS
VONJO	1	PA; QL (120/30); NDS
VYXEOS	1	B/D PA; NDS
WELIREG	1	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	1	PA; QL (60/30); NDS
XALKORI ORAL PELLETT 150 MG	1	PA; QL (180/30); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; QL (120/30); NDS
XATMEP	1	PA
XERMELO	1	PA; LA; QL (84/28); NDS
XOSPATA	1	PA; LA; NDS
XPOVIO	1	PA; LA; NDS
XTANDI ORAL CAPSULE	1	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	1	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	1	PA; QL (60/30); NDS
YERVOY	1	PA; NDS
YONDELIS	1	PA; NDS
ZALTRAP	1	B/D PA
ZANOSAR	1	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
ZEJULA ORAL TABLET 100 MG	1	PA; LA; QL (90/30); NDS
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; LA; QL (30/30); NDS
ZELBORAF	1	PA; QL (240/30); NDS
ZEPZELCA	1	PA; NDS
ZIRABEV	1	PA; NDS
ZOLADEX	1	B/D PA
ZOLINZA	1	PA; QL (120/30); NDS
ZYDELIG	1	PA; QL (60/30); NDS
ZYKADIA	1	PA; QL (90/30); NDS
ZYNLONTA	1	PA; NDS
ZYNYZ	1	PA; NDS

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APTIOM ORAL TABLET 200 MG	1	QL (180/30); NDS
APTIOM ORAL TABLET 400 MG	1	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60/30); NDS
BRIVIACT INTRAVENOUS	1	NDS
BRIVIACT ORAL SOLUTION	1	QL (600/30); NDS
BRIVIACT ORAL TABLET	1	QL (60/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
<i>clobazam oral suspension</i>	1	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	1	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	1	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300/30)
DIACOMIT	1	LA; NDS
<i>diazepam rectal</i>	1	
DILANTIN	1	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX	1	PA; LA; NDS
<i>epitol</i>	1	
EPRONTIA	1	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FINTEPLA	1	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	1	
FYCOMPA ORAL SUSPENSION	1	QL (720/30); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	1	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	QL (60/30); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270/30)
<i>gabapentin oral solution</i>	1	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120/30)
<i>lacosamide intravenous</i>	1	QL (1200/30); NDS
<i>lacosamide oral solution</i>	1	QL (1200/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	1	QL (120/30)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral</i>	1	
LIBERVANT	1	PA; QL (10/30); NDS
<i>methsuximide</i>	1	
MOTPOLY XR ORAL CAPSULE, EXTENDE D RELEASE 24HR 100 MG	1	ST; QL (120/30)
MOTPOLY XR ORAL CAPSULE, EXTENDE D RELEASE 24HR 150 MG, 200 MG	1	ST; QL (60/30); NDS
NAYZILAM	1	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine oral tablet</i>	1	
<i>phenobarbital oral elixir</i>	1	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	1	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60/30)
<i>pregabalin oral solution</i>	1	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA
<i>rufinamide oral tablet 400 mg</i>	1	PA; NDS
SPRITAM	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	1	PA; QL (60/30); NDS
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	PA
<i>topiramate oral capsule, extended release 24hr</i>	1	PA
<i>topiramate oral tablet</i>	1	PA
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO	1	PA; QL (10/30); NDS
<i>vigabatrin</i>	1	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	1	PA; LA; QL (180/30); NDS
VIGAFYDE	1	PA; QL (900/30); NDS
<i>vigpoder</i>	1	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK	1	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	1	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI ORAL TABLET 25 MG	1	PA; QL (480/30); NDS
XCOPRI ORAL TABLET 50 MG	1	PA; QL (240/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)-25 MG (14)	1	PA; QL (56/365)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)-100 MG (14)	1	PA; QL (56/365); NDS
ZONISADE	1	PA; NDS
<i>zonisamide</i>	1	PA
ZTALMY	1	PA; LA; QL (1080/30); NDS

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	1	
<i>benztropine oral</i>	1	PA
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300/30); NDS
ONGENTYS	1	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole oral tablet</i>	1	
RYTARY	1	ST
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	NDS
<i>trihexyphenidyl</i>	1	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	1	PA; QL (1.5/30)
AJOVY SYRINGE	1	PA; QL (1.5/30)
<i>dihydroergotamine nasal</i>	1	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	1	
<i>migergot</i>	1	NDS
<i>naratriptan</i>	1	QL (18/28)
NURTEC ODT	1	PA; QL (16/30); NDS
<i>rizatriptan oral tablet</i>	1	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	1	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	QL (36/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate oral</i>	1	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; QL (56/365); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TITRATION KT(WK1- 4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; QL (84/365); NDS
BRIUMVI	1	PA; QL (24/168); NDS
<i>dalfampridine</i>	1	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; QL (14/30); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; QL (120/365); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30/30)
<i>edaravone intravenous solution 30 mg/100 ml</i>	1	PA; NDS
<i> fingolimod</i>	1	PA; QL (30/30); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	QL (30/30)
<i>galantamine oral solution</i>	1	QL (200/30)
<i>galantamine oral tablet</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30/30); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12/28); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30/30); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12/28); NDS
KESIMPTA PEN	1	PA; QL (1.6/28); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA
<i>memantine oral solution</i>	1	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	1	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	1	PA; QL (98/365)
NAMZARIC	1	PA
NUEDEXTA	1	PA; NDS
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120/30); NDS
TYSABRI	1	PA; NDS
VUMERITY	1	PA; QL (120/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BACLOFEN ORAL TABLET 15 MG	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA
<i>dantrolene oral</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180/30); NDS
<i>buprenorphine</i>	1	QL (4/28); NDS
<i>buprenorphine hcl injection</i>	1	NDS
<i>buprenorphine hcl sublingual</i>	1	PA
<i>endocet</i>	1	QL (360/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl</i>	1	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	1	NDS
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	1	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 800 mcg</i>	1	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg, 600 mcg</i>	1	PA; QL (120/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	1	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); NDS
<i>hydrocodone-ibuprofen</i>	1	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	1	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	1	QL (180/30); NDS
INFUMORPH P/F	1	B/D PA; NDS
<i>methadone injection solution</i>	1	NDS
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone oral tablet 10 mg</i>	1	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	1	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	NDS
<i>morphine concentrate oral solution</i>	1	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	NDS
<i>morphine injection solution 8 mg/ml</i>	1	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	1	NDS
<i>morphine injection syringe 4 mg/ml</i>	1	NDS
<i>morphine intravenous solution 10 mg/ml</i>	1	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	NDS
<i>morphine oral solution</i>	1	QL (900/30); NDS
<i>morphine oral tablet</i>	1	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	1	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	1	QL (180/30); NDS
<i>oxycodone oral solution</i>	1	QL (1200/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	1	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL (90/30); NDS

NON-NARCOTIC ANALGESICS

<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90/30)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90/30)
<i>butorphanol nasal</i>	1	QL (10/28); NDS
<i>celecoxib</i>	1	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	PA; QL (300/28)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	PA; QL (224/28); NDS
<i>diflunisal</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	1	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	
<i>naltrexone</i>	1	
<i>naproxen oral suspension</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet</i>	1	
<i>salsalate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulindac</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	1	QL (240/30); NDS
VIVITROL	1	NDS
ZIMHI	1	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7- 1.4 MG	1	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	QL (60/30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTEN DED REL SYRING 720 MG/2.4 ML	1	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTEN DED REL SYRING 960 MG/3.2 ML	1	QL (3.2/56); NDS
ABILIFY MAINTENA	1	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	1	QL (150/30)
<i>amitriptyline</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxapine</i>	1	
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30/30)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	1	QL (60/30); NDS
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	1	QL (60/30)
ARISTADA INITIO	1	QL (4.8/365); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2/28); NDS
<i>armodafinil</i>	1	PA; QL (30/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate sublingual tablet 5 mg</i>	1	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30/30)
AUVELITY	1	ST; QL (60/30); NDS
BELSOMRA	1	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60/30)
<i>bupirone</i>	1	
CAPLYTA	1	QL (30/30); NDS
<i>chlorpromazine injection</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>clomipramine</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360/30)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 200 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1800/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	1	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	QL (360/30)
<i>diazepam injection</i>	1	
<i>diazepam intensol</i>	1	QL (360/30)
<i>diazepam oral concentrate</i>	1	QL (360/30)
<i>diazepam oral solution</i>	1	QL (1800/30)
<i>diazepam oral tablet</i>	1	QL (180/30)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	1	QL (60/30)

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Covered Drugs By Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90/30)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL (4/28)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL (120/30)
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	1	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	1	
<i>imipramine hcl</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5/180)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5/180)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75/90); NDS

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	QL (2.63/90); NDS
<i>lisdexamfetamine oral tablet, chewable</i>	1	QL (30/30)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol</i>	1	QL (150/30)
<i>lorazepam oral concentrate</i>	1	QL (150/30)
<i>lorazepam oral syringe</i>	1	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150/30)
<i>loxapine succinate</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30/30)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60/30)
MARPLAN	1	QL (180/30)
<i>metadate er</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	1	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60/30)
<i>molindone oral tablet 10 mg</i>	1	
<i>molindone oral tablet 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	NDS
<i>nefazodone</i>	1	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID	1	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	1	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	QL (30/30)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	QL (30/30)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	1	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	1	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	1	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL (60/30)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PERSERIS	1	QL (1/28); NDS
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	1	QL (90/30)
<i>quetiapine oral tablet 200 mg</i>	1	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60/30)
<i>ramelteon</i>	1	QL (30/30)
REXULTI ORAL TABLET	1	QL (30/30); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	QL (2/28)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	QL (2/28); NDS
<i>risperidone oral solution</i>	1	
<i>risperidone oral syringe</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	1	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	1	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	1	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	QL (90/30)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (60/30)
SECUADO	1	QL (30/30); NDS
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	1	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	1	PA; QL (16/28); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	1	PA; QL (18/28); NDS
<i>tasimelteon</i>	1	PA; QL (30/30); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (60/365)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	1	ST; QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 100 MG/0.28 ML	1	QL (0.28/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 125 MG/0.35 ML	1	QL (0.35/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 150 MG/0.42 ML	1	QL (0.42/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 200 MG/0.56 ML	1	QL (0.56/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 250 MG/0.7 ML	1	QL (0.7/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 50 MG/0.14 ML	1	QL (0.14/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTEN DED REL SYRING 75 MG/0.21 ML	1	QL (0.21/28); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60/30)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	1	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	1	QL (120/30)
VERSACLOZ	1	NDS
<i>vilazodone</i>	1	QL (30/30)
VRAYLAR ORAL CAPSULE	1	QL (30/30); NDS
<i>zaleplon oral capsule 10 mg</i>	1	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30/30)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60/30)
<i>ziprasidone mesylate</i>	1	QL (6/30)
<i>zolpidem oral tablet</i>	1	QL (30/30)
ZURZUVAE	1	PA; NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	PA; QL (1/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>mexiletine</i>	1	
MULTAQ	1	QL (60/30)
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
<i>aliskiren</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL (4/28)
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl intravenous</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60/30)
EDARBI	1	
EDARBYCLOR	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynate sodium</i>	1	NDS
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	1	QL (180/30)
<i>isradipine</i>	1	
KERENDIA	1	PA; QL (30/30)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	PA; NDS
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	1	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	1	PA; NDS
ORENITRAM MONTH 3 TITRATION KT	1	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; NDS
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	1	
<i>toremide oral</i>	1	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	1	NDS
<i>aminocaproic acid oral tablet 1,000 mg</i>	1	NDS
<i>aminocaproic acid oral tablet 500 mg</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	1	QL (60/30)
<i>cilostazol</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dabigatran etexilate</i>	1	
<i>dipyridamole oral</i>	1	
DOPTELET (10 TAB PACK)	1	PA; LA; NDS
DOPTELET (15 TAB PACK)	1	PA; LA; NDS
DOPTELET (30 TAB PACK)	1	PA; LA; NDS
ELIQUIS	1	
ELIQUIS DVT-PE TREAT 30D START	1	
<i>enoxaparin</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	
<i>prasugrel</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	1	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	1	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	1	
XARELTO DVT-PE TREAT 30D START	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>cholestyramine-aspartame</i>	1	
<i>colesevelam</i>	1	
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
<i>ezetimibe</i>	1	QL (30/30)
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibric acid (choline)</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	1	PA; QL (30/30)
NEXLIZET	1	PA; QL (30/30)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	1	
<i>omega-3 acid ethyl esters</i>	1	
<i>pitavastatin calcium</i>	1	QL (30/30)
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	1	PA; QL (7/28)
REPATHA SURECLICK	1	PA; QL (6/28)
REPATHA SYRINGE	1	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	1	PA; QL (60/30)
<i>digoxin injection solution</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	1	
ENTRESTO	1	QL (60/30)
<i>ivabradine</i>	1	PA; QL (60/30)
LANOXIN PEDIATRIC	1	
<i>ranolazine</i>	1	QL (60/30)
VERQUVO	1	PA; QL (30/30)
VYNDAMAX	1	PA; NDS
VYNDAQEL	1	PA; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGICALS/ TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	PA
<i>calcipotriene scalp</i>	1	QL (120/30)
<i>calcipotriene topical cream</i>	1	QL (120/30)
<i>calcipotriene topical ointment</i>	1	QL (120/30)
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	1	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	1	PA; NDS
COSENTYX PEN	1	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	1	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	1	PA; QL (10/28); NDS
<i>selenium sulfide topical lotion</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (2/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
STELARA SUBCUTANEOUS SOLUTION	1	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8/28); NDS
FLUOROURACIL TOPICAL CREAM 0.5 %	1	NDS
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>glydo</i>	1	QL (60/30)
<i>imiquimod topical cream in metered-dose pump</i>	1	
<i>imiquimod topical cream in packet 3.75 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL (90/30)
<i>lidocaine topical ointment</i>	1	QL (50/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (30/30)
<i>methoxsalen</i>	1	NDS
PANRETIN	1	NDS
<i>pimecrolimus</i>	1	PA; QL (100/30)
<i>podofilox topical solution</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
REGRANEX	1	PA; NDS
SANTYL	1	QL (180/30)
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>tacrolimus topical</i>	1	PA; QL (100/30)
VALCHLOR	1	PA; NDS
ZTLIDO	1	PA; QL (90/30)
THErapy FOR ACNE		
<i>adapalene topical gel 0.3 %</i>	1	QL (45/30)
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	QL (69/30)
<i>clindacin p</i>	1	QL (69/30)
<i>clindamycin phosphate topical gel</i>	1	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	1	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	1	QL (120/30)
<i>clindamycin phosphate topical solution</i>	1	QL (120/30)
<i>clindamycin phosphate topical swab</i>	1	QL (60/30)
<i>ery pads</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
<i>tretinoin topical cream</i>	1	PA
<i>tretinoin topical gel 0.01 %</i>	1	PA
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	1	PA
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	1	QL (60/30)
<i>gentamicin topical ointment</i>	1	
<i>mupirocin</i>	1	QL (44/30)
<i>mupirocin calcium</i>	1	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	1	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (90/28)
<i>ciclopirox topical shampoo</i>	1	QL (120/28)
<i>ciclopirox topical solution</i>	1	QL (6.6/28)
<i>ciclopirox topical suspension</i>	1	QL (60/28)
<i>clotrimazole topical cream</i>	1	QL (45/28)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate topical foam</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	QL (100/28)
<i>clobetasol topical cream</i>	1	QL (120/28)
<i>clobetasol topical foam</i>	1	QL (100/28)
<i>clobetasol topical gel</i>	1	QL (120/28)
<i>clobetasol topical ointment</i>	1	QL (120/28)
<i>clobetasol topical shampoo</i>	1	QL (236/28)
<i>clobetasol-emollient topical cream</i>	1	QL (120/28)
<i>clobetasol-emollient topical foam</i>	1	QL (100/28)
CLOCORTOLONE PIVALATE	1	
<i>clodan</i>	1	QL (236/28)
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	
<i>fluocinolone and shower cap</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120/30)
<i>fluocinonide topical cream 0.1 %</i>	1	QL (120/30)
<i>fluocinonide topical gel</i>	1	QL (120/30)
<i>fluocinonide topical ointment</i>	1	QL (120/30)
<i>fluocinonide topical solution</i>	1	QL (120/30)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	1	QL (120/30)
<i>hydrocortisone butyrate topical solution</i>	1	QL (120/30)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone topical</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	
<i>permethrin</i>	1	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>anagrelide</i>	1	
<i>carglumic acid</i>	1	PA; NDS
<i>cevimeline</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CHEMET	1	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
CUVRIOR	1	PA; LA; QL (300/30); NDS
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	
<i>d5 %-0.45 % sodium chloride</i>	1	
<i>deferasirox oral granules in packet</i>	1	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA
<i>deferasirox oral tablet 90 mg</i>	1	PA
<i>deferiprone</i>	1	PA; NDS
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	
<i>dextrose 5 %-lactated ringers</i>	1	
<i>dextrose 5%-0.2 % sod chloride</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram</i>	1	
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (90/30); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	1	PA; NDS
FERRIPROX ORAL SOLUTION	1	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	1	PA; NDS
<i>glutamine (sickle cell)</i>	1	PA; QL (180/30); NDS
INCRELEX	1	PA; LA
<i>kionex (with sorbitol)</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	NDS
<i>pilocarpine hcl oral</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; LA; NDS
REZDIFFRA	1	PA; QL (30/30); NDS
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30/30)
<i>sodium chloride 0.9 % intravenous</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; QL (240/30); NDS
TZIELD	1	PA; LA; QL (14/999); NDS
VELTASSA	1	
<i>water for irrigation, sterile</i>	1	
XIAFLEX	1	PA; NDS
<i>zoledronic acid- mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	B/D PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	QL (60/30)
NICOTROL	1	
NICOTROL NS	1	
VARENICLINE ORAL TABLET 0.5 MG, 1 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline oral tablets, dose pack</i>	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>fluoride (sodium) dental</i>	1	
<i>ipratropium bromide nasal</i>	1	QL (30/30)
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES 1		
<i>cortisone</i>	1	
DEPO-MEDROL	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
MEDROL ORAL TABLET 2 MG	1	B/D PA
<i>methylpred dp</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone oral tablet</i>	1	B/D PA
<i>methylprednisolone oral tablets,dose pack</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)

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Drug Name	Drug Tier	Requirements/ Limits
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
<i>alcohol pads</i>	1	PA
ALCOHOL PREP PADS	1	PA
ALCOHOL SWABS	1	PA
ALCOHOL WIPES	1	PA
BAQSIMI	1	
BD ALCOHOL SWABS	1	PA
BYDUREON BCISE	1	PA; QL (4/28)
CARETOUCH ALCOHOL PREP PAD	1	PA
CURITY ALCOHOL SWABS	1	PA
CYCLOSET	1	QL (180/30)
<i>diazoxide</i>	1	NDS
DROPSAFE ALCOHOL PREP PADS	1	PA
EASY COMFORT ALCOHOL PAD	1	PA
EASY TOUCH ALCOHOL PREP PADS	1	PA
FARXIGA ORAL TABLET 10 MG	1	QL (30/30)
FARXIGA ORAL TABLET 5 MG	1	QL (60/30)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT (HUMAN)	1	
GLYXAMBI	1	QL (30/30)
GVOKE	1	QL (0.8/30)
GVOKE HYPOPEN 1-PACK	1	QL (0.8/30)
GVOKE HYPOPEN 2-PACK	1	QL (0.8/30)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	QL (0.8/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	QL (0.8/30)
HUMALOG JUNIOR KWIKPEN U-100	1	
HUMALOG KWIKPEN INSULIN	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMALOG MIX 75-25(U-100)INSULIN	1	
HUMALOG U-100 INSULIN	1	
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	
HUMULIN N NPH INSULIN KWIKPEN	1	
HUMULIN N NPH U-100 INSULIN	1	
HUMULIN R REGULAR U-100 INSULIN	1	
HUMULIN R U-500 (CONC) INSULIN	1	NDS
HUMULIN R U-500 (CONC) KWIKPEN	1	NDS
INSULIN LISPRO	1	
INSULIN LISPRO PROTAMIN-LISPRO	1	
IV PREP WIPES	1	PA
JANUMET	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60/30)
JANUVIA	1	QL (30/30)
JARDIANCE	1	QL (30/30)
JENTADUETO	1	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	1	
LANTUS U-100 INSULIN	1	
LYUMJEV KWIKPEN U-100 INSULIN	1	
LYUMJEV KWIKPEN U-200 INSULIN	1	
LYUMJEV U-100 INSULIN	1	
<i>metformin oral solution</i>	1	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>migliitol oral tablet 100 mg</i>	1	QL (90/30)
<i>migliitol oral tablet 25 mg</i>	1	QL (360/30)
<i>migliitol oral tablet 50 mg</i>	1	QL (180/30)
MOUNJARO	1	PA; QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
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)	1	PA; QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
PRO COMFORT ALCOHOL PADS	1	PA
PURE COMFORT ALCOHOL PADS	1	PA
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	1	PA; QL (30/30)
SOLIQUA 100/33	1	QL (15/24)
SYMLINPEN 120	1	PA; QL (10.8/30); NDS
SYMLINPEN 60	1	PA; QL (6/30); NDS
SYNJARDY	1	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 12.5-1,000 MG, 5-1,000 MG	1	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25- 1,000 MG	1	QL (30/30)
TOUJEO MAX U-300 SOLOSTAR	1	
TOUJEO SOLOSTAR U-300 INSULIN	1	
TRADJENTA	1	QL (30/30)
TRESIBA FLEXTOUCH U-100	1	
TRESIBA FLEXTOUCH U-200	1	
TRESIBA U-100 INSULIN	1	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5- 1,000 MG, 25-5-1,000 MG	1	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	QL (60/30)
TRUE COMFORT ALCOHOL PADS	1	PA
TRUE COMFORT PRO ALCOHOL PADS	1	PA
TRULICITY	1	PA; QL (2/28)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (60/30)
XULTOPHY 100/3.6	1	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; NDS
<i>cabergoline</i>	1	
<i>calcitonin (salmon) injection</i>	1	NDS
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	1	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	1	QL (120/30)
<i>danazol</i>	1	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
ELAPRASE	1	PA; NDS
FABRAZYME	1	NDS
LUMIZYME	1	PA; NDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (120/30); NDS
NAGLAZYME	1	PA; NDS
<i>pamidronate</i>	1	
<i>paricalcitol oral</i>	1	
RAYALDEE	1	NDS
<i>sapropterin</i>	1	PA; NDS
SOMAVERT	1	PA; QL (30/30); NDS
SYNAREL	1	NDS
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	PA; QL (300/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	1	PA; QL (300/30)
<i>tolvaptan oral tablet 15 mg</i>	1	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	1	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	1	B/D PA
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
SYNTHROID	1	
<i>unithroid</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SOLUTION 0.4 MG/ML	1	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>glycopyrrolate (pf)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>loperamide oral capsule</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	PA
<i>aprepitant oral capsule 125 mg</i>	1	B/D PA; NDS

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1	B/D PA
<i>aprepitant oral capsule, dose pack</i>	1	B/D PA
<i>balsalazide</i>	1	
<i>betaine</i>	1	NDS
<i>budesonide oral capsule, delayed, exten d. release</i>	1	
<i>budesonide oral tablet, delayed and ext. release</i>	1	NDS
CLENPIQ	1	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTIFOAM	1	NDS
CREON	1	
<i>cromolyn oral</i>	1	
<i>dronabinol</i>	1	B/D PA; QL (60/30)
<i>enulose</i>	1	
GATTEX 30-VIAL	1	PA; NDS
GATTEX ONE-VIAL	1	PA; NDS
<i>gavilyte-c</i>	1	
<i>generlac</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
INFLECTRA	1	PA; QL (20/30); NDS
<i>lactulose oral solution</i>	1	
LINZESS	1	QL (30/30)
<i>lubiprostone</i>	1	QL (60/30)

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	1	
RELISTOR SUBCUTANEOUS SOLUTION	1	PA; QL (18/30); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; QL (18/30); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; QL (12/30); NDS
REMICADE	1	PA; QL (20/30); NDS
SANCUSO	1	NDS
<i>scopolamine base</i>	1	QL (10/30)
SKYRIZI INTRAVENOUS	1	PA; QL (30/180); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; QL (2.4/56); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium,potassium,mag sulfates</i>	1	
SUCRAID	1	PA; NDS
SUFLAVE	1	
<i>sulfasalazine</i>	1	
SUTAB	1	
TRULANCE	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VOWST	1	PA; LA; NDS
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	QL (60/30)
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (60/30)
<i>misoprostol</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (60/30)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA	1	QL (168/180)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; NDS
ARCALYST	1	PA; NDS
AVONEX	1	PA; QL (1/28); NDS
BESREMI	1	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	1	PA; QL (14/28); NDS
GENOTROPIN	1	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NDS
NIVESTYM	1	PA; NDS
NYVEPRIA	1	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	1	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	1	PA; QL (2/28); NDS
<i>plerixafor</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT	1	PA
RETACRIT	1	PA
ZARXIO	1	PA; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	PA; V; QL (1/365)
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	PA; V; QL (1/365)
ATGAM	1	B/D PA
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAIXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	NDS
GAMMAGARD LIQUID	1	B/D PA; NDS
GAMMAKED	1	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	1	B/D PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	1	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	1	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	1	B/D PA
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	V
KINRIX (PF)	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V

Drug Name	Drug Tier	Requirements/ Limits
MENVEO A-C-Y-W- 135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	PA; V; QL (1/365)
OCTAGAM	1	B/D PA; NDS
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG- 62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2/999)
STAMARIL (PF)	1	V
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHThERI A TOX PED(PF)	1	
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VAXCHORA VACCINE	1	V
XEMBIFY	1	B/D PA; NDS
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; QL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRA- FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	PA; QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	1	PA; QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	1	PA; QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	1	PA; QL (200/30)
CEQR SIMPLICITY	1	QL (10/30)
CEQR SIMPLICITY INSERTER	1	QL (1/365)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	1	PA
DROPLET MICRON PEN NEEDLE	1	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200/30)

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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	1	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	1	PA; QL (200/30)
NOVOFINE 32	1	PA; QL (200/30)
NOVOFINE PLUS	1	PA; QL (200/30)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	1	QL (1/365)
OMNIPOD 5 G6 PODS (GEN 5)	1	QL (20/30)
OMNIPOD CLASSIC PODS (GEN 3)	1	QL (20/30)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	1	QL (20/30)
OMNIPOD GO PODS	1	QL (10/30)
OMNIPOD GO PODS 10 UNITS/DAY	1	QL (10/30)
OMNIPOD GO PODS 15 UNITS/DAY	1	QL (10/30)
OMNIPOD GO PODS 20 UNITS/DAY	1	QL (10/30)
OMNIPOD GO PODS 25 UNITS/DAY	1	QL (10/30)
OMNIPOD GO PODS 30 UNITS/DAY	1	QL (10/30)
OMNIPOD GO PODS 40 UNITS/DAY	1	QL (10/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	PA; QL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS	1	PA; QL (200/30)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	PA; QL (200/30)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	PA; QL (200/30)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	PA; QL (200/30)
TRUEPLUS INSULIN	1	PA; QL (200/30)
TRUEPLUS PEN NEEDLE	1	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	1	PA; QL (200/30)
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	PA; QL (200/30)
UNIFINE PENTIPS PLUS	1	PA; QL (200/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS MAXFLOW	1	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	1	PA; QL (200/30)
V-GO 20	1	QL (30/30)
V-GO 30	1	QL (30/30)
V-GO 40	1	QL (30/30)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
FORTEO	1	PA; QL (2.4/28); NDS
<i>ibandronate oral</i>	1	QL (1/28)
PROLIA	1	QL (1/180)
<i>raloxifene</i>	1	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	1	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
TYMLOS	1	PA; QL (1.56/30); NDS

OTHER RHEUMATOLOGICALS

BENLYSTA	1	PA; NDS
ENBREL MINI	1	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	1	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	1	PA; QL (8/28); NDS
ENBREL SURECLICK	1	PA; QL (8/28); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (4/28); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (4/28); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (8/365); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (6/365); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (4/28); NDS
<i>leflunomide</i>	1	QL (30/30)
ORENCIA CLICKJECT	1	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; QL (2.8/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA	1	PA; QL (60/30); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; QL (110/365); NDS
<i>penicillamine</i>	1	NDS
RIDAURA	1	NDS
RINVOQ LQ	1	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; QL (168/365); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; QL (6/28); NDS
YUFLYMA(CF) AUTOINJECTOR	1	PA; QL (6/28); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2/28); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (6/28); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-ESTRADIOL	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104	1	
<i>dotti</i>	1	QL (8/28)
DUAVEE	1	PA
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL (8/28)
<i>estradiol transdermal patch weekly</i>	1	QL (4/28)
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate</i>	1	
ESTRING	1	
<i>fyavolv</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone intramuscular</i>	1	
<i>medroxyprogesterone oral</i>	1	
<i>nora-be</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
PREMARIN INJECTION	1	
PREMARIN ORAL	1	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN VAGINAL	1	
PREMPRO	1	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	
<i>yuvaferm</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
LILETTA	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
NEXPLANON	1	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral</i>	1	
<i>vandazole</i>	1	
<i>zafemy</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	
<i>alyacen 1/35 (28)</i>	1	
<i>alyacen 7/7/7 (28)</i>	1	
<i>amethia</i>	1	
<i>amethyst (28)</i>	1	
<i>apri</i>	1	
<i>aranelle (28)</i>	1	
<i>ashlyna</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>aubra eq</i>	1	
<i>aurovela 1.5/30 (21)</i>	1	
<i>aurovela 1/20 (21)</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30 (28)</i>	1	
<i>aurovela fe 1-20 (28)</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette (28)</i>	1	
<i>balziva (28)</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30 (28)</i>	1	
<i>blisovi fe 1/20 (28)</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal eq (28)</i>	1	
<i>cryselle (28)</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	
<i>dasetta 7/7/7 (28)</i>	1	
<i>daysee</i>	1	
<i>desog- e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone- e.estradiol-lm.fa</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	
<i>finzala</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30 (28)</i>	1	
<i>hailey fe 1/20 (28)</i>	1	
<i>iclevia</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel (28)</i>	1	
<i>jolessa</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30 (21)</i>	1	
<i>junel 1/20 (21)</i>	1	
<i>junel fe 1.5/30 (28)</i>	1	
<i>junel fe 1/20 (28)</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	
<i>kelnor 1/50 (28)</i>	1	
<i>kurvelo (28)</i>	1	
<i>l norgest/e.estradiol- e.estradiol</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>larin 1.5/30 (21)</i>	1	
<i>larin 1/20 (21)</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30 (28)</i>	1	
<i>larin fe 1/20 (28)</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest (28)</i>	1	
<i>levonorgest- eth.estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estradiol</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levora-28</i>	1	
<i>lojaimiess</i>	1	
<i>loryna (28)</i>	1	
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	
<i>lutra (28)</i>	1	
<i>marlissa (28)</i>	1	
<i>merzee</i>	1	
<i>microgestin 1.5/30 (21)</i>	1	
<i>microgestin 1/20 (21)</i>	1	
<i>microgestin fe 1.5/30 (28)</i>	1	
<i>microgestin fe 1/20 (28)</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35 (28)</i>	1	
<i>nikki (28)</i>	1	
<i>noreth-ethinyl estradiol-iron</i>	1	

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec (28)</i>	1	
<i>trivora (28)</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz (28)</i>	1	
<i>tydemy</i>	1	
<i>velivet triphasic regimen (28)</i>	1	
<i>vestura (28)</i>	1	
<i>vienva</i>	1	
<i>viorele (28)</i>	1	
<i>volnea (28)</i>	1	
<i>vyfemla (28)</i>	1	
<i>vylibra</i>	1	
<i>wera (28)</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1-35 (28)</i>	1	
<i>zumandimine (28)</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	1	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	1	

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

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	
CYSTARAN	1	PA; NDS
<i>epinastine</i>	1	
EYLEA	1	PA; QL (0.1/28); NDS
MIEBO (PF)	1	QL (3/30)
OXERVATE	1	PA; QL (112/56); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
XDEMZY	1	PA; QL (10/42); NDS
XIIDRA	1	QL (60/30)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	1	
<i>ketorolac ophthalmic (eye)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	
<i>travoprost</i>	1	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
EYSUVIS	1	QL (16.6/30)
<i>fluorometholone</i>	1	
INVELTYS	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	1	
LOTEMAX SM	1	
<i>loteprednol etabonate</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>desloratadine oral tablet</i>	1	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	1	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL (2/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate</i>	1	PA
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (30/30)
<i>promethazine oral</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA
ADEMPAS	1	PA; LA; QL (90/30); NDS
ADVAIR HFA	1	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	QL (36/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>ambrisentan</i>	1	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	1	QL (60/30)
<i>arformoterol</i>	1	B/D PA
ARNUIITY ELLIPTA	1	QL (30/30)
ATROVENT HFA	1	QL (25.8/30)
<i>bosentan</i>	1	PA; LA; NDS
BREO ELLIPTA	1	QL (60/30)
<i>breyana</i>	1	QL (10.3/30)
BROVANA	1	B/D PA
<i>budesonide inhalation</i>	1	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	1	QL (8/30)
<i>cromolyn inhalation</i>	1	B/D PA
FASENRA PEN	1	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; QL (1/28); NDS
<i>flunisolide</i>	1	QL (50/30)
FLUTICASONE PROPIONATE NASAL	1	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>formoterol fumarate</i>	1	B/D PA; QL (120/30)
HAEGARDA	1	PA; LA; NDS
<i>icatibant</i>	1	PA; QL (18/30); NDS
INCRUSE ELLIPTA	1	QL (30/30)
<i>ipratropium bromide inhalation</i>	1	B/D PA
<i>ipratropium-albuterol</i>	1	B/D PA
KALYDECO ORAL TABLET	1	PA; QL (56/28); NDS
<i>levalbuterol hcl</i>	1	B/D PA
LEVALBUTEROL TARTRATE	1	QL (30/30)
MOMETASONE NASAL	1	QL (34/30)
<i>montelukast oral granules in packet</i>	1	QL (30/30)
<i>montelukast oral tablet</i>	1	QL (30/30)
<i>montelukast oral tablet, chewable</i>	1	QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; LA; QL (0.4/28); NDS
OFEV	1	PA; QL (60/30); NDS
OHTUVAYRE	1	B/D PA; QL (150/30); NDS
OPSUMIT	1	PA; LA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI ORAL GRANULES IN PACKET	1	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	1	PA; QL (112/28); NDS
PERFOROMIST	1	B/D PA; QL (120/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90/30); NDS
PULMICORT	1	B/D PA; QL (120/30)
PULMOZYME	1	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	1	PA; QL (30/30)
RYALTRIS	1	ST
<i>sajazir</i>	1	PA; QL (18/30); NDS
SEREVENT DISKUS	1	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (90/30)
SYMDEKO	1	PA; QL (56/28); NDS
<i>tadalafil (pulm.hypertension)</i>	1	PA; QL (60/30); NDS
<i>terbutaline</i>	1	
THEO-24	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	1	QL (30/30)
TRELEGY ELLIPTA	1	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; QL (84/28); NDS
TYVASO	1	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	1	B/D PA; NDS
TYVASO REFILL KIT	1	B/D PA; NDS
TYVASO STARTER KIT	1	B/D PA; NDS
VENTAVIS	1	PA; NDS
VENTOLIN HFA	1	QL (36/30)
<i>wixela inhub</i>	1	QL (60/30)
XHANCE	1	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1/28); NDS
YUPELRI	1	B/D PA; QL (90/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
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<i>zafirlukast</i>	1	QL (60/30)
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UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	
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<i>fesoterodine</i>	1	QL (30/30)
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GEMTESA	1	QL (30/30)
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MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	
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<i>oxybutynin chloride oral syrup</i>	1	
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<i>oxybutynin chloride oral tablet 5 mg</i>	1	
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<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	QL (60/30)
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<i>solifenacin</i>	1	
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<i>tolterodine</i>	1	
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BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

<i>bethanechol chloride</i>	1	
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CYSTAGON	1	LA
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ELMIRON	1	
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K-PHOS ORIGINAL	1	
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<i>potassium citrate oral tablet extended release</i>	1	
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Drug Name	Drug Tier	Requirements/ Limits
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RENACIDIN	1	
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<i>tadalafil oral tablet 2.5 mg</i>	1	PA; QL (60/30)
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<i>tadalafil oral tablet 5 mg</i>	1	PA; QL (30/30)
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VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>klor-con</i>	1	
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<i>klor-con 10</i>	1	
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<i>klor-con 8</i>	1	
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<i>klor-con m10</i>	1	
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<i>klor-con m15</i>	1	
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<i>klor-con m20</i>	1	
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<i>lactated ringers intravenous</i>	1	
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MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
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<i>magnesium sulfate in water</i>	1	
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<i>magnesium sulfate injection</i>	1	
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<i>potassium chlorid-d5- 0.45%nacl</i>	1	
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<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
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<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	1	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>potassium chloride- 0.45 % nacl</i>	1	
<i>potassium chloride-d5- 0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5- 0.9%nacl</i>	1	
<i>ringer's intravenous</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium bicarbonate intravenous syringe</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	1	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	1	
TPN ELECTROLYTES	1	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%- D20W(SULFITE- FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%- D10W(SULFITE- FREE)	1	B/D PA
CLINIMIX 8%- D14W(SULFITE- FREE)	1	B/D PA
CLINISOL SF 15 %	1	B/D PA
<i>electrolyte-48 in d5w</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements/ Limits
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
KABIVEN	1	B/D PA
PERIKABIVEN	1	B/D PA
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA; NDS
PROSOL 20 %	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>bal-care dha</i>	1	
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>elite-ob</i>	1	
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vitamin plus low iron</i>	1	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>taron-c dha</i>	1	
<i>trinatal rx 1</i>	1	
<i>wescap-pn dha</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

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<i>oxycodone</i>	33	<i>phenytoin sodium</i>	28	<i>pr natal 430</i>	78
<i>oxycodone-acetaminophen</i>	33	<i>phenytoin sodium extended</i>	28	<i>pr natal 430 ec</i>	78
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