



# 2023 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT ALL OF THE DRUGS WE COVER IN THIS PLAN.**

## **Plans covered**

- Cigna Preferred AL Medicare (HMO) – Alabama**
- Cigna Preferred Medicare (HMO) – Alabama, North Carolina**
- Cigna Preferred Plus Medicare (HMO) – Alabama, North Carolina**
- Cigna Preferred Savings Medicare (HMO) – North Carolina**
- Cigna Preferred Select Medicare (HMO) – North Carolina**

HPMS Approved Formulary File Submission ID 00023076, Version Number 20

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Cigna 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. 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. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

**Important Message About What You Pay for Vaccines:** Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply 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. When it refers to “plan” or “our plan,” it means Cigna Preferred AL Medicare (HMO), Cigna Preferred Medicare (HMO), Cigna Preferred Plus Medicare (HMO), Cigna Preferred Savings Medicare (HMO), Cigna Preferred Select Medicare (HMO) .**

**This document includes a list of the drugs (formulary) for our plans, which is current as of December 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.**

**You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.**

### **What is the Cigna Comprehensive Drug List?**

A drug list is a list of covered drugs selected by Cigna 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 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 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 Drug List (formulary) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section entitled “How do I request an exception to the Cigna Drug List?”

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and 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 add a generic drug that is not new to the market to replace a brand name drug currently on the drug list, or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines 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, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Cigna Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 drug list for the new benefit year for any changes to drugs.

The enclosed drug list is current as of December 2023. To get updated information about the drugs covered by Cigna, 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 7. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index that begins on page 58. The Covered Drugs Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

### **What are generic drugs?**

Cigna covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **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 requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill these

prescriptions. If you don't get approval, Cigna may not cover the drug.

- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna 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 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna limits the amount of the drug that Cigna 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna 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 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 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 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 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. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Cigna.
- You can ask Cigna 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 Drug List?**

You can ask Cigna 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 coverage restrictions or limits on your drug. For example, for certain drugs, Cigna limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:

- If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

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

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

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or existing customer in our plan you may be taking drugs that are not on our drug list. Or, you may be taking a drug that is on our drug list but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a drug list exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs 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 will allow a one-time 31-day supply (unless the prescription is written for fewer days).

## Cigna's Drug List

The comprehensive drug list that begins on page 7 provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 58.

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 has any special requirements for coverage of your drug.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 7 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

## 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 [Cigna.com/member-resources](http://Cigna.com/member-resources) for the most current Pharmacy Directory.

### For more information

For more detailed information about your Cigna 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](http://CignaMedicare.com/resources).

If you have questions about Cigna, 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>.

## Drug Tier and Cost-Sharing

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

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

**Tier 2 - Generic Drugs:** This tier includes generic drugs, but generally cost a little more than preferred generic drugs. Drugs in Tier 2 typically have low copayments.

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

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

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

Cost-sharing amounts for each tier vary by Cigna 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](https://CignaMedicare.com/resources).

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

**Seniors Savings Model:** For select insulin drugs, your copay will be the same when you are in the deductible, initial coverage and coverage gap phases of the Part D benefit. This does not apply once you reach the catastrophic coverage phase. For complete cost-share details on these select insulins, please refer to Chapter 6 of your Evidence of Coverage (EOC). To access a copy of your most recent EOC, go to [CignaMedicare.com/resources](https://CignaMedicare.com/resources). If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

**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.

### 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://CignaMedicare.com/resources).

**NDS** – Non-extended day supply medication. This drug is only available as a 30-day supply or less.

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

**SSM** – This select insulin is part of the senior savings model

**ST** – This drug has step therapy requirements

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

## Drug 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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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <b>ANTI - INFECTIVES</b>                                 |           |                      |
| <b>ANTIFUNGAL AGENTS</b>                                 |           |                      |
| ABELCET  | 4         | PA                   |
| <i>amphotericin b</i>                                    | 4         | PA                   |
| <i>amphotericin b liposome</i>                           | 5         | PA; NDS              |
| <i>caspofungin intravenous recon soln 50 mg</i>          | 5         | PA; NDS              |
| <i>caspofungin intravenous recon soln 70 mg</i>          | 4         | PA                   |
| <i>clotrimazole mucous membrane</i>                      | 2         |                      |
| CRESEMBA ORAL  | 5         | NDS                  |
| <i>fluconazole</i>                                       | 2         |                      |
| <i>fluconazole in nacl (iso-osm)</i>                     | 4         | PA                   |
| <i>flucytosine</i>                                       | 5         | NDS                  |
| <i>griseofulvin microsize</i>                            | 4         |                      |
| <i>griseofulvin ultramicrosize</i>                       | 4         |                      |
| <i>itraconazole oral capsule</i>                         | 4         | QL (120/30)          |
| <i>itraconazole oral solution</i>                        | 4         |                      |
| <i>ketoconazole oral</i>                                 | 2         |                      |
| <i>miconazole</i>  | 5         | NDS                  |
| <i>nystatin oral suspension</i>                          | 2         |                      |
| <i>nystatin oral tablet</i>                              | 3         |                      |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 5         | QL (96/30); NDS      |
| <i>terbinafine hcl oral</i>                              | 2         |                      |
| <i>voriconazole intravenous</i>                          | 5         | PA; NDS              |
| <i>voriconazole oral suspension for reconstitution</i>   | 5         | NDS                  |
| <i>voriconazole oral tablet</i>                          | 4         |                      |
| <b>ANTIVIRALS</b>  |           |                      |
| <i>abacavir oral solution</i>                            | 3         | QL (960/30)          |
| <i>abacavir oral tablet</i>                              | 4         | QL (60/30)           |
| <i>abacavir-lamivudine</i>                               | 3         | QL (30/30)           |
| <i>acyclovir oral capsule</i>                            | 2         |                      |
| <i>acyclovir oral suspension 200 mg/5 ml</i>             | 4         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>acyclovir oral tablet</i>   | 2         |                      |
| <i>acyclovir sodium intravenous solution</i>   | 4         | B/D PA               |
| <i>adefovir</i>  | 4         |                      |
| <i>amantadine hcl</i>  | 3         |                      |
| APRETUDE   | 5         | NDS                  |
| APTIVUS  | 5         | QL (120/30); NDS     |
| <i>atazanavir oral capsule 150 mg, 300 mg</i>  | 3         | QL (30/30)           |
| <i>atazanavir oral capsule 200 mg</i>  | 3         | QL (60/30)           |
| BARACLUDE ORAL SOLUTION  | 4         | QL (630/30)          |
| BIKTARVY   | 5         | NDS                  |
| CABENUVA   | 5         | NDS                  |
| CIMDUO   | 5         | NDS                  |
| COMPLERA   | 5         | QL (30/30); NDS      |
| <i>darunavir ethanolate</i>  | 5         | QL (60/30); NDS      |
| DELSTRIGO  | 5         | NDS                  |
| DESCOVY  | 5         | QL (30/30); NDS      |
| DOVATO   | 5         | NDS                  |
| EDURANT  | 5         | QL (30/30); NDS      |
| <i>efavirenz oral capsule 200 mg</i>   | 4         | QL (120/30)          |
| <i>efavirenz oral capsule 50 mg</i>  | 3         | QL (180/30)          |
| <i>efavirenz oral tablet</i>   | 4         | QL (30/30)           |
| <i>efavirenz-emtricitabine-tenofovir</i>   | 5         | QL (30/30); NDS      |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> | 5         | QL (30/30); NDS      |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> | 5         | NDS                  |
| <i>emtricitabine</i>   | 3         | QL (30/30)           |
| <i>emtricitabine-tenofovir (tdf)</i>   | 5         | QL (30/30); NDS      |
| EMTRIVA ORAL SOLUTION  | 4         | QL (680/28)          |
| <i>entecavir</i>   | 4         | QL (30/30)           |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG   | 5         | PA; QL (28/28); NDS  |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG   | 5         | PA; QL (56/28); NDS  |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| EPCLUSA ORAL TABLET 200-50 MG                    | 5         | PA; QL (56/28); NDS  |
| EPCLUSA ORAL TABLET 400-100 MG                   | 5         | PA; QL (28/28); NDS  |
| <i>etravirine</i>                                | 5         | QL (60/30); NDS      |
| EVOTAZ   | 5         | QL (30/30); NDS      |
| <i>famciclovir</i>                               | 3         | QL (60/30)           |
| <i>fosamprenavir</i>                             | 5         | QL (120/30); NDS     |
| FUZEON SUBCUTANEOUS RECON SOLN                   | 5         | QL (60/30); NDS      |
| GENVOYA  | 5         | QL (30/30); NDS      |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG      | 5         | PA; QL (28/28); NDS  |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG         | 5         | PA; QL (56/28); NDS  |
| HARVONI ORAL TABLET 45-200 MG                    | 5         | PA; QL (56/28); NDS  |
| HARVONI ORAL TABLET 90-400 MG                    | 5         | PA; QL (28/28); NDS  |
| INTELENCE ORAL TABLET 25 MG                      | 4         | QL (120/30)          |
| ISENTRESS HD                                     | 5         | NDS                  |
| ISENTRESS ORAL POWDER IN PACKET                  | 5         | QL (60/30); NDS      |
| ISENTRESS ORAL TABLET                            | 5         | QL (120/30); NDS     |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG           | 5         | QL (180/30); NDS     |
| ISENTRESS ORAL TABLET, CHEWABLE 25 MG            | 3         | QL (180/30)          |
| JULUCA   | 5         | NDS                  |
| <i>lamivudine oral solution</i>                  | 3         | QL (900/30)          |
| <i>lamivudine oral tablet 100 mg, 300 mg</i>     | 3         | QL (30/30)           |
| <i>lamivudine oral tablet 150 mg</i>             | 3         | QL (60/30)           |
| <i>lamivudine-zidovudine</i>                     | 3         | QL (60/30)           |
| LEXIVA ORAL SUSPENSION                           | 4         | QL (1575/28)         |
| <i>lopinavir-ritonavir oral solution</i>         | 3         |                      |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> | 4         | QL (300/30)          |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>            | 4         | QL (120/30)          |
| <i>maraviroc oral tablet 150 mg</i>                         | 5         | QL (60/30); NDS      |
| <i>maraviroc oral tablet 300 mg</i>                         | 5         | QL (120/30); NDS     |
| MAVYRET ORAL PELLETS IN PACKET                              | 5         | PA; QL (168/28); NDS |
| MAVYRET ORAL TABLET   | 5         | PA; QL (84/28); NDS  |
| <i>nevirapine oral suspension</i>                           | 4         | QL (1200/30)         |
| <i>nevirapine oral tablet</i>                               | 3         | QL (60/30)           |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | 4         | QL (90/30)           |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | 4         | QL (30/30)           |
| NORVIR ORAL POWDER IN PACKET                                | 4         |                      |
| ODEFSEY   | 5         | QL (30/30); NDS      |
| <i>oseltamivir</i>  | 3         |                      |
| PIFELTRO  | 5         | NDS                  |
| PREVYMIS ORAL   | 5         | QL (30/30); NDS      |
| PREZCOBIX   | 5         | QL (30/30); NDS      |
| PREZISTA ORAL SUSPENSION                                    | 5         | QL (400/30); NDS     |
| PREZISTA ORAL TABLET 150 MG                                 | 4         | QL (240/30)          |
| PREZISTA ORAL TABLET 600 MG                                 | 5         | QL (60/30); NDS      |
| PREZISTA ORAL TABLET 75 MG                                  | 3         | QL (480/30)          |
| PREZISTA ORAL TABLET 800 MG                                 | 5         | QL (30/30); NDS      |
| RETROVIR INTRAVENOUS  | 4         |                      |
| REYATAZ ORAL POWDER IN PACKET                               | 5         | QL (240/30); NDS     |
| <i>ribavirin oral capsule</i>                               | 3         |                      |
| <i>ribavirin oral tablet 200 mg</i>                         | 3         |                      |
| <i>rimantadine</i>  | 2         |                      |
| <i>ritonavir</i>  | 3         | QL (360/30)          |
| RUKOBIA   | 5         | NDS                  |

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## Covered Drugs By Category

| DRUG NAME                                 | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| SELZENTRY ORAL SOLUTION                   | 5         | NDS                  |
| SELZENTRY ORAL TABLET 25 MG               | 3         | QL (120/30)          |
| SELZENTRY ORAL TABLET 75 MG               | 5         | QL (60/30); NDS      |
| STRIBILD                                  | 5         | QL (30/30); NDS      |
| SUNLENCA                                  | 5         | LA; NDS              |
| SYMTUZA                                   | 5         | NDS                  |
| <i>tenofovir disoproxil fumarate</i>      | 4         | QL (30/30)           |
| TIVICAY ORAL TABLET 10 MG                 | 4         | QL (60/30)           |
| TIVICAY ORAL TABLET 25 MG, 50 MG          | 5         | QL (60/30); NDS      |
| TIVICAY PD                                | 5         | QL (180/30); NDS     |
| TRIUMEQ                                   | 5         | QL (30/30); NDS      |
| TRIUMEQ PD                                | 5         | QL (300/30); NDS     |
| TRIZIVIR                                  | 5         | QL (60/30); NDS      |
| TROGARZO                                  | 5         | NDS                  |
| TYBOST                                    | 3         |                      |
| <i>valacyclovir oral tablet 1 gram</i>    | 2         | QL (120/30)          |
| <i>valacyclovir oral tablet 500 mg</i>    | 2         | QL (60/30)           |
| <i>valganciclovir oral recon soln</i>     | 5         | NDS                  |
| <i>valganciclovir oral tablet</i>         | 3         |                      |
| VEKLURY                                   | 5         | QL (4/180); NDS      |
| VEMLIDY                                   | 5         | NDS                  |
| VIRACEPT ORAL TABLET 250 MG               | 5         | QL (270/30); NDS     |
| VIRACEPT ORAL TABLET 625 MG               | 5         | QL (120/30); NDS     |
| VIREAD ORAL POWDER                        | 5         | QL (240/30); NDS     |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5         | QL (30/30); NDS      |
| VOSEVI                                    | 5         | PA; QL (28/28); NDS  |
| XOFLUZA ORAL TABLET 40 MG, 80 MG          | 4         |                      |
| <i>zidovudine oral capsule</i>            | 4         | QL (180/30)          |
| <i>zidovudine oral syrup</i>              | 3         | QL (1680/28)         |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>zidovudine oral tablet</i>  | 3         | QL (60/30)           |
| <b>CEPHALOSPORINS</b>  |           |                      |
| <i>cefaclor oral capsule</i>   | 2         |                      |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>       | 3         |                      |
| <i>cefaclor oral tablet extended release 12 hr</i>   | 3         |                      |
| <i>cefadroxil oral capsule</i>   | 3         |                      |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>                  | 3         |                      |
| <i>cefadroxil oral tablet</i>  | 3         |                      |
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML | 4         |                      |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 300 g, 500 mg</i>         | 4         |                      |
| <i>cefazolin intravenous recon soln 1 gram</i>   | 4         |                      |
| CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM  | 4         |                      |
| <i>cefdinir oral capsule</i>   | 2         |                      |
| <i>cefdinir oral suspension for reconstitution</i>   | 3         |                      |
| CEFEPIME IN DEXTROSE 5%  | 4         |                      |
| CEFEPIME IN DEXTROSE, ISO-OSM  | 4         |                      |
| <i>cefepime injection</i>  | 4         |                      |
| <i>cefepime intravenous</i>  | 4         | PA                   |
| <i>cefixime</i>  | 4         |                      |
| <i>cefotetan injection</i>   | 4         | PA                   |
| <i>cefoxitin</i>   | 4         | PA                   |
| CEFOXITIN IN DEXTROSE, ISO-OSM   | 4         | PA                   |
| <i>cefpodoxime</i>   | 2         |                      |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>cefprozil</i>  | 2         |                      |
| <i>ceftazidime</i>  | 4         | PA                   |
| <i>ceftriaxone</i>  | 4         |                      |
| <i>ceftriaxone in dextrose, iso-os</i>  | 4         |                      |
| <i>cefuroxime axetil oral tablet</i>  | 2         |                      |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                              | 4         | PA                   |
| <i>cefuroxime sodium intravenous</i>  | 4         | PA                   |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                     | 1         |                      |
| <i>cephalexin oral suspension for reconstitution</i>                              | 2         |                      |
| <i>tazicef</i>  | 4         | PA                   |
| TEFLARO   | 5         | PA; NDS              |
| <b>ERYTHROMYCINS / OTHER MACROLIDES</b>   |           |                      |
| <i>azithromycin intravenous</i>   | 4         | PA                   |
| AZITHROMYCIN ORAL PACKET  | 3         |                      |
| <i>azithromycin oral suspension for reconstitution</i>                            | 2         |                      |
| <i>azithromycin oral tablet</i>   | 1         |                      |
| <i>clarithromycin oral suspension for reconstitution</i>                          | 3         |                      |
| <i>clarithromycin oral tablet</i>   | 2         |                      |
| <i>clarithromycin oral tablet extended release 24 hr</i>                          | 2         |                      |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION  | 5         | QL (136/10); NDS     |
| DIFICID ORAL TABLET   | 5         | QL (20/10); NDS      |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>                | 3         |                      |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                                | 4         |                      |
| <i>erythrocin intravenous recon soln 500 mg</i>                                   | 4         | PA                   |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> | 3         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> | 5         | NDS                     |
| <i>erythromycin ethylsuccinate oral tablet</i>                                    | 3         |                         |
| <i>erythromycin oral tablet</i>   | 4         |                         |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i>                          | 3         |                         |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>   |           |                         |
| <i>albendazole</i>  | 5         | NDS                     |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>                     | 4         | PA                      |
| ARIKAYCE  | 5         | PA; LA; NDS             |
| <i>atovaquone</i>   | 4         |                         |
| <i>atovaquone-proguanil</i>   | 2         |                         |
| <i>aztreonam injection recon soln 1 gram</i>                                      | 3         | PA                      |
| <i>aztreonam injection recon soln 2 gram</i>                                      | 4         | PA                      |
| <i>bacitracin intramuscular</i>   | 4         |                         |
| CAYSTON   | 5         | PA; LA; QL (84/28); NDS |
| <i>chloramphenicol sod succinate</i>  | 4         |                         |
| <i>chloroquine phosphate</i>  | 2         |                         |
| <i>clindamycin hcl</i>  | 2         |                         |
| CLINDAMYCIN IN 0.9% SOD CHLOR   | 4         | PA                      |
| <i>clindamycin in 5% dextrose</i>   | 4         | PA                      |
| <i>clindamycin palmitate hcl</i>  | 4         |                         |
| <i>clindamycin pediatric</i>  | 4         |                         |
| <i>clindamycin phosphate injection</i>  | 4         | PA                      |
| COARTEM   | 4         | QL (24/30)              |
| <i>colistin (colistimethate na)</i>   | 5         | PA; NDS                 |
| <i>cycloserine</i>  | 2         |                         |
| <i>dapsone oral</i>   | 3         |                         |
| <i>daptomycin</i>   | 5         | NDS                     |
| DAPTOMYCIN IN 0.9% SOD CHLOR  | 5         | NDS                     |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>emverm</i>  | 5         | NDS                  |
| <i>ertapenem</i>   | 4         |                      |
| <i>ethambutol</i>  | 3         |                      |
| FIRVANQ  | 4         | QL (450/10)          |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i> | 4         | PA                   |
| <i>gentamicin injection solution 40 mg/ml</i>  | 4         | PA                   |
| <i>gentamicin sulfate (ped) (pf)</i>   | 4         | PA                   |
| <i>hydroxychloroquine</i>  | 2         |                      |
| <i>imipenem-cilastatin</i>   | 4         |                      |
| <i>isoniazid oral solution</i>   | 4         |                      |
| <i>isoniazid oral tablet</i>   | 2         |                      |
| <i>ivermectin oral</i>   | 3         | PA                   |
| <i>lincomycin</i>  | 4         | PA                   |
| <i>linezolid in dextrose 5%</i>  | 4         | PA                   |
| <i>linezolid oral suspension for reconstitution</i>  | 5         | QL (1800/30); NDS    |
| <i>linezolid oral tablet</i>   | 4         | QL (60/30)           |
| LINEZOLID-0.9% SODIUM CHLORIDE   | 4         | PA                   |
| <i>mefloquine</i>  | 2         |                      |
| <i>meropenem</i>   | 4         |                      |
| MEROPENEM-0.9% SODIUM CHLORIDE   | 4         |                      |
| METRO I.V.   | 4         | PA                   |
| <i>metronidazole in nacl (iso-os)</i>  | 4         | PA                   |
| <i>metronidazole oral tablet</i>   | 2         |                      |
| <i>neomycin</i>  | 2         |                      |
| <i>nitazoxanide</i>  | 5         | QL (20/10); NDS      |
| ORBACTIV   | 5         | PA; QL (3/30); NDS   |
| <i>paromomycin</i>   | 4         |                      |
| <i>paser</i>   | 4         |                      |
| <i>pentamidine inhalation</i>  | 3         | B/D PA; QL (1/28)    |
| <i>pentamidine injection</i>   | 3         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| <i>polymyxin b sulfate</i>   | 4         | PA                       |
| <i>praziquantel</i>  | 4         |                          |
| PRIFTIN  | 4         |                          |
| <i>primaquine</i>  | 3         |                          |
| <i>pyrazinamide</i>  | 4         |                          |
| <i>pyrimethamine</i>   | 5         | PA; NDS                  |
| <i>quinine sulfate</i>   | 4         | PA; QL (42/7)            |
| <i>rifabutin</i>   | 4         |                          |
| <i>rifampin intravenous</i>  | 4         |                          |
| <i>rifampin oral</i>   | 2         |                          |
| SIRTURO  | 4         | PA; LA                   |
| SIVEXTRO INTRAVENOUS   | 5         | PA; QL (6/28); NDS       |
| SIVEXTRO ORAL  | 5         | QL (6/28); NDS           |
| <i>streptomycin</i>  | 5         | PA; NDS                  |
| <i>tigecycline</i>   | 5         | PA; NDS                  |
| <i>tobramycin in 0.225% nacl</i>   | 5         | B/D PA; QL (280/28); NDS |
| <i>tobramycin sulfate</i>  | 4         | PA                       |
| TRECTOR  | 3         |                          |
| VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK                                | 4         |                          |
| VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK                                    | 4         |                          |
| <i>vancomycin injection</i>  | 4         |                          |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> | 4         |                          |
| VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM   | 4         |                          |
| <i>vancomycin oral capsule 125 mg</i>  | 3         | PA; QL (40/10)           |
| <i>vancomycin oral capsule 250 mg</i>  | 3         | PA; QL (80/10)           |
| <i>vancomycin oral recon soln 25 mg/ml</i>   | 4         | QL (450/10)              |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| VANCOMYCIN-DILUENT COMBO NO.1   | 4         |                      |
| XIFAXAN ORAL TABLET 550 MG  | 5         | PA; QL (90/30); NDS  |
| <b>PENICILLINS</b>  |           |                      |
| <i>amoxicillin oral capsule</i>                                       | 1         |                      |
| <i>amoxicillin oral suspension for reconstitution</i>                 | 1         |                      |
| <i>amoxicillin oral tablet</i>  | 1         |                      |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>               | 1         |                      |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> | 2         |                      |
| <i>amoxicillin-pot clavulanate oral tablet</i>                        | 2         |                      |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | 4         |                      |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>              | 2         |                      |
| <i>ampicillin oral capsule 500 mg</i>                                 | 2         |                      |
| <i>ampicillin sodium</i>  | 4         | PA                   |
| <i>ampicillin-sulbactam</i>   | 4         | PA                   |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML        | 5         | NDS                  |
| BICILLIN L-A  | 4         | PA                   |
| <i>dicloxacillin</i>  | 2         |                      |
| NAFCILLIN IN DEXTROSE ISO-OSM   | 4         | PA                   |
| <i>nafcillin injection</i>  | 4         | PA                   |
| <i>nafcillin intravenous recon soln 2 gram</i>                        | 4         | PA                   |
| <i>oxacillin injection</i>  | 4         | PA                   |
| <i>penicillin g potassium</i>   | 4         | PA                   |
| <i>penicillin v potassium oral recon soln</i>                         | 1         |                      |
| <i>penicillin v potassium oral tablet</i>                             | 2         |                      |
| <i>pfizerpen-g</i>  | 4         | PA                   |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>piperacillin-tazobactam</i>                                       | 4         |                      |
| ZOSYN IN DEXTROSE (ISO-OSM)  | 4         |                      |
| <b>QUINOLONES</b>  |           |                      |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON                            | 4         |                      |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>                          | 3         |                      |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>          | 1         |                      |
| <i>ciprofloxacin in 5% dextrose</i>                                  | 4         | PA                   |
| <i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i> | 4         |                      |
| <i>levofloxacin in d5w</i>   | 4         | PA                   |
| <i>levofloxacin intravenous</i>                                      | 4         | PA                   |
| <i>levofloxacin oral solution</i>                                    | 4         |                      |
| <i>levofloxacin oral tablet</i>                                      | 2         |                      |
| <i>moxifloxacin oral</i>   | 4         |                      |
| MOXIFLOXACIN-SOD.ACE, SUL-WATER                                      | 4         | PA                   |
| <i>moxifloxacin-sod.chloride(iso)</i>                                | 4         | PA                   |
| <b>SULFAS / RELATED AGENTS</b>                                       |           |                      |
| <i>sulfadiazine</i>  | 4         |                      |
| <i>sulfamethoxazole-trimethoprim intravenous</i>                     | 4         | PA                   |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>                 | 4         |                      |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                     | 1         |                      |
| <b>TETRACYCLINES</b>   |           |                      |
| <i>demeclocycline</i>  | 4         |                      |
| <i>doxy-100</i>  | 4         | PA                   |
| <i>doxycycline hyclate intravenous</i>                               | 4         | PA                   |
| <i>doxycycline hyclate oral capsule</i>                              | 1         |                      |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                 | 1         |                      |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>          | 2         |                      |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i> | 4         |                      |
| <i>doxycycline monohydrate oral suspension for reconstitution</i>  | 2         |                      |
| <i>doxycycline monohydrate oral tablet</i>                         | 3         |                      |
| <i>minocycline oral capsule</i>                                    | 2         |                      |
| <i>minocycline oral tablet</i>                                     | 2         |                      |
| <i>mondoxyne nl oral capsule 100 mg</i>                            | 2         |                      |
| NUZYRA INTRAVENOUS   | 5         | PA; NDS              |
| NUZYRA ORAL  | 5         | NDS                  |
| <i>tetracycline</i>  | 2         |                      |
| <b>URINARY TRACT AGENTS</b>  |           |                      |
| <i>fosfomycin tromethamine</i>                                     | 4         |                      |
| <i>methenamine hippurate</i>                                       | 2         |                      |
| <i>nitrofurantoin macrocrystal</i>                                 | 2         |                      |
| <i>nitrofurantoin monohyd/m-cryst</i>                              | 3         |                      |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                   | 4         |                      |
| <i>trimethoprim</i>  | 2         |                      |
| <b>VANCOMYCIN</b>  |           |                      |
| <i>vancomycin intravenous recon soln 1.25 gram</i>                 | 4         |                      |
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>                    |           |                      |
| <b>ADJUNCTIVE AGENTS</b>   |           |                      |
| <i>leucovorin calcium injection</i>                                | 4         |                      |
| <i>leucovorin calcium oral</i>                                     | 3         |                      |
| <i>mesna</i>   | 4         | B/D PA               |
| MESNEX ORAL  | 5         | NDS                  |
| XGEVA  | 5         | PA; QL (1.7/28); NDS |
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>                    |           |                      |
| <i>abiraterone oral tablet 250 mg</i>                              | 5         | PA; QL (120/30); NDS |

| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| <i>abiraterone oral tablet 500 mg</i>         | 5         | PA; QL (60/30); NDS     |
| ABRAXANE                                      | 5         | PA; NDS                 |
| ADCETRIS                                      | 5         | PA; NDS                 |
| ADSTILADRIN                                   | 5         | PA; QL (4/90); NDS      |
| AKEEGA  | 5         | PA; QL (60/30); NDS     |
| ALECENSA                                      | 5         | PA; QL (240/30); NDS    |
| ALIMTA  | 5         | PA; NDS                 |
| ALIQOPA                                       | 5         | PA; NDS                 |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG            | 5         | PA; QL (30/30); NDS     |
| ALUNBRIG ORAL TABLET 30 MG                    | 5         | PA; QL (60/30); NDS     |
| ALUNBRIG ORAL TABLETS, DOSE PACK              | 5         | PA; QL (60/365); NDS    |
| <i>anastrozole</i>                            | 1         |                         |
| <i>arsenic trioxide</i>                       | 5         | B/D PA; NDS             |
| AYVAKIT                                       | 5         | PA; LA; QL (30/30); NDS |
| <i>azacitidine</i>                            | 5         | B/D PA; NDS             |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | 3         | B/D PA                  |
| <i>azathioprine oral tablet 50 mg</i>         | 2         | B/D PA                  |
| <i>azathioprine sodium</i>                    | 4         | B/D PA                  |
| BALVERSA                                      | 5         | PA; LA; NDS             |
| BAVENCIO                                      | 5         | PA; NDS                 |
| BELEODAQ                                      | 5         | B/D PA; NDS             |
| <i>bendamustine intravenous recon soln</i>    | 5         | B/D PA; NDS             |
| BENDEKA                                       | 5         | B/D PA; NDS             |
| BESPONSA                                      | 5         | PA; NDS                 |
| <i>bexarotene</i>                             | 5         | PA; NDS                 |
| <i>bicalutamide</i>                           | 2         |                         |
| BLENREP                                       | 5         | PA; NDS                 |
| <i>bleomycin</i>                              | 4         | B/D PA                  |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| BLINCYTO INTRAVENOUS KIT                            | 5         | B/D PA; NDS              |
| BORTEZOMIB INJECTION                                | 5         | PA; NDS                  |
| BORTEZOMIB INTRAVENOUS RECON SOLN                   | 5         | PA; NDS                  |
| BOSULIF ORAL TABLET 100 MG                          | 5         | PA; QL (90/30); NDS      |
| BOSULIF ORAL TABLET 400 MG, 500 MG                  | 5         | PA; QL (30/30); NDS      |
| BRAFTOVI ORAL CAPSULE 75 MG                         | 5         | PA; LA; QL (180/30); NDS |
| BRUKINSA  | 5         | PA; LA; NDS              |
| BUSULFAN  | 5         | B/D PA; NDS              |
| CABOMETYX   | 5         | PA; LA; QL (30/30); NDS  |
| CALQUENCE   | 5         | PA; LA; QL (60/30); NDS  |
| CALQUENCE (ACALABRUTINIB MAL)                       | 5         | PA; LA; QL (60/30); NDS  |
| CAPRELSA ORAL TABLET 100 MG                         | 5         | PA; LA; QL (60/30); NDS  |
| CAPRELSA ORAL TABLET 300 MG                         | 5         | PA; LA; QL (30/30); NDS  |
| <i>carboplatin intravenous solution</i>             | 4         | B/D PA                   |
| <i>carmustine intravenous recon soln 100 mg</i>     | 4         | B/D PA                   |
| <i>cisplatin intravenous solution</i>               | 4         | B/D PA                   |
| <i>cladribine</i>                                   | 4         | B/D PA                   |
| <i>clofarabine</i>                                  | 4         | B/D PA                   |
| COLUMVI   | 5         | PA; QL (30/21); NDS      |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 5         | PA; QL (56/28); NDS      |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5         | PA; QL (112/28); NDS     |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)     | 5         | PA; QL (84/28); NDS      |

| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| COPIKTRA  | 5         | PA; LA; QL (60/30); NDS |
| COSMEGEN  | 5         | B/D PA; NDS             |
| COTELLIC  | 5         | PA; LA; QL (63/28); NDS |
| <i>cyclophosphamide intravenous recon soln</i>  | 5         | B/D PA; NDS             |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION           | 5         | B/D PA; NDS             |
| <i>cyclophosphamide oral capsule</i>            | 3         | B/D PA                  |
| <i>cyclophosphamide oral tablet 25 mg</i>       | 3         | B/D PA                  |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG              | 3         | B/D PA                  |
| <i>cyclosporine intravenous</i>                 | 4         | B/D PA                  |
| <i>cyclosporine modified</i>                    | 4         | B/D PA                  |
| <i>cyclosporine oral capsule</i>                | 4         | B/D PA                  |
| CYRAMZA   | 5         | PA; NDS                 |
| <i>cytarabine</i>                               | 4         | B/D PA                  |
| <i>cytarabine (pf)</i>                          | 4         | B/D PA                  |
| <i>dacarbazine</i>                              | 4         | B/D PA                  |
| <i>dactinomycin</i>                             | 4         | B/D PA                  |
| DANYELZA  | 5         | PA; NDS                 |
| DARZALEX  | 5         | PA; NDS                 |
| DARZALEX FASPRO                                 | 5         | PA; NDS                 |
| <i>daunorubicin intravenous solution</i>        | 4         | B/D PA                  |
| DAURISMO ORAL TABLET 100 MG                     | 5         | PA; QL (30/30); NDS     |
| DAURISMO ORAL TABLET 25 MG                      | 5         | PA; QL (60/30); NDS     |
| <i>decitabine</i>                               | 5         | B/D PA; NDS             |
| <i>docetaxel</i>                                | 4         | B/D PA                  |
| <i>doxorubicin intravenous recon soln 50 mg</i> | 4         | B/D PA                  |
| <i>doxorubicin intravenous solution</i>         | 4         | B/D PA                  |
| <i>doxorubicin, peg-liposomal</i>               | 5         | B/D PA; NDS             |
| DROXIA  | 3         |                         |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS    |
|--|-----------|-------------------------|
| ELIGARD  | 4         | PA                      |
| ELIGARD (3 MONTH)  | 4         | PA                      |
| ELIGARD (4 MONTH)  | 4         | PA                      |
| ELIGARD (6 MONTH)  | 4         | PA                      |
| ELREXFIO   | 5         | PA; NDS                 |
| ELZONRIS   | 5         | PA; NDS                 |
| EMCYT  | 5         | NDS                     |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG                                  | 4         | PA                      |
| EMPLICITI INTRAVENOUS RECON SOLN 400 MG                                  | 5         | PA; NDS                 |
| ENHERTU  | 5         | PA; NDS                 |
| ENVARBUS XR  | 4         | B/D PA                  |
| <i>epirubicin intravenous solution</i>                                   | 4         | B/D PA                  |
| EPKINLY  | 5         | PA; NDS                 |
| ERBITUX  | 5         | B/D PA; NDS             |
| ERIVEDGE   | 5         | PA; QL (30/30); NDS     |
| ERLEADA ORAL TABLET 240 MG   | 5         | PA; LA; QL (30/30); NDS |
| ERLEADA ORAL TABLET 60 MG  | 5         | PA; QL (120/30); NDS    |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                              | 5         | PA; QL (30/30); NDS     |
| <i>erlotinib oral tablet 25 mg</i>                                       | 5         | PA; QL (60/30); NDS     |
| ETOPOPHOS  | 4         | B/D PA                  |
| <i>etoposide intravenous</i>   | 3         | B/D PA                  |
| <i>everolimus (antineoplastic) oral tablet</i>                           | 5         | PA; QL (30/30); NDS     |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>       | 5         | PA; QL (150/30); NDS    |
| <i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i> | 5         | PA; QL (56/28); NDS     |
| <i>everolimus (immunosuppressive)</i>                                    | 5         | B/D PA; NDS             |
| EVOMELA  | 5         | PA; NDS                 |
| <i>exemestane</i>  | 2         |                         |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| EXKIVITY  | 5         | PA; LA; QL (120/30); NDS |
| FARYDAK   | 5         | PA; QL (6/21); NDS       |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG   | 5         | B/D PA; NDS              |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG  | 4         | B/D PA                   |
| <i>floxuridine</i>  | 4         | B/D PA                   |
| <i>fludarabine</i>  | 4         | B/D PA                   |
| <i>fluorouracil intravenous</i>   | 4         | B/D PA                   |
| FOLOTYN   | 5         | B/D PA; NDS              |
| FOTIVDA   | 5         | PA; LA; QL (21/28); NDS  |
| <i>fulvestrant</i>  | 5         | B/D PA; NDS              |
| FYARRO  | 5         | PA; LA; NDS              |
| GAVRETO   | 5         | PA; LA; QL (120/30); NDS |
| GAZYVA  | 5         | PA; NDS                  |
| <i>gefitinib</i>  | 5         | QL (30/30); NDS          |
| <i>gemcitabine intravenous recon soln</i>   | 4         | B/D PA                   |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 4         | B/D PA                   |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML  | 5         | B/D PA; NDS              |
| <i>gengraf</i>  | 4         | B/D PA                   |
| GILOTRIF  | 5         | PA; QL (30/30); NDS      |
| GLEOSTINE   | 4         |                          |
| HALAVEN   | 5         | PA; NDS                  |
| <i>hydroxyurea</i>  | 2         |                          |
| IBRANCE   | 5         | PA; QL (21/28); NDS      |
| ICLUSIG   | 5         | PA; QL (30/30); NDS      |

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## Covered Drugs By Category

| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| <i>idarubicin</i>                               | 4         | B/D PA                   |
| IDHIFA  | 5         | PA; LA; QL (30/30); NDS  |
| <i>ifosfamide intravenous recon soln 1 gram</i> | 4         | B/D PA                   |
| IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM        | 4         | B/D PA                   |
| <i>ifosfamide intravenous solution</i>          | 4         | B/D PA                   |
| <i>imatinib oral tablet 100 mg</i>              | 5         | PA; QL (180/30); NDS     |
| <i>imatinib oral tablet 400 mg</i>              | 5         | PA; QL (60/30); NDS      |
| IMBRUVICA ORAL CAPSULE 140 MG                   | 5         | PA; QL (120/30); NDS     |
| IMBRUVICA ORAL CAPSULE 70 MG                    | 5         | PA; QL (30/30); NDS      |
| IMBRUVICA ORAL SUSPENSION                       | 5         | PA; QL (180/30); NDS     |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG    | 5         | PA; QL (30/30); NDS      |
| IMFINZI   | 5         | PA; NDS                  |
| IMJUDO  | 5         | PA; LA; NDS              |
| INFUGEM   | 5         | B/D PA; NDS              |
| INLYTA ORAL TABLET 1 MG                         | 5         | PA; QL (180/30); NDS     |
| INLYTA ORAL TABLET 5 MG                         | 5         | PA; QL (120/30); NDS     |
| INQOVI  | 5         | PA; QL (5/28); NDS       |
| INREBIC   | 5         | PA; LA; QL (120/30); NDS |
| IRESSA  | 5         | PA; QL (30/30); NDS      |
| <i>irinotecan</i>                               | 4         | B/D PA                   |
| IXEMPRA   | 5         | B/D PA; NDS              |
| JAKAFI  | 5         | PA; QL (60/30); NDS      |
| JAYPIRCA  | 5         | PA; NDS                  |
| JEMPERLI  | 5         | PA; NDS                  |
| JEVTANA   | 4         | B/D PA                   |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| KADCYLA   | 5         | PA; NDS                  |
| KEYTRUDA  | 5         | PA; NDS                  |
| KIMMTRAK  | 5         | PA; NDS                  |
| KISQALI   | 5         | PA; QL (63/28); NDS      |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG                                       | 5         | PA; QL (49/28); NDS      |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG                                       | 5         | PA; QL (70/28); NDS      |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG                                       | 5         | PA; QL (91/28); NDS      |
| KLISYRI   | 4         | ST; QL (5/30)            |
| KRAZATI   | 5         | PA; LA; QL (180/30); NDS |
| KYPROLIS  | 5         | B/D PA; NDS              |
| <i>lapatinib</i>  | 5         | PA; QL (180/30); NDS     |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>  | 5         | PA; LA; QL (28/28); NDS  |
| <i>lenalidomide oral capsule 2.5 mg, 20 mg</i>  | 5         | PA; QL (28/28); NDS      |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG  | 5         | PA; QL (30/30); NDS      |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 5         | PA; QL (90/30); NDS      |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)          | 5         | PA; QL (60/30); NDS      |
| <i>letrozole</i>  | 2         |                          |
| LEUKERAN  | 4         |                          |
| <i>leuprolide (3 month)</i>   | 4         | PA                       |
| <i>leuprolide subcutaneous kit</i>  | 5         | PA; NDS                  |
| LIBTAYO   | 5         | PA; NDS                  |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| LONSURF ORAL TABLET 15-6.14 MG                                | 5         | PA; QL (100/28); NDS     |
| LONSURF ORAL TABLET 20-8.19 MG                                | 5         | PA; QL (80/28); NDS      |
| LORBRENA ORAL TABLET 100 MG                                   | 5         | PA; QL (30/30); NDS      |
| LORBRENA ORAL TABLET 25 MG                                    | 5         | PA; QL (90/30); NDS      |
| LUMAKRAS ORAL TABLET 120 MG                                   | 5         | PA; QL (240/30); NDS     |
| LUMAKRAS ORAL TABLET 320 MG                                   | 5         | PA; QL (90/30); NDS      |
| LUMOXITI  | 5         | PA; NDS                  |
| LUNSUMIO  | 5         | PA; LA; NDS              |
| LUPRON DEPOT  | 5         | PA; NDS                  |
| LUPRON DEPOT (3 MONTH)  | 4         | PA                       |
| LUPRON DEPOT (4 MONTH)  | 4         | PA                       |
| LUPRON DEPOT (6 MONTH)  | 4         | PA                       |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 4         | PA                       |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG    | 5         | PA; NDS                  |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT                            | 5         | PA; NDS                  |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT                    | 4         | PA                       |
| LYNPARZA  | 5         | PA; QL (120/30); NDS     |
| LYSODREN  | 5         | NDS                      |
| LYTGOBI   | 5         | PA; LA; QL (150/30); NDS |
| MARGENZA  | 5         | PA; NDS                  |
| MARQIBO   | 5         | B/D PA; NDS              |
| MATULANE  | 5         | 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> | 3         | PA                       |
| <i>megestrol oral tablet</i>   | 3         | PA                       |
| MEKINIST ORAL RECON SOLN   | 5         | PA; QL (1350/30); NDS    |
| MEKINIST ORAL TABLET 0.5 MG  | 5         | PA; QL (90/30); NDS      |
| MEKINIST ORAL TABLET 2 MG  | 5         | PA; QL (30/30); NDS      |
| MEKTOVI  | 5         | PA; LA; QL (180/30); NDS |
| <i>melphalan</i>   | 4         | B/D PA                   |
| <i>melphalan hcl</i>   | 5         | B/D PA; NDS              |
| <i>mercaptopurine</i>  | 2         |                          |
| <i>methotrexate sodium (pf)</i>  | 4         | B/D PA                   |
| <i>methotrexate sodium injection</i>   | 4         | B/D PA                   |
| <i>methotrexate sodium oral</i>  | 2         |                          |
| <i>mitomycin intravenous</i>   | 4         | B/D PA                   |
| <i>mitoxantrone</i>  | 4         | B/D PA                   |
| MONJUVI  | 5         | PA; NDS                  |
| <i>mycophenolate mofetil (hcl)</i>   | 4         | B/D PA                   |
| <i>mycophenolate mofetil oral capsule</i>  | 2         | B/D PA                   |
| <i>mycophenolate mofetil oral suspension for reconstitution</i>                                      | 5         | B/D PA; NDS              |
| <i>mycophenolate mofetil oral tablet</i>   | 2         | B/D PA                   |
| <i>mycophenolate sodium</i>  | 2         | B/D PA                   |
| MYLOTARG   | 5         | PA; NDS                  |
| <i>nelarabine</i>  | 5         | B/D PA; NDS              |
| NERLYNX  | 5         | PA; LA; NDS              |
| <i>nilutamide</i>  | 5         | NDS                      |
| NINLARO  | 5         | PA; QL (3/28); NDS       |
| NIPENT   | 4         | B/D PA                   |
| NUBEQA   | 5         | PA; LA; QL (120/30); NDS |
| NULOJIX  | 5         | B/D PA; NDS              |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS    |
|--|-----------|-------------------------|
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | 4         | PA                      |
| <i>octreotide acetate injection solution 500 mcg/ml</i>                                      | 5         | PA; NDS                 |
| <i>octreotide acetate injection syringe</i>  | 4         | PA                      |
| ODOMZO   | 5         | PA; LA; QL (30/30); NDS |
| OJJAARA  | 5         | PA; QL (30/30); NDS     |
| ONCASPAR   | 5         | B/D PA; NDS             |
| ONIVYDE  | 5         | PA; NDS                 |
| ONUREG   | 5         | PA; QL (14/28); NDS     |
| OPDIVO   | 5         | PA; NDS                 |
| OPDUALAG   | 5         | PA; NDS                 |
| ORGOVYX  | 5         | PA; LA; QL (30/28); NDS |
| ORSERDU  | 5         | PA; NDS                 |
| <i>oxaliplatin</i>   | 4         | B/D PA                  |
| <i>paclitaxel</i>  | 4         | B/D PA                  |
| PACLITAXEL PROTEIN-BOUND   | 5         | PA; NDS                 |
| PADCEV   | 5         | PA; NDS                 |
| PEMAZYRE   | 5         | PA; LA; QL (14/21); NDS |
| <i>pemetrexed disodium intravenous recon soln</i>  | 5         | PA; NDS                 |
| PERJETA  | 5         | PA; NDS                 |
| PHESGO   | 5         | PA; NDS                 |
| PIQRAY   | 5         | PA; NDS                 |
| POLIVY   | 5         | PA; NDS                 |
| POMALYST   | 5         | PA; LA; QL (21/28); NDS |
| PORTRAZZA  | 4         | B/D PA                  |
| POTELIGEO  | 5         | PA; NDS                 |
| PROGRAF INTRAVENOUS  | 4         | B/D PA                  |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| PROGRAF ORAL GRANULES IN PACKET                                    | 4         | B/D PA                   |
| PURIXAN  | 5         | NDS                      |
| QINLOCK  | 5         | PA; LA; QL (90/30); NDS  |
| RETEVMO ORAL CAPSULE 40 MG   | 5         | PA; LA; QL (180/30); NDS |
| RETEVMO ORAL CAPSULE 80 MG   | 5         | PA; LA; QL (120/30); NDS |
| REVLIMID   | 5         | PA; LA; QL (28/28); NDS  |
| REZLIDHIA  | 5         | PA; LA; QL (60/30); NDS  |
| <i>romidepsin intravenous recon soln</i>                           | 5         | PA; NDS                  |
| ROMIDEPSIN INTRAVENOUS SOLUTION                                    | 5         | PA; NDS                  |
| ROZLYTREK ORAL CAPSULE 100 MG                                      | 5         | PA; QL (150/30); NDS     |
| ROZLYTREK ORAL CAPSULE 200 MG                                      | 5         | PA; QL (90/30); NDS      |
| RUBRACA  | 5         | PA; LA; QL (120/30); NDS |
| RUXIENCE   | 5         | PA; NDS                  |
| RYBREVANT  | 5         | PA; NDS                  |
| RYDAPT   | 5         | PA; QL (240/30); NDS     |
| RYLAZE   | 5         | B/D PA; NDS              |
| SANDIMMUNE ORAL SOLUTION   | 4         | B/D PA                   |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | 5         | PA; NDS                  |
| SARCLISA   | 5         | PA; NDS                  |
| SCSEMBLIX ORAL TABLET 20 MG  | 5         | PA; QL (600/30); NDS     |
| SCSEMBLIX ORAL TABLET 40 MG  | 5         | PA; QL (300/30); NDS     |
| SIGNIFOR   | 5         | PA; NDS                  |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS    |
|--|-----------|-------------------------|
| SIMULECT   | 5         | B/D PA; NDS             |
| <i>sirolimus oral solution</i>                               | 5         | B/D PA; NDS             |
| <i>sirolimus oral tablet</i>                                 | 4         | B/D PA                  |
| SOLTAMOX   | 5         | NDS                     |
| SOMATULINE DEPOT   | 5         | PA; NDS                 |
| <i>sorafenib</i>   | 5         | PA; QL (120/30); NDS    |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG             | 5         | PA; QL (30/30); NDS     |
| SPRYCEL ORAL TABLET 20 MG, 70 MG                             | 5         | PA; QL (60/30); NDS     |
| STIVARGA   | 5         | PA; QL (84/28); NDS     |
| <i>sunitinib malate</i>                                      | 5         | PA; QL (30/30); NDS     |
| SYNRIBO  | 5         | PA; NDS                 |
| TABLOID  | 4         |                         |
| TABRECTA   | 5         | PA; NDS                 |
| <i>tacrolimus oral</i>                                       | 2         | B/D PA                  |
| TAFINLAR ORAL CAPSULE  | 5         | PA; QL (120/30); NDS    |
| TAFINLAR ORAL TABLET FOR SUSPENSION                          | 5         | PA; QL (840/28); NDS    |
| TAGRISSO   | 5         | PA; LA; QL (30/30); NDS |
| TALVEY   | 5         | PA; NDS                 |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5         | PA; QL (30/30); NDS     |
| TALZENNA ORAL CAPSULE 0.25 MG                                | 5         | PA; QL (90/30); NDS     |
| <i>tamoxifen</i>   | 2         |                         |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                          | 5         | PA; QL (112/28); NDS    |
| TASIGNA ORAL CAPSULE 50 MG                                   | 5         | PA; QL (120/30); NDS    |
| TAZVERIK   | 5         | PA; LA; NDS             |
| TECENTRIQ  | 5         | PA; NDS                 |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| TECVAYLI   | 5         | PA; NDS                  |
| TEMODAR INTRAVENOUS  | 5         | B/D PA; NDS              |
| <i>temsirolimus</i>  | 5         | B/D PA; NDS              |
| TEPMETKO   | 5         | PA; LA; QL (60/30); NDS  |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                    | 5         | PA; QL (28/28); NDS      |
| THALOMID ORAL CAPSULE 150 MG, 200 MG                                   | 5         | PA; QL (56/28); NDS      |
| <i>thiotepa</i>  | 4         | PA                       |
| TIBSOVO  | 5         | PA; NDS                  |
| TIVDAK   | 5         | PA; NDS                  |
| <i>topotecan intravenous recon soln</i>                                | 5         | B/D PA; NDS              |
| <i>topotecan intravenous solution</i>                                  | 4         | B/D PA                   |
| <i>toremifene</i>  | 5         | NDS                      |
| TRAZIMERA  | 5         | PA; NDS                  |
| TREANDA  | 5         | B/D PA; NDS              |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG | 4         | PA                       |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG           | 5         | PA; NDS                  |
| <i>tretinoin (antineoplastic)</i>                                      | 5         | NDS                      |
| TRIPTODUR  | 5         | PA; QL (1/168); NDS      |
| TRODELVY   | 5         | PA; NDS                  |
| TUKYSA ORAL TABLET 150 MG  | 5         | PA; LA; QL (120/30); NDS |
| TUKYSA ORAL TABLET 50 MG   | 5         | PA; LA; QL (300/30); NDS |
| TURALIO ORAL CAPSULE 125 MG  | 5         | PA; LA; QL (120/30); NDS |
| UNITUXIN   | 5         | PA; NDS                  |
| <i>valrubicin</i>  | 4         | B/D PA                   |
| VANFLYTA   | 5         | PA; QL (56/28); NDS      |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

## Covered Drugs By Category

| DRUG NAME                    | DRUG TIER | REQUIREMENTS/ LIMITS     |
|------------------------------|-----------|--------------------------|
| VECTIBIX                     | 5         | PA; NDS                  |
| VELCADE                      | 5         | PA; NDS                  |
| VENCLEXTA ORAL TABLET 10 MG  | 4         | PA; LA; QL (60/30)       |
| VENCLEXTA ORAL TABLET 100 MG | 5         | PA; LA; QL (120/30); NDS |
| VENCLEXTA ORAL TABLET 50 MG  | 5         | PA; LA; QL (30/30); NDS  |
| VENCLEXTA STARTING PACK      | 5         | PA; LA; QL (84/365); NDS |
| VERZENIO                     | 5         | PA; LA; QL (60/30); NDS  |
| <i>vinblastine</i>           | 4         | B/D PA                   |
| <i>vincristine</i>           | 4         | B/D PA                   |
| <i>vinorelbine</i>           | 4         | B/D PA                   |
| VITRAKVI ORAL CAPSULE 100 MG | 5         | PA; LA; QL (60/30); NDS  |
| VITRAKVI ORAL CAPSULE 25 MG  | 5         | PA; LA; QL (180/30); NDS |
| VITRAKVI ORAL SOLUTION       | 5         | PA; LA; QL (300/30); NDS |
| VIZIMPRO                     | 5         | PA; QL (30/30); NDS      |
| VONJO                        | 5         | PA; QL (120/30); NDS     |
| VOTRIENT                     | 5         | PA; QL (120/30); NDS     |
| VYXEOS                       | 5         | B/D PA; NDS              |
| WELIREG                      | 5         | PA; LA; QL (90/30); NDS  |
| XALKORI                      | 5         | PA; QL (60/30); NDS      |
| XATMEP                       | 4         | PA                       |
| XOSPATA                      | 5         | PA; LA; NDS              |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 5         | PA; LA; NDS             |
| XTANDI ORAL CAPSULE   | 5         | PA; QL (120/30); NDS    |
| XTANDI ORAL TABLET 40 MG  | 5         | PA; QL (120/30); NDS    |
| XTANDI ORAL TABLET 80 MG  | 5         | PA; QL (60/30); NDS     |
| YERVOY  | 5         | PA; NDS                 |
| YONDELIS  | 5         | PA; NDS                 |
| ZALTRAP   | 4         | B/D PA                  |
| ZANOSAR   | 4         | B/D PA                  |
| ZEJULA ORAL CAPSULE   | 5         | PA; LA; QL (90/30); NDS |
| ZEJULA ORAL TABLET  | 5         | PA; LA; QL (30/30); NDS |
| ZELBORAF  | 5         | PA; QL (240/30); NDS    |
| ZEPZELCA  | 5         | PA; NDS                 |
| ZIRABEV   | 5         | PA; NDS                 |
| ZOLADEX   | 4         | B/D PA                  |
| ZOLINZA   | 5         | PA; QL (120/30); NDS    |
| ZYDELIG   | 5         | PA; QL (60/30); NDS     |
| ZYKADIA   | 5         | PA; QL (90/30); NDS     |
| ZYNLONTA  | 5         | PA; NDS                 |
| ZYNYZ   | 5         | PA; NDS                 |

### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

#### ANTICONVULSANTS

|                           |   |                  |
|---------------------------|---|------------------|
| APTIOM ORAL TABLET 200 MG | 5 | QL (180/30); NDS |
|---------------------------|---|------------------|

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| APTIOM ORAL TABLET 400 MG                                       | 5         | QL (90/30); NDS      |
| APTIOM ORAL TABLET 600 MG, 800 MG                               | 5         | QL (60/30); NDS      |
| BRIVIACT INTRAVENOUS  | 5         | NDS                  |
| BRIVIACT ORAL SOLUTION  | 5         | QL (600/30); NDS     |
| BRIVIACT ORAL TABLET  | 5         | QL (60/30); NDS      |
| <i>carbamazepine</i>  | 2         |                      |
| CELONTIN ORAL CAPSULE 300 MG                                    | 3         |                      |
| <i>clobazam oral suspension</i>                                 | 4         | PA; QL (480/30)      |
| <i>clobazam oral tablet 10 mg</i>                               | 4         | PA; QL (120/30)      |
| <i>clobazam oral tablet 20 mg</i>                               | 4         | PA; QL (60/30)       |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                      | 2         | QL (120/30)          |
| <i>clonazepam oral tablet 2 mg</i>                              | 2         | QL (300/30)          |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i> | 2         | QL (90/30)           |
| <i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>      | 2         | QL (120/30)          |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>              | 2         | QL (300/30)          |
| DIACOMIT  | 5         | LA; NDS              |
| <i>diazepam rectal</i>  | 4         |                      |
| <i>dilantin</i>   | 3         |                      |
| <i>divalproex oral capsule, delayed rel sprinkle</i>            | 2         |                      |
| <i>divalproex oral tablet extended release 24 hr</i>            | 3         |                      |
| <i>divalproex oral tablet, delayed release (dr/ec)</i>          | 2         |                      |
| EPIDIOLEX   | 5         | PA; LA; NDS          |
| <i>epitol</i>   | 2         |                      |
| EPRONTIA  | 4         | PA                   |
| <i>ethosuximide</i>   | 3         |                      |
| <i>felbamate</i>  | 4         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| FINTEPLA  | 5         | PA; LA; QL (360/30); NDS |
| <i>fosphenytoin</i>   | 3         |                          |
| FYCOMPA ORAL SUSPENSION   | 5         | QL (720/30); NDS         |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG  | 5         | QL (30/30); NDS          |
| FYCOMPA ORAL TABLET 2 MG  | 4         | QL (60/30)               |
| FYCOMPA ORAL TABLET 4 MG, 6 MG  | 5         | QL (60/30); NDS          |
| <i>gabapentin oral capsule 100 mg, 300 mg</i>   | 2         | QL (360/30)              |
| <i>gabapentin oral capsule 400 mg</i>   | 2         | QL (270/30)              |
| <i>gabapentin oral solution</i>   | 4         | QL (2160/30)             |
| <i>gabapentin oral tablet 600 mg</i>  | 2         | QL (180/30)              |
| <i>gabapentin oral tablet 800 mg</i>  | 2         | QL (120/30)              |
| <i>lacosamide intravenous</i>   | 5         | QL (1200/30); NDS        |
| <i>lacosamide oral solution</i>   | 3         | QL (1200/30)             |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>  | 3         | QL (60/30)               |
| <i>lacosamide oral tablet 50 mg</i>   | 3         | QL (120/30)              |
| <i>lamotrigine oral tablet</i>  | 2         |                          |
| <i>lamotrigine oral tablet extended release 24hr</i>  | 2         |                          |
| <i>lamotrigine oral tablet, chewable dispersible</i>  | 2         |                          |
| <i>lamotrigine oral tablet, disintegrating</i>  | 2         |                          |
| <i>lamotrigine oral tablets, dose pack</i>  | 2         |                          |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i> | 4         |                          |
| <i>levetiracetam intravenous</i>  | 3         |                          |
| <i>levetiracetam oral</i>   | 2         |                          |
| <i>methsuximide</i>   | 3         |                          |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| NAYZILAM   | 5         | PA; QL (10/30); NDS  |
| <i>oxcarbazepine</i>   | 2         |                      |
| <i>phenobarbital oral elixir</i>                                     | 3         | PA; QL (1500/30)     |
| <i>phenobarbital oral tablet</i>                                     | 3         | PA; QL (120/30)      |
| <i>phenobarbital sodium injection solution</i>                       | 3         |                      |
| <i>phenytoin oral suspension</i>                                     | 2         |                      |
| <i>phenytoin oral tablet, chewable</i>                               | 2         |                      |
| <i>phenytoin sodium extended</i>                                     | 2         |                      |
| <i>phenytoin sodium intravenous solution</i>                         | 3         |                      |
| <i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>   | 2         | QL (120/30)          |
| <i>pregabalin oral capsule 200 mg</i>                                | 2         | QL (90/30)           |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                        | 2         | QL (60/30)           |
| <i>pregabalin oral solution</i>                                      | 3         | QL (900/30)          |
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i> | 3         | QL (30/30)           |
| <i>pregabalin oral tablet extended release 24 hr 330 mg</i>          | 3         | QL (60/30)           |
| <i>primidone oral tablet 125 mg</i>                                  | 4         |                      |
| <i>primidone oral tablet 250 mg, 50 mg</i>                           | 2         |                      |
| <i>roweepra oral tablet 500 mg</i>                                   | 2         |                      |
| <i>rufinamide oral suspension</i>                                    | 5         | PA; NDS              |
| <i>rufinamide oral tablet</i>  | 3         | PA                   |
| SPRITAM  | 4         |                      |
| <i>subvenite</i>   | 2         |                      |
| <i>subvenite starter (blue) kit</i>                                  | 2         |                      |
| <i>subvenite starter (green) kit</i>                                 | 2         |                      |
| <i>subvenite starter (orange) kit</i>                                | 2         |                      |
| SYMPAZAN   | 5         | PA; QL (60/30); NDS  |
| <i>tiagabine</i>   | 4         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| <i>topiramate oral capsule, sprinkle</i>   | 2         | PA                       |
| <i>topiramate oral capsule, extended release 24hr</i>  | 4         | PA                       |
| <i>topiramate oral tablet</i>  | 2         | PA                       |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG                                     | 5         | PA; NDS                  |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG, 50 MG                                       | 4         | PA                       |
| <i>valproate sodium</i>  | 3         |                          |
| <i>valproic acid</i>   | 2         |                          |
| <i>valproic acid (as sodium salt)</i>  | 2         |                          |
| VALTOCO  | 5         | PA; QL (10/30); NDS      |
| <i>vigabatrin</i>  | 5         | PA; LA; QL (180/30); NDS |
| <i>vigadrone</i>   | 5         | PA; LA; QL (180/30); NDS |
| VIMPAT INTRAVENOUS   | 5         | ST; QL (1200/30); NDS    |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG  | 5         | ST; QL (60/30); NDS      |
| VIMPAT ORAL TABLET 50 MG   | 4         | ST; QL (120/30)          |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 5         | PA; QL (56/28); NDS      |
| XCOPRI ORAL TABLET 100 MG  | 5         | PA; QL (120/30); NDS     |
| XCOPRI ORAL TABLET 150 MG, 200 MG  | 5         | PA; QL (60/30); NDS      |
| XCOPRI ORAL TABLET 50 MG   | 5         | PA; QL (240/30); NDS     |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)                             | 4         | PA; QL (56/365)          |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 5         | PA; QL (56/365); NDS    |
| ZONISADE  | 5         | PA; NDS                 |
| <i>zonisamide</i>   | 2         | PA                      |
| ZTALMY  | 5         | PA; LA; QL (90/30); NDS |

### ANTIPARKINSONISM AGENTS

|  |   |     |
|--|---|-----|
| <i>benztropine injection</i>                           | 4 |     |
| <i>benztropine oral</i>                                | 2 | PA  |
| <i>bromocriptine</i>                                   | 4 |     |
| <i>carbidopa</i>                                       | 4 |     |
| <i>carbidopa-levodopa oral tablet</i>                  | 2 |     |
| <i>carbidopa-levodopa oral tablet extended release</i> | 3 |     |
| <i>carbidopa-levodopa oral tablet, disintegrating</i>  | 2 |     |
| <i>carbidopa-levodopa-entacapone</i>                   | 3 |     |
| DHIVY  | 4 | ST  |
| <i>entacapone</i>                                      | 4 |     |
| NEUPRO   | 4 |     |
| ONGENTYS   | 3 |     |
| <i>pramipexole oral tablet</i>                         | 2 |     |
| <i>pramipexole oral tablet extended release 24 hr</i>  | 4 |     |
| <i>rasagiline</i>                                      | 3 |     |
| <i>ropinirole oral tablet</i>                          | 2 |     |
| RYTARY   | 4 | ST  |
| <i>selegiline hcl</i>                                  | 3 |     |
| <i>tolcapone</i>                                       | 5 | NDS |
| <i>trihexyphenidyl</i>                                 | 2 | PA  |

### MIGRAINE / CLUSTER HEADACHE THERAPY

|                                |   |                    |
|--------------------------------|---|--------------------|
| AIMOVIG AUTOINJECTOR           | 3 | PA; QL (1/30)      |
| AJOVY AUTOINJECTOR             | 3 | PA; QL (1.5/30)    |
| AJOVY SYRINGE                  | 3 | PA; QL (1.5/30)    |
| <i>dihydroergotamine nasal</i> | 5 | PA; QL (8/28); NDS |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>ergotamine-caffeine</i>                                  | 3         |                      |
| <i>migergot</i>   | 5         | NDS                  |
| <i>naratriptan</i>  | 3         | QL (18/28)           |
| NURTEC ODT  | 3         | PA; QL (16/30)       |
| <i>rizatriptan</i>  | 3         | QL (36/28)           |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> | 4         | QL (18/28)           |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>  | 4         | QL (36/28)           |
| <i>sumatriptan succinate oral</i>                           | 2         | QL (18/28)           |
| SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE                | 4         | QL (8/28)            |
| <i>sumatriptan succinate subcutaneous pen injector</i>      | 4         | QL (8/28)            |
| <i>sumatriptan succinate subcutaneous solution</i>          | 4         | QL (8/28)            |

### MISCELLANEOUS NEUROLOGICAL THERAPY

|   |   |                          |
|---|---|--------------------------|
| ADLARITY  | 4 | ST; QL (4/28)            |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                     | 5 | PA; LA; QL (120/30); NDS |
| AUSTEDO ORAL TABLET 6 MG                            | 5 | PA; LA; QL (60/30); NDS  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 5 | PA; LA; QL (120/30); NDS |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG | 5 | PA; LA; QL (60/30); NDS  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG  | 5 | PA; LA; QL (240/30); NDS |
| AUSTEDO XR TITRATION KT(WK1-4)                      | 5 | PA; QL (84/365); NDS     |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML              | 5 | PA; QL (30/30); NDS      |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML              | 5 | PA; QL (12/28); NDS      |
| <i>dalfampridine</i>                                | 3 | PA; QL (60/30)           |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | 5         | PA; QL (120/365); NDS    |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>           | 5         | 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>                                     | 2         | QL (60/30)               |
| <i>donepezil oral tablet, disintegrating 5 mg</i>                                      | 2         | QL (30/30)               |
| <i>fingolimod</i>  | 5         | PA; QL (30/30); NDS      |
| FIRDAPSE   | 5         | PA; LA; NDS              |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i>                                | 4         | QL (30/30)               |
| <i>galantamine oral solution</i>   | 4         | QL (200/30)              |
| <i>galantamine oral tablet</i>   | 4         | QL (60/30)               |
| GILENYA  | 5         | PA; QL (30/30); NDS      |
| INGREZZA   | 5         | PA; LA; QL (30/30); NDS  |
| INGREZZA INITIATION PACK   | 5         | PA; LA; QL (56/365); NDS |
| KESIMPTA PEN   | 5         | PA; QL (1.2/28); NDS     |
| <i>memantine oral capsule, sprinkle, er 24hr</i>                                       | 4         | PA                       |
| <i>memantine oral solution</i>   | 3         | PA; QL (300/30)          |
| <i>memantine oral tablet 10 mg</i>   | 3         | PA; QL (60/30)           |
| <i>memantine oral tablet 5 mg</i>  | 3         | PA; QL (90/30)           |
| MEMANTINE ORAL TABLETS, DOSE PACK  | 3         | PA; QL (98/365)          |
| NAMZARIC   | 3         | PA                       |
| NUEDEXTA   | 5         | PA; NDS                  |
| OCREVUS  | 5         | PA; NDS                  |
| <i>rivastigmine</i>  | 4         |                          |
| <i>rivastigmine tartrate</i>   | 4         | QL (60/30)               |

| DRUG NAME                                | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>tetrabenazine oral tablet 12.5 mg</i> | 5         | PA; QL (240/30); NDS |
| <i>tetrabenazine oral tablet 25 mg</i>   | 5         | PA; QL (120/30); NDS |
| TYSABRI                                  | 5         | PA; NDS              |
| VUMERITY                                 | 5         | PA; QL (120/30); NDS |
| ZEPOSIA                                  | 5         | PA; QL (30/30); NDS  |
| ZEPOSIA STARTER KIT (28-DAY)             | 5         | PA; QL (56/365); NDS |
| ZEPOSIA STARTER PACK (7-DAY)             | 5         | PA; QL (14/365); NDS |

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

|  |   |     |
|--|---|-----|
| <i>baclofen oral tablet</i>                                | 1 |     |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>             | 3 | PA  |
| <i>dantrolene oral</i>                                     | 4 |     |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>            | 2 | PA  |
| <i>pyridostigmine bromide oral syrup</i>                   | 5 | NDS |
| <i>pyridostigmine bromide oral tablet 60 mg</i>            | 3 |     |
| <i>pyridostigmine bromide oral tablet extended release</i> | 4 |     |
| <i>tizanidine oral capsule</i>                             | 4 |     |
| <i>tizanidine oral tablet</i>                              | 2 |     |

### NARCOTIC ANALGESICS

|  |   |                   |
|--|---|-------------------|
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i> | 2 | QL (4500/30); NDS |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                        | 2 | QL (360/30); NDS  |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                   | 2 | QL (180/30); NDS  |
| <i>buprenorphine</i>   | 4 | QL (4/28); NDS    |
| <i>buprenorphine hcl injection</i>   | 4 | NDS               |
| <i>buprenorphine hcl sublingual</i>  | 4 | PA                |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>endocet</i>   | 3         | QL (360/30); NDS     |
| <i>fentanyl</i>  | 4         | QL (10/30); NDS      |
| <i>fentanyl citrate (pf) injection solution</i>  | 4         | NDS                  |
| FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML  | 4         | NDS                  |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5         | PA; QL (120/30); NDS |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>   | 4         | PA; QL (120/30); NDS |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                    | 4         | QL (5550/30); NDS    |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>                                 | 3         | QL (390/30); NDS     |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                       | 3         | QL (360/30); NDS     |
| <i>hydrocodone-ibuprofen</i>   | 3         | QL (50/30); NDS      |
| <i>hydromorphone oral liquid</i>   | 4         | QL (2400/30); NDS    |
| <i>hydromorphone oral tablet</i>   | 3         | QL (180/30); NDS     |
| INFUMORPH P/F  | 5         | B/D PA; NDS          |
| <i>methadone injection solution</i>  | 4         | NDS                  |
| <i>methadone oral solution 10 mg/5 ml</i>  | 4         | QL (600/30); NDS     |
| <i>methadone oral solution 5 mg/5 ml</i>   | 4         | QL (1200/30); NDS    |
| <i>methadone oral tablet 10 mg</i>   | 3         | QL (120/30); NDS     |
| <i>methadone oral tablet 5 mg</i>  | 3         | QL (240/30); NDS     |
| <i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>   | 4         | NDS                  |
| <i>morphine concentrate oral solution</i>  | 3         | QL (900/30); NDS     |
| MORPHINE INJECTION SOLUTION  | 4         | NDS                  |
| MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML  | 4         | NDS                  |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>                        | 4         | NDS                  |
| <i>morphine oral solution</i>  | 3         | QL (900/30); NDS     |
| <i>morphine oral tablet</i>  | 3         | QL (180/30); NDS     |
| <i>morphine oral tablet extended release</i>   | 3         | QL (120/30); NDS     |
| <i>oxycodone oral concentrate</i>  | 4         | QL (180/30); NDS     |
| <i>oxycodone oral solution</i>   | 4         | QL (1200/30); NDS    |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>                                | 3         | QL (180/30); NDS     |
| <i>oxycodone oral tablet 5 mg</i>  | 3         | QL (360/30); NDS     |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 3         | QL (360/30); NDS     |
| <i>oxymorphone oral tablet extended release 12 hr</i>                                  | 3         | QL (90/30); NDS      |
| <b>NON-NARCOTIC ANALGESICS</b>   |           |                      |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>                                  | 4         | QL (60/30)           |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>                                 | 4         | QL (360/30)          |
| <i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>                           | 4         | QL (90/30)           |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>                               | 2         | QL (360/30)          |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>                                 | 2         | QL (90/30)           |
| <i>butorphanol nasal</i>   | 4         | QL (10/28); NDS      |
| <i>celecoxib</i>   | 3         | QL (60/30)           |
| <i>diclofenac potassium oral tablet 50 mg</i>  | 2         |                      |
| <i>diclofenac sodium oral</i>  | 2         |                      |
| <i>diclofenac sodium topical drops</i>   | 4         | QL (300/28)          |
| <i>diclofenac sodium topical gel 1%</i>  | 3         | QL (1000/28)         |
| <i>diflunisal</i>  | 2         |                      |
| EC-NAPROXEN  | 2         |                      |
| <i>etodolac</i>  | 4         |                      |
| <i>flurbiprofen oral tablet 100 mg</i>   | 2         |                      |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>ibu</i>   | 1         |                      |
| <i>ibuprofen oral suspension</i>   | 2         |                      |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                      | 1         |                      |
| KLOXXADO   | 3         |                      |
| <i>meloxicam oral tablet 15 mg</i>   | 1         |                      |
| <i>meloxicam oral tablet 7.5 mg</i>  | 1         | QL (60/30)           |
| <i>nabumetone</i>  | 2         |                      |
| <i>naloxone injection solution</i>   | 2         |                      |
| <i>naloxone injection syringe 1 mg/ml</i>  | 2         |                      |
| <i>naloxone nasal</i>  | 3         |                      |
| <i>naltrexone</i>  | 2         |                      |
| <i>naproxen oral suspension</i>  | 3         |                      |
| <i>naproxen oral tablet</i>  | 1         |                      |
| <i>naproxen oral tablet, delayed release (dr/ec)</i>                                     | 2         |                      |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>  | 4         |                      |
| <i>oxaprozin</i>   | 4         |                      |
| <i>salsalate</i>   | 2         |                      |
| <i>sulindac</i>  | 2         |                      |
| <i>tramadol oral tablet 50 mg</i>  | 2         | QL (240/30); NDS     |
| <i>tramadol-acetaminophen</i>  | 3         | QL (240/30); NDS     |
| VIVITROL   | 5         | NDS                  |
| ZIMHI  | 4         |                      |
| 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 | 3         | QL (30/30)           |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG   | 3         | QL (60/30)           |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>   |           |                      |
| ABILIFY MAINTENA   | 5         | QL (1/28); NDS       |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                                      | 2         | QL (120/30)          |
| <i>alprazolam oral tablet 2 mg</i>   | 2         | QL (150/30)          |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>    | 3         | QL (90/30)           |
| <i>alprazolam oral tablet, disintegrating 2 mg</i>                     | 3         | QL (150/30)          |
| <i>amitriptyline</i>   | 3         |                      |
| <i>amoxapine</i>   | 3         |                      |
| <i>aripiprazole oral solution</i>                                      | 4         |                      |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>               | 3         | QL (60/30)           |
| <i>aripiprazole oral tablet 20 mg, 30 mg</i>                           | 3         | QL (30/30)           |
| <i>aripiprazole oral tablet, disintegrating</i>                        | 4         | QL (60/30)           |
| ARISTADA INITIO  | 5         | QL (4.8/365); NDS    |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | 5         | QL (3.9/56); NDS     |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML   | 5         | QL (1.6/28); NDS     |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML   | 5         | QL (2.4/28); NDS     |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML   | 5         | QL (3.2/28); NDS     |
| <i>armodafinil</i>   | 3         | PA; QL (30/30)       |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>               | 4         | QL (60/30)           |
| <i>asenapine maleate sublingual tablet 5 mg</i>                        | 4         | QL (90/30)           |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>             | 4         | QL (60/30)           |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                   | 4         | QL (30/30)           |
| AUVELITY   | 5         | ST; QL (60/30); NDS  |
| BELSOMRA   | 3         | QL (30/30)           |
| <i>bupropion hcl oral tablet 100 mg</i>                                | 3         | QL (120/30)          |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>bupropion hcl oral tablet 75 mg</i>                                    | 3         | QL (180/30)          |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>            | 3         | QL (90/30)           |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>            | 3         | QL (30/30)           |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>           | 3         | QL (120/30)          |
| <i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>   | 3         | QL (60/30)           |
| <i>bupropion</i>  | 2         |                      |
| CAPLYTA   | 5         | QL (30/30); NDS      |
| <i>chlorpromazine injection</i>   | 4         |                      |
| <i>chlorpromazine oral</i>  | 2         |                      |
| <i>citalopram oral solution</i>   | 3         |                      |
| <i>citalopram oral tablet 10 mg, 20 mg</i>                                | 1         | QL (60/30)           |
| <i>citalopram oral tablet 40 mg</i>                                       | 1         | QL (30/30)           |
| <i>clomipramine</i>   | 4         |                      |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                          | 3         | QL (180/30)          |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>                        | 3         | QL (90/30)           |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i>                         | 3         | QL (360/30)          |
| <i>clozapine oral tablet</i>  | 3         |                      |
| <i>clozapine oral tablet, disintegrating</i>                              | 4         |                      |
| DAYVIGO   | 3         | QL (30/30)           |
| <i>desipramine</i>  | 3         |                      |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i> | 4         | QL (120/30)          |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>  | 4         | QL (60/30)           |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>  | 4         | QL (90/30)           |
| <i>dexmethylphenidate oral tablet</i>                                     | 3         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>dextroamphetamine sulfate oral capsule, extended release</i>          | 4         |                      |
| <i>dextroamphetamine sulfate oral solution</i>                           | 4         | QL (1800/30)         |
| <i>dextroamphetamine sulfate oral tablet</i>                             | 4         |                      |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> | 4         | QL (60/30)           |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg</i>                   | 3         | QL (180/30)          |
| <i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>  | 3         | QL (60/30)           |
| <i>dextroamphetamine-amphetamine oral tablet 15 mg</i>                   | 3         | QL (120/30)          |
| <i>dextroamphetamine-amphetamine oral tablet 20 mg</i>                   | 3         | QL (90/30)           |
| <i>dextroamphetamine-amphetamine oral tablet 5 mg</i>                    | 3         | QL (360/30)          |
| <i>diazepam injection</i>  | 2         |                      |
| <i>diazepam intensol</i>   | 2         | QL (360/30)          |
| <i>diazepam oral concentrate</i>   | 2         | QL (360/30)          |
| <i>diazepam oral solution</i>  | 2         | QL (1800/30)         |
| <i>diazepam oral tablet</i>  | 2         | QL (180/30)          |
| <i>doxepin oral capsule</i>  | 3         |                      |
| <i>doxepin oral concentrate</i>  | 3         |                      |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG        | 4         | QL (60/30)           |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG               | 4         | QL (120/30)          |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG               | 4         | QL (90/30)           |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>      | 2         | QL (60/30)           |
| <i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>             | 2         | QL (120/30)          |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| EMSAM  | 5         | QL (30/30); NDS      |
| <i>escitalopram oxalate oral solution</i>              | 3         | QL (600/30)          |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>    | 1         | QL (60/30)           |
| <i>escitalopram oxalate oral tablet 20 mg</i>          | 1         | QL (30/30)           |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG      | 5         | PA; QL (60/30); NDS  |
| FANAPT ORAL TABLET 2 MG                                | 4         | PA; QL (60/30)       |
| FANAPT ORAL TABLET 8 MG                                | 5         | PA; QL (90/30); NDS  |
| FANAPT ORAL TABLETS, DOSE PACK                         | 4         | PA; QL (16/365)      |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK           | 4         | ST; QL (56/365)      |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR           | 4         | ST; QL (30/30)       |
| <i>fluoxetine (pmd)</i>                                | 3         | QL (120/30)          |
| <i>fluoxetine oral capsule 10 mg</i>                   | 1         | QL (120/30)          |
| <i>fluoxetine oral capsule 20 mg, 40 mg</i>            | 1         | QL (90/30)           |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 3         | QL (4/28)            |
| <i>fluoxetine oral solution</i>                        | 2         |                      |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i>             | 3         | QL (120/30)          |
| <i>fluphenazine decanoate</i>                          | 4         |                      |
| <i>fluphenazine hcl injection</i>                      | 4         |                      |
| <i>fluphenazine hcl oral concentrate</i>               | 4         |                      |
| <i>fluphenazine hcl oral elixir</i>                    | 4         |                      |
| <i>fluphenazine hcl oral tablet</i>                    | 2         |                      |
| <i>fluvoxamine oral tablet 100 mg, 25 mg</i>           | 2         | QL (90/30)           |
| <i>fluvoxamine oral tablet 50 mg</i>                   | 2         | QL (120/30)          |
| <i>guanfacine oral tablet extended release 24 hr</i>   | 4         | QL (30/30)           |
| <i>haloperidol decanoate</i>                           | 4         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>haloperidol lactate injection</i>                    | 4         |                      |
| <i>haloperidol lactate oral</i>                         | 2         |                      |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i> | 1         |                      |
| <i>haloperidol oral tablet 10 mg, 20 mg</i>             | 2         |                      |
| HETLIOZ   | 5         | PA; QL (30/30); NDS  |
| <i>imipramine hcl</i>                                   | 3         |                      |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML    | 5         | QL (3.5/180); NDS    |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML      | 5         | QL (5/180); NDS      |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML    | 5         | QL (0.75/28); NDS    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML         | 5         | QL (1/28); NDS       |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML     | 5         | QL (1.5/28); NDS     |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML     | 4         | QL (0.25/28)         |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML      | 5         | QL (0.5/28); NDS     |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML      | 5         | QL (0.88/90); NDS    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML      | 5         | QL (1.32/90); NDS    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML      | 5         | QL (1.75/90); NDS    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML      | 5         | QL (2.63/90); NDS    |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG  | 5         | QL (30/30); NDS      |
| LATUDA ORAL TABLET 80 MG  | 5         | QL (60/30); NDS      |
| <i>lithium carbonate</i>  | 2         |                      |
| <i>lithium citrate oral solution 8 meq/5 ml</i>   | 2         |                      |
| <i>lorazepam injection solution</i>   | 4         |                      |
| <i>lorazepam injection syringe 2 mg/ml</i>  | 4         |                      |
| <i>lorazepam intensol</i>   | 3         | QL (150/30)          |
| <i>lorazepam oral concentrate</i>   | 3         | QL (150/30)          |
| <i>lorazepam oral syringe</i>   | 3         | QL (150/30)          |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>   | 2         | QL (90/30)           |
| <i>lorazepam oral tablet 2 mg</i>   | 2         | QL (150/30)          |
| <i>loxapine succinate</i>   | 2         |                      |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>   | 4         | QL (30/30)           |
| <i>lurasidone oral tablet 80 mg</i>   | 4         | QL (60/30)           |
| LYBALVI   | 5         | PA; QL (30/30); NDS  |
| MARPLAN   | 4         | QL (180/30)          |
| <i>metadate er</i>  | 3         |                      |
| <i>methylphenidate hcl oral tablet</i>  | 3         | QL (90/30)           |
| <i>methylphenidate hcl oral tablet extended release</i>   | 3         |                      |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i> | 3         |                      |
| <i>mirtazapine oral tablet</i>  | 2         |                      |
| <i>mirtazapine oral tablet, disintegrating</i>  | 3         | QL (30/30)           |
| <i>modafinil oral tablet 100 mg</i>   | 4         | PA; QL (30/30)       |
| <i>modafinil oral tablet 200 mg</i>   | 4         | PA; QL (60/30)       |
| <i>molindone</i>  | 2         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>nefazodone</i>  | 4         |                      |
| <i>nortriptyline oral capsule</i>                                  | 2         |                      |
| <i>nortriptyline oral solution</i>                                 | 3         |                      |
| NUPLAZID   | 5         | PA; QL (30/30); NDS  |
| <i>olanzapine intramuscular</i>                                    | 4         | QL (30/30)           |
| <i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>          | 2         | QL (60/30)           |
| <i>olanzapine oral tablet 15 mg, 20 mg</i>                         | 2         | QL (30/30)           |
| <i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>          | 4         | QL (60/30)           |
| <i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>         | 4         | QL (30/30)           |
| <i>olanzapine-fluoxetine</i>                                       | 4         |                      |
| <i>oxazepam</i>  | 2         | QL (120/30)          |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i> | 4         | PA; QL (30/30)       |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>   | 4         | PA; QL (60/30)       |
| <i>paroxetine hcl oral suspension</i>                              | 4         | ST; QL (900/30)      |
| <i>paroxetine hcl oral tablet 10 mg</i>                            | 2         | QL (180/30)          |
| <i>paroxetine hcl oral tablet 20 mg, 40 mg</i>                     | 2         | QL (30/30)           |
| <i>paroxetine hcl oral tablet 30 mg</i>                            | 2         | QL (60/30)           |
| <i>paroxetine hcl oral tablet extended release 24 hr</i>           | 3         | QL (60/30)           |
| <i>perphenazine</i>  | 4         |                      |
| <i>perphenazine-amitriptyline</i>                                  | 4         |                      |
| PERSERIS   | 5         | QL (1/28); NDS       |
| <i>phenelzine</i>  | 3         |                      |
| <i>pimozide</i>  | 4         |                      |
| <i>protriptyline</i>   | 4         |                      |
| <i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>                 | 2         | QL (120/30)          |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>quetiapine oral tablet 150 mg, 200 mg</i>   | 2         | QL (90/30)           |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>   | 2         | QL (60/30)           |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>                                | 3         | QL (30/30)           |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>                         | 3         | QL (60/30)           |
| QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG                                  | 4         | PA; QL (60/30)       |
| QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG   | 4         | PA; QL (30/30)       |
| <i>ramelteon</i>   | 3         | QL (30/30)           |
| REXULTI ORAL TABLET  | 5         | QL (30/30); NDS      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML                         | 4         | QL (2/28)            |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | 5         | QL (2/28); NDS       |
| <i>risperidone oral solution</i>   | 2         |                      |
| <i>risperidone oral syringe</i>  | 2         |                      |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>   | 2         | QL (120/30)          |
| <i>risperidone oral tablet 1 mg</i>  | 2         | QL (180/30)          |
| <i>risperidone oral tablet 2 mg</i>  | 2         | QL (90/30)           |
| <i>risperidone oral tablet 3 mg</i>  | 2         | QL (60/30)           |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>                               | 4         | QL (120/30)          |
| <i>risperidone oral tablet, disintegrating 1 mg</i>  | 4         | QL (180/30)          |
| <i>risperidone oral tablet, disintegrating 2 mg</i>  | 4         | QL (90/30)           |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>risperidone oral tablet, disintegrating 3 mg</i>                    | 4         | QL (60/30)           |
| SECUADO  | 5         | QL (30/30); NDS      |
| <i>sertraline oral concentrate</i>                                     | 4         |                      |
| <i>sertraline oral tablet</i>  | 1         | QL (60/30)           |
| SODIUM OXYBATE   | 5         | PA; QL (540/30); NDS |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)                    | 5         | PA; QL (16/28); NDS  |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)                    | 5         | PA; QL (18/28); NDS  |
| <i>tasimelteon</i>   | 5         | PA; QL (30/30); NDS  |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                             | 3         | QL (60/365)          |
| <i>thioridazine</i>  | 3         |                      |
| <i>thiothixene</i>   | 4         |                      |
| <i>tranylcypromine</i>   | 4         |                      |
| <i>trazodone</i>   | 2         |                      |
| <i>trifluoperazine</i>   | 3         |                      |
| <i>trimipramine</i>  | 4         |                      |
| TRINTELLIX   | 4         | ST; QL (30/30)       |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i> | 2         | QL (60/30)           |
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i>           | 2         | QL (90/30)           |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>                  | 2         | QL (90/30)           |
| <i>venlafaxine oral tablet 50 mg, 75 mg</i>                            | 2         | QL (120/30)          |
| VERSACLOZ  | 5         | NDS                  |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)                   | 4         | ST; QL (60/365)      |
| <i>vilazodone</i>  | 4         | ST; QL (30/30)       |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| VRAYLAR ORAL CAPSULE  | 5         | QL (30/30); NDS          |
| VRAYLAR ORAL CAPSULE, DOSE PACK                                     | 4         | QL (14/365)              |
| XYREM   | 5         | PA; LA; QL (540/30); NDS |
| <i>zaleplon oral capsule 10 mg</i>                                  | 3         | QL (60/30)               |
| <i>zaleplon oral capsule 5 mg</i>                                   | 3         | QL (30/30)               |
| <i>ziprasidone hcl oral capsule 20 mg</i>                           | 3         | QL (180/30)              |
| <i>ziprasidone hcl oral capsule 40 mg</i>                           | 3         | QL (120/30)              |
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>                    | 3         | QL (60/30)               |
| <i>ziprasidone mesylate</i>   | 4         | QL (6/30)                |
| <i>zolpidem oral tablet</i>   | 2         | QL (30/30)               |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4         | PA; QL (2/28)            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 5         | PA; QL (2/28); NDS       |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5         | PA; QL (1/28); NDS       |

### CARDIOVASCULAR, HYPERTENSION / LIPIDS

#### ANTIARRHYTHMIC AGENTS

|  |   |        |
|--|---|--------|
| <i>amiodarone intravenous solution</i>       | 4 | B/D PA |
| <i>amiodarone oral tablet 100 mg, 400 mg</i> | 2 |        |
| <i>amiodarone oral tablet 200 mg</i>         | 1 |        |
| <i>dofetilide</i>                            | 3 |        |
| <i>flecainide</i>                            | 3 |        |
| LIDOCAINE (PF) INTRAVENOUS SOLUTION          | 4 |        |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>lidocaine (pf) intravenous syringe</i>               | 4         |                      |
| <i>mexiletine</i>                                       | 2         |                      |
| <i>pacerone oral tablet 100 mg, 400 mg</i>              | 2         |                      |
| <i>pacerone oral tablet 200 mg</i>                      | 1         |                      |
| <i>propafenone oral capsule, extended release 12 hr</i> | 4         |                      |
| <i>propafenone oral tablet</i>                          | 2         |                      |
| <i>quinidine sulfate oral tablet</i>                    | 2         |                      |
| <i>sorine</i>   | 2         |                      |
| <i>sotalol af</i>                                       | 2         |                      |
| <i>sotalol oral</i>                                     | 2         |                      |
| SOTYLIZE  | 4         |                      |

#### ANTIHYPERTENSIVE THERAPY

|  |   |            |
|--|---|------------|
| <i>acebutolol</i>                                | 2 |            |
| <i>aliskiren</i>                                 | 4 |            |
| <i>amiloride</i>                                 | 2 |            |
| <i>amiloride-hydrochlorothiazide</i>             | 2 |            |
| <i>amlodipine</i>                                | 1 |            |
| <i>amlodipine-benazepril</i>                     | 1 |            |
| <i>amlodipine-olmesartan</i>                     | 1 |            |
| <i>amlodipine-valsartan</i>                      | 1 |            |
| <i>amlodipine-valsartan-hcthiazyd</i>            | 1 |            |
| <i>atenolol</i>                                  | 1 |            |
| <i>atenolol-chlorthalidone</i>                   | 1 |            |
| <i>benazepril</i>                                | 1 |            |
| <i>benazepril-hydrochlorothiazide</i>            | 1 |            |
| <i>betaxolol oral</i>                            | 2 |            |
| <i>bisoprolol fumarate</i>                       | 2 |            |
| <i>bisoprolol-hydrochlorothiazide</i>            | 1 |            |
| <i>bumetanide injection</i>                      | 4 |            |
| <i>bumetanide oral</i>                           | 3 |            |
| <i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i> | 1 | QL (60/30) |
| <i>candesartan oral tablet 32 mg</i>             | 1 | QL (30/30) |
| <i>candesartan-hydrochlorothiazid</i>            | 1 |            |

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*Lower case italic = Generic drug*

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>captopril</i>   | 1         |                      |
| CAROSPIR   | 3         |                      |
| <i>cartia xt</i>   | 2         |                      |
| <i>carvedilol</i>  | 1         |                      |
| <i>carvedilol phosphate</i>  | 3         |                      |
| <i>chlorothiazide sodium</i>   | 4         |                      |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 2         |                      |
| <i>clonidine</i>   | 4         | QL (4/28)            |
| <i>clonidine hcl oral tablet</i>   | 1         |                      |
| <i>diltiazem hcl intravenous</i>   | 4         |                      |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>                                       | 2         |                      |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i>  | 2         |                      |
| <i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i> | 2         |                      |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>          | 2         |                      |
| <i>diltiazem hcl oral tablet</i>   | 2         |                      |
| <i>diltiazem hcl oral tablet extended release 24 hr</i>  | 2         |                      |
| <i>dilt-xr</i>   | 2         |                      |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>  | 2         | QL (30/30)           |
| <i>doxazosin oral tablet 8 mg</i>  | 2         | QL (60/30)           |
| EDARBI   | 3         |                      |
| EDARBYCLOR   | 3         |                      |
| <i>enalapril maleate oral tablet</i>   | 1         |                      |
| <i>enalapril-hydrochlorothiazide</i>   | 1         |                      |
| <i>eplerenone</i>  | 2         |                      |
| <i>ethacrynate sodium</i>  | 4         |                      |
| <i>felodipine</i>  | 2         |                      |
| <i>fosinopril</i>  | 1         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>fosinopril-hydrochlorothiazide</i>                                  | 1         |                      |
| <i>furosemide injection solution</i>                                   | 4         |                      |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>         | 2         |                      |
| FUROSEMIDE ORAL SOLUTION 40 MG/4 ML                                    | 2         |                      |
| <i>furosemide oral tablet</i>  | 1         |                      |
| <i>hydralazine injection</i>   | 4         |                      |
| <i>hydralazine oral</i>  | 2         |                      |
| <i>hydrochlorothiazide</i>   | 1         |                      |
| <i>indapamide</i>  | 1         |                      |
| <i>irbesartan</i>  | 1         | QL (30/30)           |
| <i>irbesartan-hydrochlorothiazide</i>                                  | 1         | QL (30/30)           |
| <i>isosorbide-hydralazine</i>  | 3         | QL (180/30)          |
| <i>isradipine</i>  | 3         |                      |
| KERENDIA   | 3         | PA; QL (30/30)       |
| <i>labetalol oral</i>  | 3         |                      |
| <i>lisinopril</i>  | 1         |                      |
| <i>lisinopril-hydrochlorothiazide</i>                                  | 1         |                      |
| <i>losartan</i>  | 1         | QL (60/30)           |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i> | 1         | QL (30/30)           |
| <i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>             | 1         | QL (60/30)           |
| <i>matzim la</i>   | 2         |                      |
| <i>metolazone</i>  | 2         |                      |
| <i>metoprolol succinate</i>  | 1         |                      |
| <i>metoprolol ta-hydrochlorothiaz</i>                                  | 2         |                      |
| <i>metoprolol tartrate oral</i>  | 1         |                      |
| <i>metyrosine</i>  | 5         | PA; NDS              |
| <i>minoxidil oral</i>  | 2         |                      |
| <i>moexipril</i>   | 1         |                      |
| <i>nadolol</i>   | 3         |                      |
| <i>nebivolol</i>   | 3         |                      |
| <i>nicardipine intravenous solution</i>                                | 4         |                      |
| <i>nicardipine oral</i>  | 4         |                      |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>nifedipine oral tablet extended release</i>                                      | 3         |                      |
| <i>nifedipine oral tablet extended release 24hr</i>                                 | 3         |                      |
| <i>nimodipine</i>   | 4         |                      |
| <i>nisoldipine</i>  | 4         |                      |
| <i>olmesartan</i>   | 1         |                      |
| <i>olmesartan-amlodipin-hcthiazyd</i>   | 1         |                      |
| <i>olmesartan-hydrochlorothiazide</i>   | 1         |                      |
| <i>perindopril erbumine</i>   | 1         |                      |
| <i>phenoxybenzamine</i>   | 5         | NDS                  |
| <i>pindolol</i>   | 1         |                      |
| <i>prazosin</i>   | 3         |                      |
| <i>propranolol oral capsule,extended release 24 hr</i>                              | 3         |                      |
| <i>propranolol oral solution</i>  | 2         |                      |
| <i>propranolol oral tablet</i>  | 1         |                      |
| <i>quinapril</i>  | 1         |                      |
| <i>quinapril-hydrochlorothiazide</i>  | 1         |                      |
| <i>ramipril</i>   | 1         |                      |
| <i>spironolactone</i>   | 1         |                      |
| <i>spironolacton-hydrochlorothiaz</i>   | 2         |                      |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2         |                      |
| TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG                                     | 3         |                      |
| <i>telmisartan</i>  | 1         |                      |
| <i>telmisartan-amlodipine</i>   | 1         |                      |
| <i>telmisartan-hydrochlorothiazid</i>   | 1         |                      |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                      | 1         | QL (30/30)           |
| <i>terazosin oral capsule 10 mg</i>   | 1         | QL (60/30)           |
| <i>tiadylt er</i>   | 2         |                      |
| <i>timolol maleate oral</i>   | 4         |                      |
| <i>torse mide oral</i>  | 2         |                      |
| <i>trandolapril</i>   | 1         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>triamterene-hydrochlorothiazid</i>   | 1         |                      |
| UPTRAVI ORAL  | 5         | PA; LA; NDS          |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>                                 | 1         | QL (60/30)           |
| <i>valsartan oral tablet 320 mg</i>   | 1         | QL (30/30)           |
| <i>valsartan-hydrochlorothiazide</i>  | 1         | QL (30/30)           |
| <i>verapamil intravenous solution</i>   | 4         |                      |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>                                 | 3         |                      |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>       | 2         |                      |
| VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG                             | 3         |                      |
| <i>verapamil oral tablet</i>  | 1         |                      |
| <i>verapamil oral tablet extended release</i>                                     | 2         |                      |
| <b>COAGULATION THERAPY</b>  |           |                      |
| <i>aminocaproic acid oral</i>   | 5         | NDS                  |
| <i>aspirin-dipyridamole</i>   | 4         |                      |
| BRILINTA  | 3         | QL (60/30)           |
| <i>cilostazol</i>   | 2         |                      |
| <i>clopidogrel oral tablet 300 mg</i>   | 4         |                      |
| <i>clopidogrel oral tablet 75 mg</i>  | 1         | QL (30/30)           |
| <i>dabigatran etexilate</i>   | 4         |                      |
| <i>dipyridamole oral</i>  | 3         |                      |
| DOPTELET (10 TAB PACK)  | 5         | PA; LA; NDS          |
| DOPTELET (15 TAB PACK)  | 5         | PA; LA; NDS          |
| DOPTELET (30 TAB PACK)  | 5         | PA; LA; NDS          |
| ELIQUIS   | 3         |                      |
| ELIQUIS DVT-PE TREAT 30D START  | 3         |                      |
| <i>enoxaparin</i>   | 3         |                      |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | 5         | NDS                  |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>   | 4         |                          |
| HEPARIN (PORCINE) IN 5% DEX  | 4         |                          |
| <i>heparin (porcine) in nacl (pf)</i>  | 4         |                          |
| <i>heparin (porcine) injection solution</i>  | 3         |                          |
| HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML  | 4         |                          |
| HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML, 25,000 UNIT/500 ML | 4         |                          |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>                                       | 4         |                          |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML  | 4         |                          |
| <i>jantoven</i>  | 1         |                          |
| <i>pentoxifylline</i>  | 2         |                          |
| <i>prasugrel</i>   | 3         |                          |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG   | 5         | PA; LA; QL (360/30); NDS |
| PROMACTA ORAL POWDER IN PACKET 25 MG   | 5         | PA; LA; QL (180/30); NDS |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG   | 5         | PA; LA; QL (30/30); NDS  |
| PROMACTA ORAL TABLET 75 MG   | 5         | PA; LA; QL (60/30); NDS  |
| <i>warfarin</i>  | 1         |                          |
| XARELTO  | 3         |                          |
| XARELTO DVT-PE TREAT 30D START   | 3         |                          |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>   |           |                          |
| <i>amlodipine-atorvastatin</i>   | 1         |                          |
| <i>atorvastatin</i>  | 1         | QL (30/30)               |
| <i>cholestyramine (with sugar)</i>   | 3         |                          |
| <i>cholestyramine light</i>  | 3         |                          |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>cholestyramine-aspartame</i>                                  | 3         |                      |
| <i>colesevelam</i>   | 3         |                      |
| <i>colestipol oral granules</i>                                  | 4         |                      |
| <i>colestipol oral packet</i>                                    | 4         |                      |
| <i>colestipol oral tablet</i>                                    | 3         |                      |
| <i>ezetimibe</i>   | 2         | QL (30/30)           |
| <i>ezetimibe-simvastatin</i>                                     | 4         | QL (30/30)           |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | 3         |                      |
| <i>fenofibrate nanocrystallized</i>                              | 3         |                      |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                     | 2         |                      |
| <i>fenofibric acid (choline)</i>                                 | 4         |                      |
| <i>fluvastatin oral capsule 20 mg</i>                            | 1         | QL (30/30)           |
| <i>fluvastatin oral capsule 40 mg</i>                            | 1         | QL (60/30)           |
| <i>fluvastatin oral tablet extended release 24 hr</i>            | 1         | QL (30/30)           |
| <i>gemfibrozil</i>   | 1         |                      |
| <i>icosapent ethyl</i>   | 3         |                      |
| LIVALO   | 3         | QL (30/30)           |
| <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   | 3         | PA; QL (30/30)       |
| NEXLIZET   | 3         | PA; QL (30/30)       |
| <i>niacin oral tablet 500 mg</i>                                 | 2         |                      |
| <i>niacin oral tablet extended release 24 hr</i>                 | 2         |                      |
| <i>niacor</i>  | 2         |                      |
| <i>omega-3 acid ethyl esters</i>                                 | 4         |                      |
| <i>pravastatin</i>   | 1         | QL (30/30)           |
| <i>prevalite</i>   | 3         |                      |
| REPATHA PUSHTRONEX   | 3         | PA; QL (3.5/28)      |
| REPATHA SURECLICK  | 3         | PA; QL (3/28)        |
| REPATHA SYRINGE  | 3         | PA; QL (3/28)        |
| <i>rosuvastatin</i>  | 1         | QL (30/30)           |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>simvastatin</i>   | 1         | QL (30/30)          |
| VASCEPA  | 3         |                     |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>                       |           |                     |
| CORLANOR ORAL TABLET   | 4         | PA; QL (60/30)      |
| <i>digoxin injection solution</i>                                | 4         |                     |
| <i>digoxin oral solution</i>                                     | 3         |                     |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 2         |                     |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>                  | 4         |                     |
| ENTRESTO   | 3         | QL (60/30)          |
| LANOXIN PEDIATRIC  | 4         |                     |
| <i>ranolazine</i>  | 3         | QL (60/30)          |
| VERQUVO  | 3         | PA; QL (30/30)      |
| VYNDAMAX   | 5         | PA; NDS             |
| VYNDAQEL   | 5         | PA; NDS             |
| <b>NITRATES</b>  |           |                     |
| <i>isosorbide dinitrate oral tablet</i>                          | 3         |                     |
| <i>isosorbide mononitrate</i>                                    | 2         |                     |
| <i>nitroglycerin intravenous</i>                                 | 4         | B/D PA              |
| <i>nitroglycerin sublingual</i>                                  | 2         |                     |
| <i>nitroglycerin transdermal patch 24 hour</i>                   | 2         |                     |
| <i>nitroglycerin translingual</i>                                | 4         |                     |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                           |           |                     |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>                            |           |                     |
| <i>acitretin</i>   | 4         | PA                  |
| <i>calcipotriene scalp</i>                                       | 3         | QL (120/30)         |
| <i>calcipotriene topical cream</i>                               | 4         | QL (120/30)         |
| <i>calcipotriene topical ointment</i>                            | 4         | QL (120/30)         |
| CALCITRIOL TOPICAL   | 4         |                     |
| <i>selenium sulfide topical lotion</i>                           | 2         |                     |
| SKYRIZI INTRAVENOUS  | 5         | PA; QL (1/28); NDS  |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                                | 5         | PA; QL (1/28); NDS  |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS    |
|--|-----------|------------------------|
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                           | 5         | PA; QL (1/28); NDS     |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 5         | PA; QL (2.4/28); NDS   |
| STELARA SUBCUTANEOUS SOLUTION                                    | 5         | PA; QL (0.5/28); NDS   |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML                        | 5         | PA; QL (0.5/28); NDS   |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                            | 5         | PA; QL (1/28); NDS     |
| TALTZ AUTOINJECTOR   | 5         | PA; LA; QL (4/28); NDS |
| TALTZ SYRINGE  | 5         | PA; QL (4/28); NDS     |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>                             |           |                        |
| <i>ammonium lactate</i>  | 3         |                        |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML            | 5         | PA; QL (4.56/28); NDS  |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML               | 5         | PA; QL (8/28); NDS     |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML             | 5         | PA; QL (1.34/28); NDS  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML             | 5         | PA; QL (4.56/28); NDS  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML                | 5         | PA; QL (8/28); NDS     |
| <i>fluorouracil topical cream 0.5%</i>                           | 5         | NDS                    |
| <i>fluorouracil topical cream 5%</i>                             | 3         |                        |
| <i>fluorouracil topical solution</i>                             | 2         |                        |
| <i>glydo</i>   | 3         | QL (60/30)             |
| <i>imiquimod topical cream in metered-dose pump</i>              | 5         | NDS                    |
| <i>imiquimod topical cream in packet 3.75%</i>                   | 5         | NDS                    |

CAPITALIZED = BRAND NAME DRUG

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>imiquimod topical cream in packet 5%</i>                 | 3         |                      |
| <i>lidocaine (pf) injection solution</i>                    | 4         |                      |
| <i>lidocaine hcl injection solution</i>                     | 4         |                      |
| <i>lidocaine hcl laryngotracheal</i>                        | 2         |                      |
| <i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i> | 2         |                      |
| <i>lidocaine topical adhesive patch, medicated 5%</i>       | 3         | PA                   |
| <i>lidocaine topical ointment</i>                           | 4         | QL (50/30)           |
| <i>lidocaine viscous</i>                                    | 1         |                      |
| <i>lidocaine-prilocaine topical cream</i>                   | 4         | QL (30/30)           |
| <i>methoxsalen</i>  | 4         |                      |
| PANRETIN  | 5         | NDS                  |
| <i>pimecrolimus</i>   | 4         | PA; QL (100/30)      |
| <i>podofilox</i>  | 2         |                      |
| REGRANEX  | 5         | PA; NDS              |
| SANTYL  | 4         |                      |
| SILVER SULFADIAZINE   | 3         |                      |
| SSD   | 3         |                      |
| <i>tacrolimus topical</i>                                   | 3         | PA; QL (100/30)      |
| VALCHLOR  | 5         | PA; NDS              |
| ZTLIDO  | 4         | PA; QL (90/30)       |
| <b>THERAPY FOR ACNE</b>                                     |           |                      |
| <i>adapalene topical gel 0.3%</i>                           | 4         | QL (45/30)           |
| <i>amnesteem</i>  | 4         |                      |
| <i>claravis</i>   | 4         |                      |
| <i>clindacin etz topical swab</i>                           | 2         | QL (69/30)           |
| <i>clindacin p</i>  | 2         | QL (69/30)           |
| <i>clindamycin phosphate topical gel</i>                    | 4         | QL (120/30)          |
| CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY               | 4         | QL (120/30)          |
| <i>clindamycin phosphate topical lotion</i>                 | 4         | QL (120/30)          |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>clindamycin phosphate topical solution</i>               | 3         | QL (120/30)          |
| <i>clindamycin phosphate topical swab</i>                   | 2         | QL (60/30)           |
| <i>ery pads</i>   | 3         |                      |
| <i>erythromycin with ethanol topical gel</i>                | 4         |                      |
| <i>erythromycin with ethanol topical solution</i>           | 2         |                      |
| <i>erythromycin-benzoyl peroxide</i>                        | 4         |                      |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 4         |                      |
| <i>metronidazole topical</i>                                | 4         |                      |
| <i>tazarotene topical cream</i>                             | 4         | PA                   |
| <i>tazarotene topical gel</i>                               | 4         | PA                   |
| TAZORAC TOPICAL CREAM 0.05%                                 | 4         | PA                   |
| TAZORAC TOPICAL GEL   | 4         | PA                   |
| <i>tretinoin microspheres</i>                               | 4         | PA                   |
| <i>tretinoin topical cream</i>                              | 4         | PA                   |
| <i>tretinoin topical gel 0.01%</i>                          | 3         | PA                   |
| <i>tretinoin topical gel 0.025%, 0.05%</i>                  | 4         | PA                   |
| <i>zenatane</i>   | 4         |                      |
| <b>TOPICAL ANESTHETICS</b>                                  |           |                      |
| <i>lidocaine hcl mucous membrane jelly in applicator</i>    | 3         | QL (60/30)           |
| <i>lidocaine hcl mucous membrane solution 2%</i>            | 1         |                      |
| <b>TOPICAL ANTIBACTERIALS</b>                               |           |                      |
| <i>gentamicin topical cream</i>                             | 3         | QL (60/30)           |
| <i>gentamicin topical ointment</i>                          | 3         |                      |
| <i>mupirocin</i>  | 2         | QL (44/30)           |
| <i>mupirocin calcium</i>                                    | 4         | QL (30/30)           |
| <i>sulfacetamide sodium (acne)</i>                          | 3         |                      |
| <b>TOPICAL ANTIFUNGALS</b>                                  |           |                      |
| <i>ciclofanol topical solution</i>                          | 3         |                      |
| <i>ciclopirox topical cream</i>                             | 3         | QL (90/28)           |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>ciclopirox topical shampoo</i>                | 3         | QL (120/28)          |
| <i>ciclopirox topical solution</i>               | 3         | QL (6.6/28)          |
| <i>ciclopirox topical suspension</i>             | 3         | QL (60/28)           |
| <i>clotrimazole topical cream</i>                | 3         | QL (45/28)           |
| <i>clotrimazole topical solution</i>             | 3         | QL (30/28)           |
| <i>clotrimazole-betamethasone topical cream</i>  | 2         | QL (45/28)           |
| <i>clotrimazole-betamethasone topical lotion</i> | 2         | QL (60/28)           |
| <i>econazole</i>                                 | 3         | QL (85/28)           |
| <i>ketconazole topical cream</i>                 | 2         | QL (60/28)           |
| <i>ketconazole topical shampoo</i>               | 2         | QL (120/28)          |
| <i>naftifine topical cream</i>                   | 3         | QL (60/28)           |
| <i>naftifine topical gel 2%</i>                  | 3         | QL (60/30)           |
| NAFTIN TOPICAL GEL 2%                            | 3         | QL (60/28)           |
| <i>nyamyc</i>                                    | 3         | QL (180/30)          |
| <i>nystatin topical cream</i>                    | 2         | QL (30/28)           |
| <i>nystatin topical ointment</i>                 | 2         | QL (30/28)           |
| <i>nystatin topical powder</i>                   | 3         | QL (180/30)          |
| <i>nystatin-triamcinolone</i>                    | 4         | QL (60/28)           |
| <i>nystop</i>                                    | 3         | QL (180/30)          |
| <b>TOPICAL ANTIVIRALS</b>                        |           |                      |
| <i>acyclovir topical ointment</i>                | 4         | QL (30/30)           |
| DENAVIR  | 5         | QL (5/30); NDS       |
| <i>penciclovir</i>                               | 4         | QL (5/30)            |
| <b>TOPICAL CORTICOSTEROIDS</b>                   |           |                      |
| <i>ala-cort topical cream 1%</i>                 | 1         |                      |
| <i>alclometasone</i>                             | 2         |                      |
| <i>betamethasone dipropionate</i>                | 3         |                      |
| <i>betamethasone valerate topical cream</i>      | 2         |                      |
| <i>betamethasone valerate topical foam</i>       | 3         |                      |
| <i>betamethasone valerate topical lotion</i>     | 2         |                      |
| <i>betamethasone valerate topical ointment</i>   | 2         |                      |

| DRUG NAME                                      | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>betamethasone, augmented</i>                | 3         |                      |
| <i>clobetasol scalp</i>                        | 2         | QL (100/28)          |
| <i>clobetasol topical cream</i>                | 2         | QL (120/28)          |
| <i>clobetasol topical foam</i>                 | 4         | QL (100/28)          |
| <i>clobetasol topical gel</i>                  | 2         | QL (120/28)          |
| <i>clobetasol topical ointment</i>             | 2         | QL (120/28)          |
| <i>clobetasol topical shampoo</i>              | 4         | QL (236/28)          |
| <i>clobetasol-emollient topical cream</i>      | 2         | QL (120/28)          |
| <i>clobetasol-emollient topical foam</i>       | 4         | QL (100/28)          |
| <i>clocortolone pivalate</i>                   | 4         |                      |
| <i>clodan</i>                                  | 4         | QL (236/28)          |
| <i>desonide topical cream</i>                  | 3         |                      |
| <i>desonide topical lotion</i>                 | 3         |                      |
| <i>desonide topical ointment</i>               | 3         |                      |
| <i>desoximetasone topical cream</i>            | 4         |                      |
| <i>desoximetasone topical gel</i>              | 4         |                      |
| <i>desoximetasone topical ointment</i>         | 4         |                      |
| <i>fluocinolone and shower cap</i>             | 3         |                      |
| <i>fluocinolone topical cream</i>              | 2         |                      |
| <i>fluocinolone topical oil</i>                | 3         |                      |
| <i>fluocinolone topical ointment</i>           | 2         |                      |
| <i>fluocinolone topical solution</i>           | 2         |                      |
| <i>fluocinonide topical cream 0.05%</i>        | 2         | QL (120/30)          |
| <i>fluocinonide topical cream 0.1%</i>         | 4         | QL (120/30)          |
| <i>fluocinonide topical gel</i>                | 2         | QL (120/30)          |
| <i>fluocinonide topical ointment</i>           | 3         | QL (120/30)          |
| <i>fluocinonide topical solution</i>           | 3         | QL (120/30)          |
| <i>fluticasone propionate topical cream</i>    | 2         |                      |
| <i>fluticasone propionate topical ointment</i> | 2         |                      |
| <i>halobetasol propionate topical cream</i>    | 3         |                      |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>halobetasol propionate topical ointment</i>            | 3         |                      |
| <i>hydrocortisone butyrate topical cream</i>              | 4         | QL (120/30)          |
| <i>hydrocortisone butyrate topical ointment</i>           | 3         | QL (120/30)          |
| <i>hydrocortisone butyrate topical solution</i>           | 3         | QL (120/30)          |
| <i>hydrocortisone butyr-emollient</i>                     | 4         | QL (120/30)          |
| <i>hydrocortisone topical cream 1%, 2.5%</i>              | 1         |                      |
| <i>hydrocortisone topical lotion 2.5%</i>                 | 2         |                      |
| <i>hydrocortisone topical ointment 1%, 2.5%</i>           | 2         |                      |
| <i>hydrocortisone valerate</i>                            | 3         |                      |
| <i>mometasone topical</i>                                 | 2         |                      |
| <i>prednicarbate topical ointment</i>                     | 2         |                      |
| <i>triamcinolone acetonide topical cream 0.025%, 0.5%</i> | 2         |                      |
| <i>triamcinolone acetonide topical cream 0.1%</i>         | 1         |                      |
| <i>triamcinolone acetonide topical lotion</i>             | 2         |                      |
| <i>triamcinolone acetonide topical ointment</i>           | 2         |                      |
| <i>triderm topical cream 0.1%</i>                         | 1         |                      |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                 |           |                      |
| <i>malathion</i>  | 4         |                      |
| <i>permethrin</i>   | 3         |                      |
| <b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>                 |           |                      |
| <b>IRRIGATING SOLUTIONS</b>                               |           |                      |
| LACTATED RINGERS IRRIGATION                               | 4         |                      |
| <i>neomycin-polymyxin b gu</i>                            | 4         |                      |
| RINGER'S IRRIGATION                                       | 4         |                      |
| TIS-U-SOL PENTALYTE                                       | 4         |                      |
| <b>MISCELLANEOUS AGENTS</b>                               |           |                      |
| <i>acamprosate</i>  | 2         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>anagrelide</i>   | 2         |                      |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG                        | 5         | PA; LA; NDS          |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG                          | 5         | PA; NDS              |
| CARBAGLU  | 5         | PA; LA; NDS          |
| <i>carglumic acid</i>   | 5         | PA; NDS              |
| <i>cevimeline</i>   | 4         |                      |
| CHEMET  | 4         | PA                   |
| CLINIMIX 4.25%/D5W SULFIT FREE                                    | 4         | B/D PA               |
| CUVRIOR   | 5         | PA; QL (300/30); NDS |
| D10%-0.45% SODIUM CHLORIDE  | 4         |                      |
| <i>d2.5%-0.45% sodium chloride</i>                                | 4         |                      |
| <i>d5% and 0.9% sodium chloride</i>                               | 4         |                      |
| <i>d5%-0.45% sodium chloride</i>                                  | 4         |                      |
| <i>deferasirox oral granules in packet</i>                        | 5         | PA; NDS              |
| <i>deferasirox oral tablet 180 mg, 360 mg</i>                     | 5         | PA; NDS              |
| <i>deferasirox oral tablet 90 mg</i>                              | 4         | PA                   |
| <i>deferiprone</i>  | 5         | PA; NDS              |
| DEXTROSE 10% AND 0.2% NACL  | 4         |                      |
| <i>dextrose 10% in water (d10w)</i>                               | 4         |                      |
| DEXTROSE 25% IN WATER (D25W)                                      | 4         |                      |
| <i>dextrose 5% in water (d5w) intravenous parenteral solution</i> | 4         |                      |
| DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK                  | 4         |                      |
| DEXTROSE 5%-LACTATED RINGERS                                      | 4         |                      |
| <i>dextrose 5%-0.2% sod chloride</i>                              | 4         |                      |
| <i>dextrose 5%-0.3% sod.chloride</i>                              | 4         |                      |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION | 4         |                      |
| <i>dextrose 50% in water (d50w) intravenous syringe</i>      | 4         |                      |
| DEXTROSE 70% IN WATER (D70W)                                 | 4         |                      |
| <i>disulfiram</i>  | 2         |                      |
| <i>droxidopa oral capsule 100 mg</i>                         | 5         | PA; QL (90/30); NDS  |
| <i>droxidopa oral capsule 200 mg, 300 mg</i>                 | 5         | PA; QL (180/30); NDS |
| FERRIPROX (2 TIMES A DAY)                                    | 5         | PA; NDS              |
| FERRIPROX ORAL SOLUTION                                      | 5         | PA; NDS              |
| GLASSIA  | 5         | PA; NDS              |
| INCRELEX   | 4         | PA; LA               |
| <i>levocarnitine (with sugar)</i>                            | 4         |                      |
| <i>levocarnitine oral solution 100 mg/ml</i>                 | 4         |                      |
| LEVOCARNITINE ORAL TABLET                                    | 3         |                      |
| LOKELMA  | 3         |                      |
| <i>midodrine</i>   | 3         |                      |
| <i>nitisinone</i>  | 5         | NDS                  |
| <i>pilocarpine hcl oral</i>                                  | 4         |                      |
| PROLASTIN-C INTRAVENOUS RECON SOLN                           | 5         | PA; LA; NDS          |
| PROLASTIN-C INTRAVENOUS SOLUTION                             | 5         | PA; NDS              |
| <i>riluzole</i>  | 3         |                      |
| <i>risedronate oral tablet 30 mg</i>                         | 3         | QL (30/30)           |
| <i>sevelamer carbonate oral powder in packet 0.8 gram</i>    | 4         | QL (510/30)          |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i>    | 4         | QL (150/30)          |
| <i>sevelamer carbonate oral tablet</i>                       | 4         | QL (510/30)          |
| <i>sodium chloride 0.9% intravenous parenteral solution</i>  | 4         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS     |
|--|-----------|--------------------------|
| SODIUM CHLORIDE 0.9% INTRAVENOUS PIGGYBACK                       | 4         |                          |
| SODIUM CHLORIDE IRRIGATION                                       | 4         |                          |
| <i>sodium phenylbutyrate</i>                                     | 5         | PA; NDS                  |
| <i>sodium polystyrene sulfonate oral powder</i>                  | 3         |                          |
| <i>sps (with sorbitol)</i>                                       | 3         |                          |
| <i>trientine oral capsule 250 mg</i>                             | 5         | PA; QL (240/30); NDS     |
| TZIELD   | 5         | PA; LA; QL (14/720); NDS |
| VELPHORO   | 5         | NDS                      |
| VELTASSA   | 3         |                          |
| WATER FOR IRRIGATION, STERILE                                    | 4         |                          |
| XIAFLEX  | 5         | PA; NDS                  |
| ZEMAIRA  | 5         | PA; LA; NDS              |
| ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML | 4         | B/D PA                   |
| <b>SMOKING DETERRENTS</b>  |           |                          |
| <i>bupropion hcl (smoking deter)</i>                             | 3         | QL (60/30)               |
| NICOTROL   | 4         |                          |
| NICOTROL NS  | 4         |                          |
| <i>varenicline</i>   | 4         |                          |
| <b>EAR, NOSE / THROAT MEDICATIONS</b>                            |           |                          |
| <b>MISCELLANEOUS AGENTS</b>                                      |           |                          |
| <i>azelastine nasal</i>  | 3         | QL (60/30)               |
| <i>chlorhexidine gluconate mucous membrane</i>                   | 1         |                          |
| <i>fluoride (sodium) dental paste</i>                            | 4         |                          |
| <i>ipratropium bromide nasal</i>                                 | 2         | QL (30/30)               |
| <i>oralone</i>   | 3         |                          |
| <i>perigard</i>  | 1         |                          |
| <i>sodium fluoride 5000 dry mouth</i>                            | 4         |                          |
| <i>sodium fluoride-pot nitrate</i>                               | 4         |                          |

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## Covered Drugs By Category

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|--|-----------|----------------------|
| <i>triamcinolone acetonide dental</i>                                    | 3         |                      |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>                                   |           |                      |
| <i>acetic acid otic (ear)</i>  | 2         |                      |
| <i>flac otic oil</i>   | 4         |                      |
| <i>fluocinolone acetonide oil</i>  | 4         |                      |
| <i>hydrocortisone-acetic acid</i>  | 2         |                      |
| <i>ofloxacin otic (ear)</i>  | 2         |                      |
| <b>OTIC STEROID / ANTIBIOTIC</b>   |           |                      |
| CIPRO HC   | 3         |                      |
| <i>ciprofloxacin-dexamethasone</i>                                       | 3         |                      |
| CORTISPORIN-TC   | 4         |                      |
| <i>neomycin-polymyxin-hc otic (ear)</i>                                  | 3         |                      |
| <b>ENDOCRINE/DIABETES</b>  |           |                      |
| <b>ADRENAL HORMONES</b>  |           |                      |
| <i>cortisone</i>   | 4         |                      |
| DEPO-MEDROL  | 4         |                      |
| <i>dexamethasone intensol</i>  | 4         |                      |
| <i>dexamethasone oral elixir</i>   | 2         |                      |
| <i>dexamethasone oral solution</i>                                       | 2         |                      |
| <i>dexamethasone oral tablet</i>   | 2         |                      |
| <i>dexamethasone sodium phos (pf) injection solution</i>                 | 4         |                      |
| <i>dexamethasone sodium phosphate injection solution</i>                 | 4         |                      |
| <i>fludrocortisone</i>   | 2         |                      |
| <i>hydrocortisone oral</i>   | 2         |                      |
| MEDROL ORAL TABLET 2 MG  | 3         | B/D PA               |
| <i>methylpred dp</i>   | 2         |                      |
| <i>methylprednisolone acetate</i>  | 4         |                      |
| <i>methylprednisolone oral tablet</i>                                    | 2         | B/D PA               |
| <i>methylprednisolone oral tablets,dose pack</i>                         | 2         |                      |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 4         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>methylprednisolone sodium succ intravenous</i>  | 4         |                      |
| <i>prednisolone oral solution</i>  | 3         |                      |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 3         |                      |
| <i>prednisone intensol</i>   | 4         |                      |
| <i>prednisone oral solution</i>  | 2         |                      |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>   | 1         |                      |
| <i>prednisone oral tablet 50 mg</i>  | 2         |                      |
| <i>prednisone oral tablets,dose pack</i>   | 1         |                      |
| SOLU-CORTEF ACT-O-VIAL (PF)  | 4         |                      |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i>   | 2         |                      |
| <b>ANTITHYROID AGENTS</b>  |           |                      |
| <i>methimazole oral tablet 10 mg, 5 mg</i>   | 2         |                      |
| <i>propylthiouracil</i>  | 3         |                      |
| <b>DIABETES THERAPY</b>  |           |                      |
| <i>acarbose oral tablet 100 mg</i>   | 2         | QL (90/30)           |
| <i>acarbose oral tablet 25 mg</i>  | 2         | QL (360/30)          |
| <i>acarbose oral tablet 50 mg</i>  | 2         | QL (180/30)          |
| ALCOHOL PADS   | 2         |                      |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"  | 2         | QL (200/30)          |
| BAQSIMI  | 3         |                      |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"  | 2         | QL (200/30)          |
| BD ULTRA-FINE NANO PEN NEEDLE  | 2         | QL (200/30)          |
| BD ULTRA-FINE SHORT PEN NEEDLE   | 2         | QL (200/30)          |
| BYDUREON BCISE   | 3         | QL (4/28)            |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| CEQUR SIMPLICITY  | 3         | QL (10/30)           |
| CEQUR SIMPLICITY INSERTER                                   | 3         | QL (1/365)           |
| CYCLOSET  | 4         | QL (180/30)          |
| <i>diazoxide</i>  | 4         |                      |
| FARXIGA ORAL TABLET 10 MG                                   | 3         | QL (30/30)           |
| FARXIGA ORAL TABLET 5 MG                                    | 3         | QL (60/30)           |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 "                           | 2         |                      |
| <i>glimepiride oral tablet 1 mg</i>                         | 1         | QL (240/30)          |
| <i>glimepiride oral tablet 2 mg</i>                         | 1         | QL (120/30)          |
| <i>glimepiride oral tablet 4 mg</i>                         | 1         | QL (60/30)           |
| <i>glipizide oral tablet 10 mg</i>                          | 1         | QL (120/30)          |
| <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)          |
| GLUCAGEN HYPOKIT  | 3         |                      |
| GLUCAGON (HCL) EMERGENCY KIT                                | 3         |                      |
| <i>glucagon emergency kit (human)</i>                       | 3         |                      |
| GLYXAMBI  | 3         | QL (30/30)           |
| GVOKE   | 3         |                      |
| GVOKE HYPOPEN 1-PACK  | 3         |                      |
| GVOKE HYPOPEN 2-PACK  | 3         |                      |
| GVOKE PFS 1-PACK SYRINGE                                    | 3         |                      |
| GVOKE PFS 2-PACK SYRINGE                                    | 3         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| HUMALOG JUNIOR KWIKPEN U-100  | 3         | SSM                  |
| HUMALOG KWIKPEN INSULIN   | 3         | SSM                  |
| HUMALOG MIX 50-50 INSULN U-100  | 3         | SSM                  |
| HUMALOG MIX 50-50 KWIKPEN   | 3         | SSM                  |
| HUMALOG MIX 75-25 KWIKPEN   | 3         | SSM                  |
| HUMALOG MIX 75-25(U-100) INSULN   | 3         | SSM                  |
| HUMALOG U-100 INSULIN   | 3         | SSM                  |
| HUMULIN 70/30 U-100 INSULIN   | 3         | SSM                  |
| HUMULIN 70/30 U-100 KWIKPEN   | 3         | SSM                  |
| HUMULIN N NPH INSULIN KWIKPEN   | 3         | SSM                  |
| HUMULIN N NPH U-100 INSULIN   | 3         | SSM                  |
| HUMULIN R REGULAR U-100 INSULN  | 3         | SSM                  |
| HUMULIN R U-500 (CONC) INSULIN  | 5         | B/D PA; NDS          |
| HUMULIN R U-500 (CONC) KWIKPEN  | 5         | NDS                  |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | 2         | QL (200/30)          |
| JANUMET   | 3         | QL (60/30)           |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                    | 3         | QL (30/30)           |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                          | 3         | QL (60/30)           |
| JANUVIA   | 3         | QL (30/30)           |
| JARDIANCE   | 3         | QL (30/30)           |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| JENTADUETO   | 3         | QL (60/30)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3         | QL (60/30)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG   | 3         | QL (30/30)           |
| LANTUS SOLOSTAR U-100 INSULIN                                  | 3         | SSM                  |
| LANTUS U-100 INSULIN   | 3         | SSM                  |
| LEVEMIR FLEXPEN  | 3         | SSM                  |
| LEVEMIR U-100 INSULIN  | 3         | SSM                  |
| LYUMJEV KWIKPEN U-100 INSULIN                                  | 3         | SSM                  |
| LYUMJEV KWIKPEN U-200 INSULIN                                  | 3         | SSM                  |
| LYUMJEV U-100 INSULIN  | 3         | SSM                  |
| <i>metformin oral solution</i>                                 | 3         | QL (765/30)          |
| <i>metformin oral tablet 1,000 mg</i>                          | 1         | QL (75/30)           |
| <i>metformin oral tablet 500 mg</i>                            | 1         | QL (150/30)          |
| <i>metformin oral tablet 850 mg</i>                            | 1         | QL (90/30)           |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>     | 1         | QL (120/30)          |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>     | 1         | QL (60/30)           |
| <i>metformin oral tablet extended release 24hr 1,000 mg</i>    | 1         | ST; QL (60/30)       |
| <i>metformin oral tablet extended release 24hr 500 mg</i>      | 1         | QL (150/30)          |
| <i>migliol oral tablet 100 mg</i>                              | 4         | QL (90/30)           |
| <i>migliol oral tablet 25 mg</i>                               | 4         | QL (360/30)          |
| <i>migliol oral tablet 50 mg</i>                               | 4         | QL (180/30)          |
| MOUNJARO   | 3         | 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)          |
| NOVOFINE 32  | 2         | QL (200/30)          |
| NOVOFINE AUTOCOVER   | 2         | QL (200/30)          |
| NOVOFINE PLUS  | 2         | QL (200/30)          |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS  |
|---|-----------|-----------------------|
| OMNIPOD 5 G6 INTRO KIT (GEN 5)  | 3         | QL (1/365)            |
| OMNIPOD 5 G6 PODS (GEN 5)   | 3         | QL (20/30)            |
| OMNIPOD CLASSIC PODS (GEN 3)  | 3         | QL (20/30)            |
| OMNIPOD DASH INTRO KIT (GEN 4)  | 3         | QL (1/365)            |
| OMNIPOD DASH PODS (GEN 4)   | 3         | QL (20/30)            |
| OMNIPOD GO PODS   | 3         | QL (10/30)            |
| OMNIPOD GO PODS 10 UNITS/DAY  | 3         | QL (10/30)            |
| OMNIPOD GO PODS 15 UNITS/DAY  | 3         | QL (10/30)            |
| OMNIPOD GO PODS 20 UNITS/DAY  | 3         | QL (10/30)            |
| OMNIPOD GO PODS 25 UNITS/DAY  | 3         | QL (10/30)            |
| OMNIPOD GO PODS 30 UNITS/DAY  | 3         | QL (10/30)            |
| OMNIPOD GO PODS 40 UNITS/DAY  | 3         | QL (10/30)            |
| 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) | 3         | QL (3/28)             |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"   | 2         | QL (200/30)           |
| <i>pioglitazone</i>   | 1         | QL (30/30)            |
| <i>pioglitazone-metformin</i>   | 1         | QL (90/30)            |
| <i>repaglinide oral tablet 0.5 mg</i>   | 1         | QL (960/30)           |
| <i>repaglinide oral tablet 1 mg</i>   | 1         | QL (480/30)           |
| <i>repaglinide oral tablet 2 mg</i>   | 1         | QL (240/30)           |
| RYBELSUS  | 3         | QL (30/30)            |
| SOLIQUA 100/33  | 3         | QL (15/25); SSM       |
| SYMLINPEN 120   | 5         | PA; QL (10.8/30); NDS |
| SYMLINPEN 60  | 5         | PA; QL (6/30); NDS    |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| SYNJARDY  | 3         | QL (60/30)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG  | 3         | QL (60/30)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG   | 3         | QL (30/30)           |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16   | 2         | QL (200/30)          |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" | 2         | QL (200/30)          |
| TECHLITE PEN NEEDLE   | 2         | QL (200/30)          |
| TOUJEO MAX U-300 SOLOSTAR   | 3         | SSM                  |
| TOUJEO SOLOSTAR U-300 INSULIN   | 3         | SSM                  |
| TRADJENTA   | 3         | QL (30/30)           |
| TRESIBA FLEXTOUCH U-100   | 3         | SSM                  |
| TRESIBA FLEXTOUCH U-200   | 3         | SSM                  |
| TRESIBA U-100 INSULIN   | 3         | SSM                  |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG  | 3         | QL (30/30)           |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG   | 3         | QL (60/30)           |
| TRULICITY   | 3         | QL (2/28)            |
| V-GO 20   | 3         |                      |
| V-GO 30   | 3         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| V-GO 40  | 3         |                      |
| VICTOZA 2-PAK  | 3         | QL (9/30)            |
| VICTOZA 3-PAK  | 3         | QL (9/30)            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG             | 3         | QL (30/30)           |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 3         | QL (60/30)           |
| XULTOPHY 100/3.6   | 3         | QL (15/30); SSM      |
| <b>MISCELLANEOUS HORMONES</b>  |           |                      |
| ALDURAZYME   | 5         | PA; NDS              |
| <i>cabergoline</i>   | 3         |                      |
| <i>calcitonin (salmon) injection</i>   | 5         | NDS                  |
| <i>calcitonin (salmon) nasal</i>   | 3         |                      |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                                  | 4         |                      |
| <i>calcitriol oral capsule</i>   | 3         |                      |
| <i>calcitriol oral solution</i>  | 4         |                      |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT   | 5         | PA; NDS              |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR                                      | 5         | PA; NDS              |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i>                                       | 4         | QL (60/30)           |
| <i>cinacalcet oral tablet 90 mg</i>  | 4         | QL (120/30)          |
| <i>danazol</i>   | 4         |                      |
| <i>desmopressin injection</i>  | 5         | NDS                  |
| <i>desmopressin nasal spray with pump</i>  | 4         |                      |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>               | 4         |                      |
| <i>desmopressin oral</i>   | 3         |                      |
| <i>doxercalciferol</i>   | 4         |                      |
| ELAPRASE   | 5         | PA; NDS              |
| FABRAZYME  | 5         | NDS                  |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS   |
|---|-----------|------------------------|
| KORLYM  | 5         | PA; QL (120/30); NDS   |
| LUMIZYME  | 5         | PA; NDS                |
| <i>miglustat</i>  | 5         | LA; NDS                |
| NAGLAZYME   | 5         | PA; NDS                |
| NATPARA   | 5         | PA; LA; QL (2/28); NDS |
| <i>pamidronate</i>  | 4         |                        |
| <i>paricalcitol oral</i>  | 4         |                        |
| <i>sapropterin</i>  | 5         | PA; NDS                |
| SOMAVERT  | 5         | PA; QL (30/30); NDS    |
| SYNAREL   | 5         | NDS                    |
| <i>testosterone cypionate</i>   | 3         |                        |
| <i>testosterone enanthate</i>   | 3         |                        |
| <i>testosterone transdermal gel</i>   | 4         | PA; QL (300/30)        |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>    | 4         | PA; QL (300/30)        |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> | 4         | PA; QL (300/30)        |
| TOLVAPTAN ORAL TABLET 15 MG   | 5         | PA; QL (120/30); NDS   |
| <i>tolvaptan oral tablet 30 mg</i>  | 5         | PA; QL (60/30); NDS    |
| <i>zoledronic acid intravenous solution</i>   | 4         | B/D PA                 |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>             | 4         | B/D PA                 |
| ZOLEDRONIC AC-MANNITOL-0.9NACL  | 4         | B/D PA                 |
| <b>THYROID HORMONES</b>   |           |                        |
| EUTHYROX  | 3         |                        |
| LEVO-T  | 3         |                        |
| <i>levothyroxine oral tablet</i>  | 1         |                        |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3         |                      |
| <i>liothyronine oral</i>  | 2         |                      |
| SYNTHROID   | 3         |                      |
| UNITHROID   | 3         |                      |
| <b>GASTROENTEROLOGY</b>   |           |                      |
| <b>ANTIDIARRHEALS / ANTISPASMODICS</b>  |           |                      |
| <i>atropine injection solution 0.4 mg/ml</i>  | 4         |                      |
| <i>atropine injection syringe 0.1 mg/ml</i>   | 4         |                      |
| <i>atropine intravenous solution 0.4 mg/ml</i>  | 4         |                      |
| ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)  | 4         |                      |
| <i>dicyclomine oral capsule</i>   | 1         |                      |
| <i>dicyclomine oral solution</i>  | 3         |                      |
| <i>dicyclomine oral tablet</i>  | 1         |                      |
| <i>diphenoxylate-atropine</i>   | 3         |                      |
| <i>glycopyrrolate (pf)</i>  | 4         |                      |
| <i>glycopyrrolate (pf) in water injection</i>   | 4         |                      |
| <i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>                                   | 4         |                      |
| <i>glycopyrrolate injection</i>   | 4         |                      |
| <i>glycopyrrolate oral tablet</i>   | 2         |                      |
| <i>loperamide oral capsule</i>  | 2         |                      |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>  |           |                      |
| <i>alosetron</i>  | 4         | PA                   |
| <i>aprepitant</i>   | 4         | B/D PA               |
| <i>balsalazide</i>  | 4         |                      |
| <i>betaine</i>  | 5         | NDS                  |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>budesonide oral capsule, delayed, extend. release</i>     | 4         |                      |
| <i>budesonide oral tablet, delayed and ext. release</i>      | 5         | NDS                  |
| CLENPIQ  | 3         |                      |
| <i>compro</i>  | 2         |                      |
| <i>constulose</i>  | 2         |                      |
| CORTIFOAM  | 4         |                      |
| CREON  | 3         |                      |
| <i>cromolyn oral</i>   | 3         |                      |
| <i>dronabinol</i>  | 4         | B/D PA; QL (60/30)   |
| <i>enulose</i>   | 2         |                      |
| GATTEX 30-VIAL   | 5         | PA; NDS              |
| GATTEX ONE-VIAL  | 5         | PA; NDS              |
| <i>gavilyte-c</i>  | 2         |                      |
| <i>generlac</i>  | 2         |                      |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>  | 4         | B/D PA               |
| <i>granisetron hcl intravenous</i>                           | 4         |                      |
| <i>granisetron hcl oral</i>                                  | 3         | B/D PA               |
| <i>hydrocortisone rectal</i>                                 | 3         |                      |
| <i>hydrocortisone topical cream with perineal applicator</i> | 1         |                      |
| INFLECTRA  | 5         | PA; QL (20/30); NDS  |
| <i>lactulose oral solution</i>                               | 2         |                      |
| LINZESS  | 3         | QL (30/30)           |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                  | 2         |                      |
| <i>mesalamine oral capsule, extended release 24hr</i>        | 3         |                      |
| <i>mesalamine rectal enema</i>                               | 4         |                      |
| <i>mesalamine with cleansing wipe</i>                        | 4         |                      |
| <i>metoclopramide hcl oral solution</i>                      | 2         |                      |
| <i>metoclopramide hcl oral tablet</i>                        | 2         |                      |
| MOVANTIK   | 4         | QL (30/30)           |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| OCALIVA   | 5         | PA; LA; QL (30/30); NDS |
| <i>ondansetron</i>  | 3         | B/D PA                  |
| <i>ondansetron hcl (pf)</i>   | 4         |                         |
| <i>ondansetron hcl intravenous</i>  | 4         |                         |
| <i>ondansetron hcl oral solution</i>                                      | 4         | B/D PA                  |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                             | 2         | B/D PA                  |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i>                     | 4         |                         |
| <i>peg 3350-electrolytes</i>  | 2         |                         |
| <i>peg-electrolyte soln</i>   | 2         |                         |
| PENTASA   | 4         |                         |
| <i>prochlorperazine</i>   | 2         |                         |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 4         |                         |
| <i>prochlorperazine maleate</i>   | 2         |                         |
| <i>procto-med hc</i>  | 2         |                         |
| <i>proctosol hc topical</i>   | 2         |                         |
| <i>proctozone-hc</i>  | 2         |                         |
| RECTIV  | 4         |                         |
| SANCUSO   | 5         | NDS                     |
| <i>scopolamine base</i>   | 4         | QL (10/30)              |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)          | 5         | PA; QL (1.2/28); NDS    |
| SUCRAID   | 5         | PA; NDS                 |
| <i>sulfasalazine oral tablet</i>  | 2         |                         |
| SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC)                        | 2         |                         |
| SUPREP BOWEL PREP KIT   | 4         |                         |
| SUTAB   | 4         |                         |
| TRULANCE  | 4         |                         |
| <i>ursodiol oral capsule 300 mg</i>                                       | 3         |                         |
| <i>ursodiol oral tablet</i>   | 4         |                         |
| VIOKACE   | 4         |                         |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS   |
|--|-----------|------------------------|
| ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC)<br>10,000-32,000 -42,000 UNIT,<br>15,000-47,000 -63,000 UNIT,<br>20,000-63,000- 84,000 UNIT,<br>25,000-79,000- 105,000 UNIT,<br>3,000-10,000 -14,000-UNIT,<br>40,000-126,000- 168,000 UNIT,<br>5,000-17,000- 24,000 UNIT | 3         |                        |
| <b>ULCER THERAPY</b>   |           |                        |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>   | 3         | QL (60/30)             |
| <i>famotidine oral suspension</i>  | 4         |                        |
| <i>famotidine oral tablet 20 mg, 40 mg</i>   | 2         |                        |
| <i>lansoprazole oral capsule, delayed release(dr/ec)</i>   | 3         | QL (60/30)             |
| <i>misoprostol</i>   | 3         |                        |
| <i>omeprazole oral capsule, delayed release(dr/ec)</i>   | 2         | QL (60/30)             |
| <i>pantoprazole oral tablet, delayed release (dr/ec)</i>   | 1         | QL (60/30)             |
| <i>sucralfate oral suspension</i>  | 4         |                        |
| <i>sucralfate oral tablet</i>  | 2         |                        |
| TALICIA  | 4         | QL (168/28)            |
| <b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>  |           |                        |
| <b>BIOTECHNOLOGY DRUGS</b>   |           |                        |
| ACTIMMUNE  | 5         | PA; NDS                |
| ARCALYST   | 5         | PA; NDS                |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT  | 5         | PA; QL (1/28); NDS     |
| AVONEX INTRAMUSCULAR SYRINGE   | 5         | PA; QL (1/28); NDS     |
| AVONEX INTRAMUSCULAR SYRINGE KIT   | 5         | PA; QL (1/28); NDS     |
| BESREMI  | 5         | PA; LA; QL (2/28); NDS |
| BETASERON SUBCUTANEOUS KIT   | 5         | PA; QL (14/28); NDS    |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS  |
|--|-----------|-----------------------|
| GENOTROPIN   | 5         | PA; NDS               |
| GENOTROPIN MINIQUICK   | 5         | PA; NDS               |
| MOZOBIL  | 5         | B/D PA; NDS           |
| NIVESTYM   | 5         | PA; NDS               |
| NYVEPRIA   | 5         | PA; NDS               |
| PEGASYS SUBCUTANEOUS SOLUTION  | 5         | PA; QL (4/28); NDS    |
| PEGASYS SUBCUTANEOUS SYRINGE   | 5         | PA; QL (2/28); NDS    |
| PLERIXAFOR   | 5         | B/D PA; NDS           |
| REBIF (WITH ALBUMIN)   | 5         | PA; QL (6/28); NDS    |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML  | 5         | PA; QL (6/28); NDS    |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5         | PA; QL (8.4/365); NDS |
| REBIF TITRATION PACK   | 5         | PA; QL (8.4/365); NDS |
| RETACRIT   | 3         | PA                    |
| <b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>                         |           |                       |
| ABRYSVO  | 3         | PA; QL (1/365)        |
| ACTHIB (PF)  | 3         |                       |
| ADACEL(TDAP ADOLESN/ ADULT)(PF)  | 3         |                       |
| AREXVY (PF)  | 3         | PA; QL (1/365)        |
| ATGAM  | 4         | B/D PA                |
| BCG VACCINE, LIVE (PF)   | 3         |                       |
| BEXSERO  | 3         |                       |
| BOOSTRIX TDAP  | 3         |                       |
| BOTOX  | 4         | PA                    |
| DAPTACEL (DTAP PEDIATRIC) (PF)   | 3         |                       |
| DENGVAXIA (PF)   | 3         |                       |
| ENGERIX-B (PF)   | 3         | B/D PA                |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| ENGERIX-B PEDIATRIC (PF)                                      | 3         | B/D PA               |
| <i>fomepizole</i>   | 5         | NDS                  |
| GAMMAGARD LIQUID  | 5         | B/D PA; NDS          |
| GAMMAGARD S-D (IGA < 1 MCG/ML)                                | 5         | B/D PA; NDS          |
| GAMMAKED  | 5         | B/D PA; NDS          |
| GAMMAPLEX (WITH SORBITOL)                                     | 5         | B/D PA; NDS          |
| GAMMAPLEX INTRAVENOUS SOLUTION 10%                            | 5         | B/D PA; NDS          |
| GAMUNEX-C   | 5         | B/D PA; NDS          |
| GARDASIL 9 (PF)   | 3         |                      |
| HAVRIX (PF)   | 3         |                      |
| HIBERIX (PF)  | 3         |                      |
| HIZENTRA  | 5         | B/D PA; NDS          |
| IMOVAX RABIES VACCINE (PF)                                    | 3         |                      |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE                    | 3         |                      |
| IPOL  | 3         |                      |
| IXIARO (PF)   | 3         |                      |
| JYNNEOS (PF)(STOCKPILE)                                       | 3         | B/D PA               |
| KINRIX (PF) INTRAMUSCULAR SYRINGE                             | 3         |                      |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION                          | 3         |                      |
| MENQUADFI (PF)  | 3         |                      |
| MENVEO A-C-Y-W-135-DIP (PF)                                   | 3         |                      |
| M-M-R II (PF)   | 3         |                      |
| PEDIARIX (PF)   | 3         |                      |
| PEDVAX HIB (PF)   | 3         |                      |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | 3         |                      |
| PREHEVBRIO (PF)   | 3         | B/D PA               |
| PRIORIX (PF)  | 3         |                      |

| DRUG NAME                       | DRUG TIER | REQUIREMENTS/ LIMITS |
|---------------------------------|-----------|----------------------|
| PROQUAD (PF)                    | 3         |                      |
| QUADRACEL (PF)                  | 3         |                      |
| RABAVERT (PF)                   | 3         |                      |
| RECOMBIVAX HB (PF)              | 3         | B/D PA               |
| ROTARIX                         | 3         |                      |
| ROTATEQ VACCINE                 | 3         |                      |
| SHINGRIX (PF)                   | 3         | QL (2/999)           |
| STAMARIL (PF)                   | 3         |                      |
| TDVAX                           | 3         |                      |
| TENIVAC (PF)                    | 3         |                      |
| TETANUS, DIPHTHERIA TOX PED(PF) | 3         |                      |
| TICE BCG                        | 4         | B/D PA               |
| TICOVAC                         | 3         |                      |
| TRUMENBA                        | 3         |                      |
| TWINRIX (PF)                    | 3         |                      |
| TYPHIM VI                       | 3         |                      |
| VAQTA (PF)                      | 3         |                      |
| VARIVAX (PF)                    | 3         |                      |
| VARIZIG                         | 4         |                      |
| YF-VAX (PF)                     | 3         |                      |

### MUSCULOSKELETAL / RHEUMATOLOGY

#### GOUT THERAPY

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

#### OSTEOPOROSIS THERAPY

|   |   |                      |
|---|---|----------------------|
| <i>alendronate oral tablet 10 mg</i>        | 1 | QL (30/30)           |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | 1 | QL (4/28)            |
| FORTEO                                      | 5 | PA; QL (2.4/28); NDS |

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*Lower case italic = Generic drug*

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS  |
|---|-----------|-----------------------|
| <i>ibandronate oral</i>   | 2         | QL (1/28)             |
| PROLIA  | 4         | QL (1/180)            |
| <i>raloxifene</i>   | 2         | QL (30/30)            |
| <i>risedronate oral tablet 150 mg</i>                                 | 3         | QL (1/28)             |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | 3         | QL (4/28)             |
| <i>risedronate oral tablet 5 mg</i>                                   | 3         | QL (30/30)            |
| TYMLOS  | 5         | PA; QL (1.56/30); NDS |
| <b>OTHER RHEUMATOLOGICALS</b>   |           |                       |
| ADALIMUMAB-ADAZ   | 5         | PA; QL (1.6/28); NDS  |
| BENLYSTA  | 5         | PA; NDS               |
| CYLTEZO(CF) PEN   | 5         | PA; QL (4/28); NDS    |
| CYLTEZO(CF) PEN CROHN'S-UC-HS   | 5         | PA; QL (12/365); NDS  |
| CYLTEZO(CF) PEN PSORIASIS-UV  | 5         | PA; QL (8/365); NDS   |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML       | 5         | PA; QL (2/28); NDS    |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                     | 5         | PA; QL (4/28); NDS    |
| ENBREL MINI   | 5         | PA; QL (8/28); NDS    |
| ENBREL SUBCUTANEOUS SOLUTION  | 5         | PA; QL (8/28); NDS    |
| ENBREL SUBCUTANEOUS SYRINGE   | 5         | PA; QL (8/28); NDS    |
| ENBREL SURECLICK  | 5         | PA; QL (8/28); NDS    |
| HUMIRA PEN  | 5         | PA; QL (4/28); NDS    |
| HUMIRA PEN CROHN'S-UC-HS START  | 5         | PA; QL (12/365); NDS  |
| HUMIRA PEN PSOR-UVEITS-ADOL HS  | 5         | PA; QL (8/365); NDS   |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                          | 5         | PA; QL (4/28); NDS    |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS  |
|---|-----------|-----------------------|
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML              | 5         | PA; QL (6/365); NDS   |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5         | PA; QL (4/365); NDS   |
| HUMIRA(CF) PEN CROHN'S-UC-HS  | 5         | PA; QL (6/365); NDS   |
| HUMIRA(CF) PEN PEDIATRIC UC   | 5         | PA; QL (4/180); NDS   |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS  | 5         | PA; QL (6/365); NDS   |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML                         | 5         | PA; QL (4/28); NDS    |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                         | 5         | PA; QL (2/28); NDS    |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML                    | 5         | PA; QL (2/28); NDS    |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML                                  | 5         | PA; QL (4/28); NDS    |
| HYRIMOZ PEN CROHN'S-UC STARTER  | 5         | PA; QL (4.8/365); NDS |
| HYRIMOZ PEN PSORIASIS STARTER   | 5         | PA; QL (3.2/365); NDS |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML                  | 5         | PA; QL (3.2/365); NDS |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML     | 5         | PA; QL (2.4/365); NDS |
| HYRIMOZ(CF) PEN   | 5         | PA; QL (1.6/28); NDS  |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML                                     | 5         | PA; QL (0.2/28); NDS  |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| HYRIMOZ(CF)<br>SUBCUTANEOUS SYRINGE<br>20 MG/0.2 ML | 5         | PA; QL (0.4/28);<br>NDS |
| HYRIMOZ(CF)<br>SUBCUTANEOUS SYRINGE<br>40 MG/0.4 ML | 5         | PA; QL (1.6/28);<br>NDS |
| <i>leflunomide</i>                                  | 2         | QL (30/30)              |
| ORENCIA CLICKJECT                                   | 5         | PA; QL (4/28); NDS      |
| ORENCIA SUBCUTANEOUS<br>SYRINGE 125 MG/ML           | 5         | PA; QL (4/28); NDS      |
| ORENCIA SUBCUTANEOUS<br>SYRINGE 50 MG/0.4 ML        | 5         | PA; QL (1.6/28);<br>NDS |
| ORENCIA SUBCUTANEOUS<br>SYRINGE 87.5 MG/0.7 ML      | 5         | PA; QL (2.8/28);<br>NDS |
| <i>penicillamine</i>                                | 5         | NDS                     |
| RIDAURA   | 5         | NDS                     |
| RINVOQ  | 5         | PA; QL (30/30);<br>NDS  |
| XELJANZ ORAL SOLUTION                               | 5         | PA; QL (300/30);<br>NDS |
| XELJANZ ORAL TABLET                                 | 5         | PA; QL (60/30);<br>NDS  |
| XELJANZ XR  | 5         | PA; QL (30/30);<br>NDS  |
| <b>OBSTETRICS / GYNECOLOGY</b>                      |           |                         |
| <b>ESTROGENS / PROGESTINS</b>                       |           |                         |
| <i>camila</i>                                       | 3         |                         |
| <i>deblitane</i>                                    | 3         |                         |
| DELESTROGEN<br>INTRAMUSCULAR OIL 10 MG/<br>ML       | 4         |                         |
| <i>depo-estradiol</i>                               | 4         |                         |
| <i>dotti</i>  | 2         | QL (8/28)               |
| DUAVEE  | 4         | PA                      |
| <i>errin</i>  | 3         |                         |
| <i>estradiol oral</i>                               | 2         |                         |
| <i>estradiol transdermal patch<br/>semiweekly</i>   | 2         | QL (8/28)               |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>estradiol transdermal patch<br/>weekly</i>                        | 2         | QL (4/28)            |
| <i>estradiol vaginal cream</i>                                       | 3         |                      |
| <i>estradiol vaginal tablet</i>                                      | 4         |                      |
| <i>estradiol valerate</i>  | 4         |                      |
| ESTRING  | 4         |                      |
| <i>fyavolv</i>   | 3         |                      |
| <i>heather</i>   | 3         |                      |
| <i>hydroxyprogesterone caproate</i>                                  | 5         | NDS                  |
| <i>incassia</i>  | 3         |                      |
| JENCYCLA   | 3         |                      |
| <i>lyza</i>  | 3         |                      |
| <i>medroxyprogesterone<br/>intramuscular</i>                         | 4         |                      |
| <i>medroxyprogesterone oral</i>                                      | 2         |                      |
| MENOSTAR   | 3         | QL (4/28)            |
| NORA-BE  | 3         |                      |
| <i>norethindrone (contraceptive)</i>                                 | 3         |                      |
| <i>norethindrone acetate</i>   | 3         |                      |
| <i>norethindrone ac-eth estradiol<br/>oral tablet 0.5-2.5 mg-mcg</i> | 3         |                      |
| PREMARIN INJECTION   | 4         |                      |
| PREMARIN ORAL  | 3         |                      |
| PREMARIN VAGINAL   | 3         |                      |
| <i>progesterone micronized</i>                                       | 3         |                      |
| <i>sharobel</i>  | 3         |                      |
| <i>yuvafem</i>   | 4         |                      |
| <b>MISCELLANEOUS OB/GYN</b>  |           |                      |
| <i>clindamycin phosphate vaginal</i>                                 | 3         |                      |
| <i>metronidazole vaginal</i>   | 3         |                      |
| <i>mifepristone</i>  | 4         |                      |
| <i>terconazole</i>   | 3         |                      |
| <i>tranexamic acid oral</i>  | 3         |                      |
| VANDAZOLE  | 3         |                      |
| <b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>                          |           |                      |
| <i>afirmelle</i>   | 3         |                      |

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## Covered Drugs By Category

| DRUG NAME                            | DRUG TIER | REQUIREMENTS/ LIMITS |
|--------------------------------------|-----------|----------------------|
| <i>altavera (28)</i>                 | 3         |                      |
| <i>alyacen 1/35 (28)</i>             | 3         |                      |
| <i>alyacen 7/7/7 (28)</i>            | 3         |                      |
| <i>amethia</i>                       | 3         |                      |
| <i>amethyst (28)</i>                 | 3         |                      |
| <i>apri</i>                          | 3         |                      |
| <i>aranelle (28)</i>                 | 3         |                      |
| <i>ashlyna</i>                       | 3         |                      |
| <i>aubra eq</i>                      | 3         |                      |
| <i>aurovela 1.5/30 (21)</i>          | 3         |                      |
| <i>aurovela 1/20 (21)</i>            | 3         |                      |
| <i>aurovela 24 fe</i>                | 3         |                      |
| <i>aurovela fe 1.5/30 (28)</i>       | 3         |                      |
| <i>aurovela fe 1-20 (28)</i>         | 3         |                      |
| <i>aviane</i>                        | 3         |                      |
| <i>ayuna</i>                         | 3         |                      |
| <i>azurette (28)</i>                 | 3         |                      |
| <i>balziva (28)</i>                  | 3         |                      |
| <i>blisovi 24 fe</i>                 | 3         |                      |
| <i>blisovi fe 1.5/30 (28)</i>        | 3         |                      |
| <i>blisovi fe 1/20 (28)</i>          | 3         |                      |
| <i>briellyn</i>                      | 3         |                      |
| <i>camrese</i>                       | 3         |                      |
| <b>CAMRESE LO</b>                    | 3         |                      |
| <i>charlotte 24 fe</i>               | 3         |                      |
| <i>chateal eq (28)</i>               | 3         |                      |
| <i>cryselle (28)</i>                 | 3         |                      |
| <i>cyred eq</i>                      | 3         |                      |
| <i>dasetta 1/35 (28)</i>             | 3         |                      |
| <i>dasetta 7/7/7 (28)</i>            | 3         |                      |
| <i>daysee</i>                        | 3         |                      |
| <i>desog-e.estradiol/e.estradiol</i> | 3         |                      |
| <i>desogestrel-ethinyl estradiol</i> | 3         |                      |
| <i>dolishale</i>                     | 3         |                      |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>drospirenone-e.estradiol-lm. fa oral tablet 3-0.02-0.451 mg (24) (4)</i> | 3         |                      |
| <b>DROSPIRENONE-E. ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)</b> | 3         |                      |
| <i>drospirenone-ethinyl estradiol</i>                                       | 3         |                      |
| <i>elinest</i>  | 3         |                      |
| <i>enpresse</i>   | 3         |                      |
| <i>enskyce</i>  | 3         |                      |
| <i>estarylla</i>  | 3         |                      |
| <i>ethynodiol diac-eth estradiol</i>  | 3         |                      |
| <i>falmina (28)</i>   | 3         |                      |
| <i>finzala</i>  | 3         |                      |
| <i>gemmily</i>  | 3         |                      |
| <i>hailey</i>   | 3         |                      |
| <i>hailey 24 fe</i>   | 3         |                      |
| <i>hailey fe 1.5/30 (28)</i>  | 3         |                      |
| <i>hailey fe 1/20 (28)</i>  | 3         |                      |
| <i>iclevia</i>  | 3         |                      |
| <i>isibloom</i>   | 3         |                      |
| <i>jaimiess</i>   | 3         |                      |
| <i>jasmiel (28)</i>   | 3         |                      |
| <i>jolessa</i>  | 3         |                      |
| <i>joyeaux</i>  | 3         |                      |
| <i>juleber</i>  | 3         |                      |
| <i>junel 1.5/30 (21)</i>  | 3         |                      |
| <i>junel 1/20 (21)</i>  | 3         |                      |
| <i>junel fe 1.5/30 (28)</i>   | 3         |                      |
| <i>junel fe 1/20 (28)</i>   | 3         |                      |
| <i>junel fe 24</i>  | 3         |                      |
| <i>kaitlib fe</i>   | 3         |                      |
| <i>kalliga</i>  | 3         |                      |
| <i>kariva (28)</i>  | 3         |                      |
| <i>kelnor 1/35 (28)</i>   | 3         |                      |
| <i>kelnor 1-50 (28)</i>   | 3         |                      |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>kurvelo (28)</i>  | 3         |                      |
| <i>l norgest/e.estradiol-e.estrad</i>  | 3         |                      |
| <i>larin 1.5/30 (21)</i>   | 3         |                      |
| <i>larin 1/20 (21)</i>   | 3         |                      |
| <i>larin 24 fe</i>   | 3         |                      |
| <i>larin fe 1.5/30 (28)</i>  | 3         |                      |
| <i>larin fe 1/20 (28)</i>  | 3         |                      |
| LAYOLIS FE   | 3         |                      |
| <i>leena 28</i>  | 3         |                      |
| <i>lessina</i>   | 3         |                      |
| <i>levonest (28)</i>   | 3         |                      |
| <i>levonorgestrel-ethinyl estrad</i>   | 3         |                      |
| <i>levonorg-eth estrad triphasic</i>   | 3         |                      |
| <i>levora-28</i>   | 3         |                      |
| <i>lojaimiess</i>  | 3         |                      |
| <i>loryna (28)</i>   | 3         |                      |
| <i>low-ogestrel (28)</i>   | 3         |                      |
| <i>lo-zumandimine (28)</i>   | 3         |                      |
| <i>lutra (28)</i>  | 3         |                      |
| <i>marlissa (28)</i>   | 3         |                      |
| <i>merzee</i>  | 3         |                      |
| <i>microgestin 1.5/30 (21)</i>   | 3         |                      |
| <i>microgestin 1/20 (21)</i>   | 3         |                      |
| <i>microgestin fe 1.5/30 (28)</i>  | 3         |                      |
| <i>microgestin fe 1/20 (28)</i>  | 3         |                      |
| <i>mili</i>  | 3         |                      |
| <i>mono-linyah</i>   | 3         |                      |
| <i>necon 0.5/35 (28)</i>   | 3         |                      |
| <i>nikki (28)</i>  | 3         |                      |
| <i>noreth-ethinyl estradiol-iron</i>   | 3         |                      |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 3         |                      |
| <i>norethindrone-e.estradiol-iron</i>  | 3         |                      |
| <i>norgestimate-ethinyl estradiol</i>  | 3         |                      |
| <i>nortrel 0.5/35 (28)</i>   | 3         |                      |

| DRUG NAME                     | DRUG TIER | REQUIREMENTS/ LIMITS |
|-------------------------------|-----------|----------------------|
| <i>nortrel 1/35 (21)</i>      | 3         |                      |
| <i>nortrel 1/35 (28)</i>      | 3         |                      |
| <i>nortrel 7/7/7 (28)</i>     | 3         |                      |
| <i>nylia 1/35 (28)</i>        | 3         |                      |
| <i>nylia 7/7/7 (28)</i>       | 3         |                      |
| <i>nymyo</i>                  | 3         |                      |
| <i>ocella</i>                 | 3         |                      |
| <i>philith</i>                | 3         |                      |
| <i>pimtrea (28)</i>           | 3         |                      |
| <i>portia 28</i>              | 3         |                      |
| <i>reclipsen (28)</i>         | 3         |                      |
| RIVELSA                       | 3         |                      |
| <i>setlakin</i>               | 3         |                      |
| <i>simliya (28)</i>           | 3         |                      |
| <i>simpesse</i>               | 3         |                      |
| <i>sprintec (28)</i>          | 3         |                      |
| <i>sronyx</i>                 | 3         |                      |
| <i>syeda</i>                  | 3         |                      |
| <i>tarina 24 fe</i>           | 3         |                      |
| <i>tarina fe 1-20 eq (28)</i> | 3         |                      |
| <i>taysofy</i>                | 3         |                      |
| <i>tilia fe</i>               | 3         |                      |
| <i>tri-estarylla</i>          | 3         |                      |
| <i>tri-legest fe</i>          | 3         |                      |
| <i>tri-linyah</i>             | 3         |                      |
| <i>tri-lo-estarylla</i>       | 3         |                      |
| <i>tri-lo-marzia</i>          | 3         |                      |
| <i>tri-lo-mili</i>            | 3         |                      |
| <i>tri-lo-sprintec</i>        | 3         |                      |
| <i>tri-mili</i>               | 3         |                      |
| <i>tri-nymyo</i>              | 3         |                      |
| <i>tri-sprintec (28)</i>      | 3         |                      |
| <i>trivora (28)</i>           | 3         |                      |
| <i>tri-vylibra</i>            | 3         |                      |
| <i>tri-vylibra lo</i>         | 3         |                      |
| TYBLUME                       | 3         |                      |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

## Covered Drugs By Category

| DRUG NAME                                 | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>tydemy</i>                             | 3         |                      |
| <i>velivet triphasic regimen (28)</i>     | 3         |                      |
| <i>vestura (28)</i>                       | 3         |                      |
| <i>vienva</i>                             | 3         |                      |
| <i>viorele (28)</i>                       | 3         |                      |
| <i>volnea (28)</i>                        | 3         |                      |
| <i>vyfemla (28)</i>                       | 3         |                      |
| <i>vylibra</i>                            | 3         |                      |
| <i>wera (28)</i>                          | 3         |                      |
| <i>wymzya fe</i>                          | 3         |                      |
| <i>zovia 1-35 (28)</i>                    | 3         |                      |
| <i>zumandimine (28)</i>                   | 3         |                      |
| <b>OPHTHALMOLOGY</b>                      |           |                      |
| <b>ANTIBIOTICS</b>                        |           |                      |
| AZASITE                                   | 3         |                      |
| <i>bacitracin ophthalmic (eye)</i>        | 2         |                      |
| <i>bacitracin-polymyxin b</i>             | 2         |                      |
| BESIVANCE                                 | 4         |                      |
| CILOXAN OPHTHALMIC (EYE) OINTMENT         | 3         |                      |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 2         |                      |
| <i>erythromycin ophthalmic (eye)</i>      | 2         |                      |
| <i>gentamicin ophthalmic (eye) drops</i>  | 2         |                      |
| <i>moxifloxacin ophthalmic (eye)</i>      | 3         |                      |
| NATACYN                                   | 3         |                      |
| <i>neomycin-bacitracin-polymyxin</i>      | 2         |                      |
| <i>neomycin-polymyxin-gramicidin</i>      | 2         |                      |
| <i>neo-polycin</i>                        | 2         |                      |
| <i>ofloxacin ophthalmic (eye)</i>         | 2         |                      |
| <i>polycin</i>                            | 2         |                      |
| <i>polymyxin b sulf-trimethoprim</i>      | 2         |                      |
| <i>tobramycin ophthalmic (eye)</i>        | 2         |                      |
| TOBEX OPHTHALMIC (EYE) OINTMENT           | 4         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <b>ANTIVIRALS</b>  |           |                      |
| <i>trifluridine</i>  | 3         |                      |
| ZIRGAN   | 3         |                      |
| <b>BETA-BLOCKERS</b>   |           |                      |
| <i>carteolol</i>   | 2         |                      |
| <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> | 4         |                      |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                         |           |                      |
| <i>atropine ophthalmic (eye) drops</i>                       | 3         |                      |
| <i>azelastine ophthalmic (eye)</i>                           | 2         |                      |
| <i>cromolyn ophthalmic (eye)</i>                             | 2         |                      |
| CYSTARAN   | 5         | PA; NDS              |
| <i>epinastine</i>  | 3         |                      |
| EYLEA  | 5         | PA; QL (0.1/28); NDS |
| LACRISERT  | 4         |                      |
| <i>olopatadine ophthalmic (eye)</i>                          | 3         |                      |
| OXERVATE   | 5         | PA; QL (112/56); NDS |
| PHOSPHOLINE IODIDE   | 4         |                      |
| <i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>     | 3         |                      |
| RESTASIS   | 3         | QL (60/30)           |
| RESTASIS MULTIDOSE   | 3         | QL (5.5/30)          |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>           | 2         |                      |
| <i>sulfacetamide-prednisolone</i>                            | 2         |                      |
| XDEMZY   | 5         | PA; QL (1/42); NDS   |
| XIIDRA   | 3         | QL (60/30)           |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>                |           |                      |
| <i>bromfenac</i>   | 3         |                      |
| <i>diclofenac sodium ophthalmic (eye)</i>                    | 2         |                      |
| <i>flurbiprofen sodium</i>                                   | 2         |                      |

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## Covered Drugs By Category

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%                  | 2         |                      |
| <i>ketorolac ophthalmic (eye) drops 0.5%</i>           | 2         |                      |
| PROLENSA   | 3         |                      |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                         |           |                      |
| <i>acetazolamide</i>                                   | 3         |                      |
| <i>acetazolamide sodium</i>                            | 4         |                      |
| <i>methazolamide</i>                                   | 4         |                      |
| <b>OTHER GLAUCOMA DRUGS</b>                            |           |                      |
| <i>bimatoprost ophthalmic (eye)</i>                    | 2         |                      |
| <i>brinzolamide</i>                                    | 4         |                      |
| COMBIGAN   | 3         |                      |
| <i>dorzolamide</i>                                     | 2         |                      |
| <i>dorzolamide-timolol</i>                             | 2         |                      |
| <i>latanoprost</i>                                     | 1         |                      |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%                   | 3         |                      |
| RHOPRESSA  | 4         | ST                   |
| ROCKLATAN  | 4         | ST                   |
| SIMBRINZA  | 4         |                      |
| <i>travoprost</i>                                      | 3         |                      |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                 |           |                      |
| <i>neomycin-bacitracin-poly-hc</i>                     | 3         |                      |
| <i>neomycin-polymyxin b-dexameth</i>                   | 2         |                      |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>          | 2         |                      |
| <i>neo-polycin hc</i>                                  | 3         |                      |
| TOBRADEX ST  | 3         |                      |
| <i>tobramycin-dexamethasone</i>                        | 3         |                      |
| ZYLET  | 3         |                      |
| <b>STEROIDS</b>  |           |                      |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 2         |                      |
| <i>difluprednate</i>                                   | 3         |                      |
| EYSUVIS  | 3         | QL (16.6/30)         |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| FLUOROMETHOLONE  | 3         |                      |
| INVELTYS   | 3         |                      |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT  | 4         |                      |
| LOTEMAX SM   | 4         |                      |
| <i>loteprednol etabonate</i>   | 4         |                      |
| PREDNISOLONE ACETATE   | 3         |                      |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>                    | 2         |                      |
| <b>SYMPATHOMIMETICS</b>  |           |                      |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%                                   | 3         |                      |
| <i>apraclonidine</i>   | 3         |                      |
| <i>brimonidine ophthalmic (eye) drops 0.15%</i>                          | 3         |                      |
| <i>brimonidine ophthalmic (eye) drops 0.2%</i>                           | 1         |                      |
| <b>RESPIRATORY AND ALLERGY</b>   |           |                      |
| <b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>                           |           |                      |
| <i>desloratadine oral tablet</i>   | 2         | QL (30/30)           |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                   | 4         |                      |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML       | 2         | QL (2/30)            |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 2         | QL (2/30)            |
| <i>epinephrine injection solution 1 mg/ml</i>                            | 4         |                      |
| <i>hydroxyzine hcl oral tablet</i>                                       | 3         | PA                   |
| <i>levocetirizine oral solution</i>                                      | 4         |                      |
| <i>levocetirizine oral tablet</i>  | 2         | QL (30/30)           |
| <i>promethazine oral</i>   | 2         | PA                   |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>                    | 4         |                      |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS    |
|---|-----------|-------------------------|
| <i>promethegan rectal suppository 25 mg, 50 mg</i>                                    | 4         |                         |
| <b>PULMONARY AGENTS</b>   |           |                         |
| <i>acetylcysteine</i>   | 3         | B/D PA                  |
| ADEMPAS   | 5         | PA; LA; QL (90/30); NDS |
| ADVAIR HFA  | 3         | QL (12/30)              |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation</i>             | 3         | QL (17/30)              |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)</i> | 3         | QL (13.4/30)            |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020983)</i> | 3         | QL (36/30)              |
| <i>albuterol sulfate inhalation solution for nebulization</i>                         | 2         | B/D PA                  |
| <i>albuterol sulfate oral syrup</i>   | 2         |                         |
| <i>albuterol sulfate oral tablet</i>  | 4         |                         |
| <i>alyq</i>   | 5         | PA; QL (60/30); NDS     |
| <i>ambrisentan</i>  | 5         | PA; LA; QL (30/30); NDS |
| ANORO ELLIPTA   | 2         | QL (60/30)              |
| <i>arformoterol</i>   | 5         | B/D PA; NDS             |
| ARNUITY ELLIPTA   | 3         | QL (30/30)              |
| ATROVENT HFA  | 4         | QL (25.8/30)            |
| <i>bosentan</i>   | 5         | PA; LA; NDS             |
| BREO ELLIPTA  | 3         | QL (60/30)              |
| <i>breyna</i>   | 4         | QL (10.3/30)            |
| BROVANA   | 5         | B/D PA; NDS             |
| <i>budesonide inhalation</i>  | 3         | B/D PA; QL (120/30)     |
| COMBIVENT RESPIMAT  | 3         | QL (8/30)               |
| <i>cromolyn inhalation</i>  | 5         | B/D PA; NDS             |
| DALIRESP  | 4         | PA; QL (30/30)          |
| DULERA  | 4         | ST; QL (13/30)          |

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| ESBRIET ORAL CAPSULE  | 5         | PA; QL (270/30); NDS     |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION | 3         | QL (60/30)               |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION                    | 3         | QL (240/30)              |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION                        | 3         | QL (12/30)               |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION                        | 3         | QL (24/30)               |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION                         | 3         | QL (10.6/30)             |
| <i>flunisolide</i>  | 3         | QL (50/30)               |
| <i>fluticasone propionate nasal</i>   | 2         | QL (16/30)               |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>                | 2         | QL (60/30)               |
| <i>formoterol fumarate</i>  | 5         | B/D PA; QL (120/30); NDS |
| HAEGARDA  | 5         | PA; LA; NDS              |
| <i>icatibant</i>  | 5         | PA; QL (18/30); NDS      |
| INCRUSE ELLIPTA   | 2         | QL (30/30)               |
| <i>ipratropium bromide inhalation</i>   | 2         | B/D PA                   |
| <i>ipratropium-albuterol</i>  | 2         | B/D PA                   |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG                       | 5         | PA; QL (56/28); NDS      |
| KALYDECO ORAL TABLET  | 5         | PA; QL (60/30); NDS      |
| <i>levalbuterol hcl</i>   | 3         | B/D PA                   |
| LEVALBUTEROL TARTRATE   | 4         | QL (30/30)               |
| <i>mometasone nasal</i>   | 3         | QL (34/30)               |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS     |
|---|-----------|--------------------------|
| <i>montelukast oral granules in packet</i>        | 3         | QL (30/30)               |
| <i>montelukast oral tablet</i>                    | 1         | QL (30/30)               |
| <i>montelukast oral tablet, chewable</i>          | 2         | QL (30/30)               |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                 | 5         | PA; LA; QL (3/28); NDS   |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML             | 5         | PA; LA; QL (3/28); NDS   |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML          | 5         | PA; LA; QL (0.4/28); NDS |
| OFEV  | 5         | PA; QL (60/30); NDS      |
| OPSUMIT   | 5         | PA; LA; NDS              |
| ORKAMBI ORAL GRANULES IN PACKET                   | 5         | PA; QL (56/28); NDS      |
| ORKAMBI ORAL TABLET                               | 5         | PA; QL (112/28); NDS     |
| PERFOROMIST                                       | 5         | B/D PA; QL (120/30); NDS |
| <i>pirfenidone oral capsule</i>                   | 5         | PA; QL (270/30); NDS     |
| <i>pirfenidone oral tablet 267 mg</i>             | 5         | PA; QL (270/30); NDS     |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i>     | 5         | PA; QL (90/30); NDS      |
| PULMICORT   | 4         | B/D PA; QL (120/30)      |
| PULMOZYME   | 5         | B/D PA; QL (150/30); NDS |
| <i>roflumilast</i>                                | 4         | PA; QL (30/30)           |
| RYALTRIS  | 4         | ST                       |
| <i>sajazir</i>                                    | 5         | PA; QL (18/30); NDS      |
| SEREVENT DISKUS                                   | 3         | QL (60/30)               |
| <i>sildenafil (pulm.hypertension) oral tablet</i> | 3         | PA; QL (90/30)           |
| SYMDEKO   | 5         | PA; QL (56/28); NDS      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS   |
|--|-----------|------------------------|
| <i>tadalafil (pulm. hypertension)</i>                  | 5         | PA; QL (60/30); NDS    |
| TADLIQ   | 5         | PA; QL (300/30); NDS   |
| <i>terbutaline</i>                                     | 4         |                        |
| <i>theo-24</i>   | 4         |                        |
| <i>theophylline oral tablet extended release 12 hr</i> | 3         |                        |
| <i>theophylline oral tablet extended release 24 hr</i> | 3         |                        |
| TRELEGY ELLIPTA  | 3         | QL (60/30)             |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL           | 5         | PA; QL (56/28); NDS    |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL                      | 5         | PA; QL (84/28); NDS    |
| VENTAVIS   | 5         | PA; NDS                |
| VENTOLIN HFA   | 3         | QL (36/30)             |
| <i>wixela inhub</i>                                    | 2         | QL (60/30)             |
| XHANCE   | 4         | ST; QL (32/30)         |
| XOLAIR SUBCUTANEOUS RECON SOLN                         | 5         | PA; LA; QL (8/28); NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML                  | 5         | PA; LA; QL (8/28); NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML               | 5         | PA; LA; QL (1/28); NDS |
| YUPELRI  | 4         | B/D PA; QL (90/30)     |
| <i>zafirlukast</i>                                     | 3         | QL (60/30)             |

### UROLOGICALS

#### ANTICHOLINERGICS / ANTISPASMODICS

|  |   |            |
|--|---|------------|
| <i>darifenacin</i>                           | 4 |            |
| <i>fesoterodine</i>                          | 3 | QL (30/30) |
| <i>flavoxate</i>                             | 2 |            |
| GEMTESA                                      | 3 | QL (30/30) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 3 |            |
| <i>oxybutynin chloride oral syrup</i>        | 2 |            |
| <i>oxybutynin chloride oral tablet</i>       | 2 |            |

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## Covered Drugs By Category

| DRUG NAME   | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>oxybutynin chloride oral tablet extended release 24hr</i>        | 3         | QL (60/30)           |
| <i>solifenacin</i>  | 2         |                      |
| <i>tolterodine</i>  | 3         |                      |
| <b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>                    |           |                      |
| <i>alfuzosin</i>  | 2         |                      |
| <i>dutasteride</i>  | 2         |                      |
| <i>dutasteride-tamsulosin</i>                                       | 4         |                      |
| <i>finasteride oral tablet 5 mg</i>                                 | 1         | QL (30/30)           |
| <i>tamsulosin</i>   | 2         | QL (60/30)           |
| <b>MISCELLANEOUS UROLOGICALS</b>                                    |           |                      |
| <i>bethanechol chloride</i>   | 2         |                      |
| CYSTAGON  | 4         | LA                   |
| ELMIRON   | 4         |                      |
| K-PHOS ORIGINAL   | 4         |                      |
| <i>potassium citrate oral tablet extended release</i>               | 4         |                      |
| RENACIDIN   | 4         |                      |
| <b>VITAMINS, HEMATINICS / ELECTROLYTES</b>                          |           |                      |
| <b>ELECTROLYTES</b>   |           |                      |
| <i>calcium acetate(phosphat bind)</i>                               | 3         | QL (360/30)          |
| <i>klor-con</i>   | 2         |                      |
| KLOR-CON 10   | 3         |                      |
| KLOR-CON 8  | 3         |                      |
| <i>klor-con m10</i>   | 2         |                      |
| <i>klor-con m15</i>   | 2         |                      |
| <i>klor-con m20</i>   | 2         |                      |
| <i>lactated ringers intravenous</i>                                 | 4         |                      |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | 4         |                      |
| <i>magnesium sulfate in water</i>                                   | 4         |                      |
| <i>magnesium sulfate injection</i>                                  | 4         |                      |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 30 MEQ/L                                      | 4         |                      |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 40 meq/l</i>   | 4         |                      |
| POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L  | 4         |                      |
| <i>potassium chloride in 5% dex intravenous parenteral solution 10 meq/l</i>   | 4         |                      |
| POTASSIUM CHLORIDE IN 5% DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L  | 4         |                      |
| POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L   | 4         |                      |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i> | 4         |                      |
| <i>potassium chloride intravenous</i>  | 4         |                      |
| <i>potassium chloride oral capsule, extended release</i>   | 2         |                      |
| <i>potassium chloride oral liquid</i>  | 4         |                      |
| <i>potassium chloride oral packet</i>  | 2         |                      |
| <i>potassium chloride oral tablet extended release</i>   | 2         |                      |
| <i>potassium chloride oral tablet,er particles/crystals</i>  | 2         |                      |
| <i>potassium chloride-0.45% nacl</i>   | 4         |                      |
| POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L  | 4         |                      |

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## Covered Drugs By Category

| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| POTASSIUM CHLORIDE-D5-0.9%NACL                | 4         |                      |
| RINGER'S INTRAVENOUS                          | 4         |                      |
| <i>sodium bicarbonate intravenous syringe</i> | 4         |                      |
| <i>sodium chloride 0.45% intravenous</i>      | 4         |                      |
| <i>sodium chloride 3% hypertonic</i>          | 4         |                      |
| SODIUM CHLORIDE 5% HYPERTONIC                 | 4         |                      |
| <i>sodium chloride intravenous</i>            | 4         |                      |
| TPN ELECTROLYTES                              | 4         | B/D PA               |
| <b>MISCELLANEOUS NUTRITION PRODUCTS</b>       |           |                      |
| AMINOSYN II 15%                               | 4         | B/D PA               |
| AMINOSYN-PF 7% (SULFITE-FREE)                 | 4         | B/D PA               |
| CLINIMIX 5%/D15W SULFITE FREE                 | 4         | B/D PA               |
| CLINIMIX 4.25%/D10W SULF FREE                 | 4         | B/D PA               |
| CLINIMIX 5%-D20W(SULFITE-FREE)                | 4         | B/D PA               |
| CLINIMIX 6%-D5W (SULFITE-FREE)                | 4         | B/D PA               |
| CLINIMIX 8%-D10W(SULFITE-FREE)                | 4         | B/D PA               |
| CLINIMIX 8%-D14W(SULFITE-FREE)                | 4         | B/D PA               |
| CLINIMIX E 4.25%/D10W SUL FREE                | 4         | B/D PA               |
| <i>clinisol sf 15%</i>                        | 4         | B/D PA               |
| ELECTROLYTE-48 IN D5W                         | 4         |                      |
| INTRALIPID INTRAVENOUS EMULSION 20%, 30%      | 4         | B/D PA               |
| KABIVEN                                       | 4         | B/D PA               |
| NUTRILIPID                                    | 4         | B/D PA               |
| PERIKABIVEN                                   | 4         | B/D PA               |
| <i>plenamine</i>                              | 4         | B/D PA               |
| <i>premasol 10%</i>                           | 4         | B/D PA               |

| DRUG NAME  | DRUG TIER | REQUIREMENTS/ LIMITS |
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| PROSOL 20%   | 4         | B/D PA               |
| TRAVASOL 10%   | 4         | B/D PA               |
| TROPHAMINE 10%   | 4         | B/D PA               |
| <b>VITAMINS / HEMATINICS</b>   |           |                      |
| BAL-CARE DHA   | 3         |                      |
| C-NATE DHA   | 3         |                      |
| COMPLETE NATAL DHA   | 3         |                      |
| ELITE-OB   | 3         |                      |
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| FOLIVANE-OB  | 3         |                      |
| <i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>   | 1         |                      |
| M-NATAL PLUS   | 3         |                      |
| PNV-DHA  | 3         |                      |
| PNV-OMEGA  | 3         |                      |
| PNV-SELECT   | 3         |                      |
| PR NATAL 400   | 3         |                      |
| PR NATAL 400 EC  | 3         |                      |
| PR NATAL 430   | 3         |                      |
| PR NATAL 430 EC  | 3         |                      |
| PRENATAL PLUS (CALCIUM CARB)   | 3         |                      |
| PRENATAL VITAMIN PLUS LOW IRON   | 3         |                      |
| SE-NATAL 19 CHEWABLE   | 3         |                      |
| SE-NATAL-19  | 3         |                      |
| TARON-C DHA  | 3         |                      |
| TRINATAL RX 1  | 3         |                      |
| WESTAB PLUS  | 2         |                      |
| WESTGEL DHA  | 2         |                      |

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

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| ZOLEDRONIC ACID-MANNITOL-WATER<br>INTRAVENOUS PIGGYBACK 5 MG/100 ML  | 39   |   |      |
| ZOLEDRONIC AC-MANNITOL-0.9NACL   | 44   |   |      |
| ZOLINZA  | 20   |   |      |
| <i>zolpidem oral tablet</i>  | 31   |   |      |
| ZONISADE   | 23   |   |      |
| <i>zonisamide</i>  | 23   |   |      |
| ZOSYN IN DEXTROSE (ISO-OSM)  | 12   |   |      |
| <i>zovia 1-35 (28)</i>   | 52   |   |      |
| ZTALMY   | 23   |   |      |
| ZTLIDO   | 36   |   |      |







## Multi-language Interpreter Services

**English – ATTENTION:** If you speak English, language assistance services, free of charge are available to you. Call **1-800-668-3813** (TTY 711).

**Spanish – ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-668-3813** (TTY 711).

**Chinese – 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-668-3813** (TTY 711)。

**Vietnamese – CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-668-3813** (TTY 711).

**French Creole – ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-668-3813** (TTY 711).

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-668-3813** (TTY 711)번으로 전화해 주십시오.

**Polish – UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-668-3813** (TTY 711).

**French – ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-668-3813** (ATS 711).

**Arabic – ملحوظة:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-6683813** (TTY 711).

**Russian – ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-668-3813** (телетайп 711).

**Tagalog – PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-668-3813** (TTY 711).

**Farsi/Persian – توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-668-3813** (TTY: 711) تماس بگیرید.

**German – ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-668-3813** (TTY 711).

**Portuguese – ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-668-3813** (TTY 711).

**Italian – ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-668-3813** (TTY 711).

**Japanese – 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-668-3813** (TTY 711)まで、お電話にてご連絡ください。

**Navajo – Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódííłnih **1-800-668-3813** (TTY 711).

**Gujarati – ધ્યાન આપો:** જો તમે ગુજરાતી બોલતા હો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-668-3813** (TTY 711).

**Urdu** توجه دین: اگر آپ اردو زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-668-3813** (TTY 711)





**1-800-668-3813 (TTY 711)**

October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.



**CignaMedicare.com**

**Contract / PBP Numbers**

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|               |               |
|---------------|---------------|
| H4513-046-001 | H9725-006-000 |
| H4513-046-002 | H9725-009-001 |
| H4513-047-000 | H9725-009-002 |
| H4513-048-000 | H9725-012-000 |
| H4513-054-000 | H9725-014-000 |
| H4513-057-000 |               |

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Cigna 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. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2023 Cigna  
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