

2021 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

Cigna Primary Medicare (HMO)
Cigna TotalCare (HMO D-SNP)
Cigna TotalCare AL (HMO D-SNP)
Cigna Traditions Medicare (HMO I-SNP)



HPMS Approved Formulary File Submission ID 21121, Version 21

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m. local time, or visit CignaMedicare.com. The Formulary, pharmacy network, and/or provider network may change at any time.

December 2021

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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 Primary Medicare (HMO), Cigna TotalCare (HMO D-SNP), Cigna TotalCare AL (HMO D-SNP) and Cigna Traditions Medicare (HMO I-SNP).

This document includes a list of the drugs (formulary) for our plans, which is current as of December 2021. 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, 2022, 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.

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 also find information in the section below entitled “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 2021 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 2021. 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 11. 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 11. 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 59. 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 11. 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.
- 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 in 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.

Generally, Cigna will only approve your request for an exception if the alternative drugs included in our drug list 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 or utilization restriction exception. **When you request a drug list 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 11 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 59.

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 11 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 CignaMedicare.com for the most current Pharmacy Directory.

Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears on the drug list, and the cost-share amount for that tier number. Your plan has one tier named "Covered Drugs". Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

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



For more information

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

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>.

To locate your drug cost, please refer to the table(s) below to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

If you qualified for Extra Help with your drug costs, your costs may be different from those described below. Please refer to your Evidence of Coverage (EOC) or call Customer Service to find out what your costs are.

Cigna uses preferred network pharmacies. See your Pharmacy Directory or visit CignaMedicare.com to search for a preferred retail or mail-order pharmacy near you.

Service Area: Alabama

H4513-055 – Cigna TotalCare (HMO D-SNP): Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair and Tuscaloosa, Alabama

H4513-056-001, H4513-056-002 – Cigna TotalCare AL (HMO D-SNP): Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker, Alabama

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Arkansas

H4513-039 – Cigna TotalCare (HMO D-SNP): Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Florida

H5410-013 – Cigna TotalCare (HMO D-SNP): Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs**	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

*Cost-sharing is based on your level of “Extra Help”

**Some additional drugs that are not covered by Medicare may be covered through your Medicaid benefits. To find out about Medicaid drug coverage, call Customer Service at 1-800-668-3813.

Service Area: Georgia

H0439-002 – Cigna TotalCare (HMO D-SNP): Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, and White Georgia

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Mid-Atlantic

H2108-001 – Cigna TotalCare (HMO D-SNP): District of Columbia; Anne Arundel, Baltimore, Baltimore City and Harford, Maryland; Kent, New Castle and Sussex, Delaware

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Mid-Atlantic

H2108-020 – Cigna Traditions Medicare (HMO I-SNP): District of Columbia; Anne Arundel, Baltimore, Baltimore City, Harford and Montgomery, Maryland; Kent, New Castle and Sussex, Delaware

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	Not covered

*Cost-sharing is based on your level of “Extra Help”

Service Area: Mississippi

H4407-004 – Cigna TotalCare (HMO D-SNP): Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: North Carolina

H9725-003 – Cigna TotalCare (HMO D-SNP): Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Mecklenburg, Polk, Rowan, Stokes, Union and Yadkin, North Carolina

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Pennsylvania

H3949-009 – Cigna TotalCare (HMO D-SNP): Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

H3949-036 – Cigna TotalCare (HMO D-SNP): Berks, Cumberland Dauphin, Lancaster, Lebanon and York, Pennsylvania

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Pennsylvania

H3949-016 – Cigna Traditions Medicare (HMO I-SNP): Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	Not covered

*Cost-sharing is based on your level of “Extra Help”

Service Area: Tennessee

H4513-034 – Cigna TotalCare (HMO D-SNP): Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee

H4513-040 – Cigna TotalCare (HMO D-SNP): Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk and Sequatchie, Tennessee

H4513-035 – Cigna Primary Medicare (HMO): Anderson, Blount, Bradley, Cocke, Grainger, Grundy, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, Morgan, Sequatchie, Sevier and Union, Tennessee

H4513-053 – Cigna Primary Medicare (HMO): Benton, Carroll, Chester, Crockett, Decatur, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Shelby and Tipton, Tennessee

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

Service Area: Texas

H4513-060-001 – CignaTotalCare (HMO D-SNP): Angelina, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Jasper, Jefferson, Kendall, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wilson, Texas

H4513-060-002 – CignaTotalCare (HMO D-SNP): Cameron, Hidalgo, Webb and Willacy, Texas

H4513-060-003 – CignaTotalCare (HMO D-SNP): El Paso, Texas

H4513-027 – CignaTotalCare (HMO D-SNP): Henderson, Rusk, Smith, Upshur and Van Zandt, Texas

H4513-029 – Cigna TotalCare (HMO D-SNP): Bexar, Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant and Wise, Texas

Drug Tier	Standard Retail Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	up to a 90-day supply	up to a 90-day supply
Tier 1: Covered Drugs	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)	25% or \$0 / \$1.30 / \$3.70 / 15% (generics) \$0 / \$4.00 / \$9.20 / 15% (all other drugs)

*Cost-sharing is based on your level of “Extra Help”

My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. – 8 p.m. local time. TTY users can call 711.

My Medications	Page Number in the Drug List	Cost-Share through Cigna

Drug List Table of Contents:

The drugs in 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 in the drug list for your drug.

	Page
ANTI - INFECTIVES	11
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	17
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	24
CARDIOVASCULAR, HYPERTENSION / LIPIDS	33
DERMATOLOGICALS/TOPICAL THERAPY	37
DIAGNOSTICS / MISCELLANEOUS AGENTS	40
EAR, NOSE / THROAT MEDICATIONS	41
ENDOCRINE/DIABETES	41
GASTROENTEROLOGY	45
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	47
MUSCULOSKELETAL / RHEUMATOLOGY	49
OBSTETRICS / GYNECOLOGY	50
OPHTHALMOLOGY	53
RESPIRATORY AND ALLERGY	55
UROLOGICALS	57
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Drug List Key:

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

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. – 8 p.m. local time. TTY users can call 711.

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

ST – This drug has step therapy requirements

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	PA
AMBISOME	1	PA; NDS
<i>amphotericin b</i>	1	PA
<i>caspofungin</i>	1	PA; NDS
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA ORAL	1	NDS
<i>fluconazole</i>	1	
<i>fluconazole in nacl (iso-osm)</i>	1	PA
<i>flucytosine</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL (120/30)
<i>itraconazole oral solution</i>	1	NDS
<i>ketoconazole oral</i>	1	
<i>micafungin</i>	1	NDS
<i>nystatin oral</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	QL (96/30); NDS
<i>terbinafine hcl oral</i>	1	
<i>voriconazole intravenous</i>	1	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	NDS
<i>voriconazole oral tablet 200 mg</i>	1	NDS
<i>voriconazole oral tablet 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL (960/30)
<i>abacavir oral tablet</i>	1	QL (60/30)
<i>abacavir-lamivudine</i>	1	QL (30/30)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (60/30); NDS
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir</i>	1	NDS
<i>amantadine hcl</i>	1	
APTIVUS	1	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	1	QL (60/30)
ATRIPLA	1	QL (30/30); NDS
BARACLUDE ORAL SOLUTION	1	QL (630/30)
BIKTARVY	1	NDS
CABENUVA	1	NDS
CIMDUO	1	NDS
COMPLERA	1	QL (30/30); NDS
DELSTRIGO	1	NDS
DESCOVY	1	QL (30/30); NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL (30/30)
DOVATO	1	NDS
EDURANT	1	QL (30/30); NDS
<i>efavirenz oral capsule 200 mg</i>	1	QL (120/30); NDS
<i>efavirenz oral capsule 50 mg</i>	1	QL (180/30)
<i>efavirenz oral tablet</i>	1	QL (30/30); NDS
<i>efavirenz-emtricitabin-tenofovir</i>	1	QL (30/30); NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	1	QL (30/30); NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	1	NDS
<i>emtricitabine</i>	1	QL (30/30)
<i>emtricitabine-tenofovir (tdf)</i>	1	QL (30/30); NDS
EMTRIVA ORAL CAPSULE	1	QL (30/30)
EMTRIVA ORAL SOLUTION	1	QL (680/28)
<i>entecavir</i>	1	QL (30/30)
EPCLUSA ORAL TABLET	1	PA; QL (28/28); NDS
EPIVIR HBV ORAL SOLUTION	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>etravirine</i>	1	QL (60/30); NDS
EVOTAZ	1	QL (30/30); NDS
<i>famciclovir</i>	1	QL (60/30)
<i>fosamprenavir</i>	1	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	1	QL (60/30); NDS
GENVOYA	1	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (60/30); NDS
HARVONI ORAL TABLET 90-400 MG	1	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	1	QL (60/30); NDS
INTELENCE ORAL TABLET 25 MG	1	QL (120/30)
INVIRASE ORAL TABLET	1	QL (120/30); NDS
ISENTRESS HD	1	NDS
ISENTRESS ORAL POWDER IN PACKET	1	QL (60/30)
ISENTRESS ORAL TABLET	1	QL (120/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	1	QL (180/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	1	QL (180/30)
JULUCA	1	NDS
KALETRA ORAL TABLET 100-25 MG	1	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	1	QL (120/30); NDS
<i>lamivudine oral solution</i>	1	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60/30)
<i>lamivudine-zidovudine</i>	1	QL (60/30)
LEXIVA ORAL SUSPENSION	1	QL (1575/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120/30)
MAVYRET ORAL TABLET	1	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	1	QL (1200/30)
<i>nevirapine oral tablet</i>	1	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30/30)
NORVIR ORAL POWDER IN PACKET	1	
NORVIR ORAL SOLUTION	1	QL (480/30)
ODEFSEY	1	QL (30/30); NDS
<i>oseltamivir</i>	1	
PIFELTRO	1	NDS
PREVYMIS ORAL	1	QL (30/30); NDS
PREZCOBIX	1	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	1	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	1	QL (240/30)
PREZISTA ORAL TABLET 600 MG	1	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	1	QL (480/30)
PREZISTA ORAL TABLET 800 MG	1	QL (30/30); NDS
RETROVIR INTRAVENOUS	1	
REYATAZ ORAL POWDER IN PACKET	1	QL (240/30); NDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	QL (360/30)
RUKOBIA	1	NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SELZENTRY ORAL SOLUTION	1	NDS
SELZENTRY ORAL TABLET 150 MG, 75 MG	1	QL (60/30); NDS
SELZENTRY ORAL TABLET 25 MG	1	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	1	QL (120/30); NDS
<i>stavudine oral capsule</i>	1	QL (60/30)
STRIBILD	1	QL (30/30); NDS
SYMFI	1	NDS
SYMFI LO	1	QL (30/30); NDS
SYMTUZA	1	NDS
TEMIXYS	1	NDS
<i>tenofovir disoproxil fumarate</i>	1	QL (30/30)
TIVICAY ORAL TABLET 10 MG	1	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	1	QL (60/30); NDS
TIVICAY PD	1	QL (180/30); NDS
TRIUMEQ	1	QL (30/30); NDS
TROGARZO	1	NDS
TRUVADA	1	QL (30/30); NDS
TYBOST	1	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60/30)
<i>valganciclovir</i>	1	NDS
VEMLIDY	1	NDS
VIRACEPT ORAL TABLET 250 MG	1	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	1	QL (120/30); NDS
VIREAD ORAL POWDER	1	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30/30); NDS
VOSEVI	1	PA; QL (28/28); NDS
XOFLUZA	1	
<i>zidovudine oral capsule</i>	1	QL (180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zidovudine oral syrup</i>	1	QL (1680/28)
<i>zidovudine oral tablet</i>	1	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	1	
<i>cefazolin intravenous</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5%	1	
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	
CEFEPIME INTRAVENOUS	1	PA
<i>cefixime</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM	1	PA
<i>cefotetan injection</i>	1	PA
<i>cefoxitin</i>	1	PA
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ceftazidime</i>	1	PA
CEFTAZIDIME IN D5W	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	1	
<i>tazicef</i>	1	PA
TEFLARO	1	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	1	QL (136/10); NDS
DIFICID ORAL TABLET	1	QL (20/10); NDS
<i>e.e.s. 400 oral tablet</i>	1	
ERYPED 400	1	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG, 500 MG	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	1	NDS
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE	1	PA; LA; NDS
<i>atovaquone</i>	1	NDS
<i>atovaquone-proguanil</i>	1	
<i>aztreonam injection recon soln 1 gram</i>	1	PA
<i>aztreonam injection recon soln 2 gram</i>	1	PA
<i>bacitracin intramuscular</i>	1	
CAYSTON	1	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9% SOD CHLOR	1	PA
<i>clindamycin in 5% dextrose</i>	1	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	PA
COARTEM	1	QL (24/30)
<i>colistin (colistimethate na)</i>	1	PA; NDS
CYCLOSERINE	1	
<i>dapsone oral</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	NDS
EMVERM	1	NDS
<i>ertapenem</i>	1	
<i>ethambutol</i>	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML	1	QL (300/10)
FIRVANQ ORAL RECON SOLN 50 MG/ML	1	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf)</i>	1	PA
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA
<i>linezolid oral suspension for reconstitution</i>	1	QL (1800/30); NDS
<i>linezolid oral tablet</i>	1	QL (60/30)
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	
<i>meropenem</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE	1	
<i>metro i.v.</i>	1	PA
<i>metronidazole in nacl (iso-os)</i>	1	PA
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (20/10); NDS
ORBACTIV	1	PA; QL (3/30); NDS
<i>paromomycin</i>	1	
PASER	1	
PENTAM	1	
<i>pentamidine inhalation</i>	1	B/D PA; QL (1/28)
<i>pentamidine injection</i>	1	
<i>polymyxin b sulfate</i>	1	PA
<i>praziquantel</i>	1	
PRIFTIN	1	
PRIMAQUINE	1	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA; NDS
<i>quinine sulfate</i>	1	PA; QL (42/7)
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	1	PA; LA
SIVEXTRO INTRAVENOUS	1	PA; QL (6/28); NDS
SIVEXTRO ORAL	1	QL (6/28); NDS
<i>streptomycin</i>	1	PA; NDS
SYNERCID	1	PA; NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tigecycline</i>	1	PA; NDS
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	1	QL (224/28); NDS
<i>tobramycin in 0.225% nacl</i>	1	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	1	PA
TRECTOR	1	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN INJECTION	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	1	
<i>vancomycin oral capsule 125 mg</i>	1	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	1	PA; QL (80/10)
<i>vancomycin oral recon soln</i>	1	QL (450/10)
VANCOMYCIN-WATER INJECT (PEG)	1	
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90/30); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium</i>	1	PA
<i>ampicillin-sulbactam</i>	1	PA
BICILLIN L-A	1	PA
<i>dicloxacillin</i>	1	
<i>nafcillin</i>	1	PA
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>oxacillin injection</i>	1	PA
<i>penicillin g potassium</i>	1	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet 250 mg</i>	1	
<i>penicillin v potassium oral tablet 500 mg</i>	1	
<i>pfizerpen-g</i>	1	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM)	1	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	1	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5% dextrose</i>	1	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levofloxacin in d5w</i>	1	PA
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	1	
MOXIFLOXACIN-SOD.ACE, SUL-WATER	1	PA
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA
SULFAS / RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline</i>	1	
<i>doxy-100</i>	1	PA
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	1	
NUZYRA INTRAVENOUS	1	PA; NDS
NUZYRA ORAL	1	NDS
<i>tetracycline</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
MONUROL	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection</i>	1	
<i>leucovorin calcium oral</i>	1	
<i>mesna</i>	1	B/D PA
MESNEX ORAL	1	NDS
XGEVA	1	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; QL (60/30); NDS
ABRAXANE	1	PA; NDS
ADCETRIS	1	PA; NDS
<i>adriamycin intravenous recon soln 10 mg</i>	1	B/D PA
<i>adriamycin intravenous solution</i>	1	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	1	PA; QL (150/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	1	PA; QL (56/28); NDS
AFINITOR ORAL TABLET 10 MG	1	PA; QL (30/30); NDS
ALECENSA	1	PA; QL (240/30); NDS
ALIMTA	1	PA; NDS
ALIQOPA	1	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS, DOSE PACK	1	PA; QL (30/30); NDS
<i>anastrozole</i>	1	
ARRANON	1	B/D PA
<i>arsenic trioxide</i>	1	B/D PA; NDS
ARZERRA	1	B/D PA; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG	1	B/D PA
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG	1	B/D PA; NDS
AYVAKIT	1	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	1	B/D PA; NDS
AZASAN	1	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	1	B/D PA
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>azathioprine sodium</i>	1	B/D PA
BALVERSA	1	PA; LA; NDS
BAVENCIO	1	PA; NDS
BELEODAQ	1	B/D PA; NDS
BENDEKA	1	B/D PA; NDS
BESPONSA	1	PA; NDS
<i>bexarotene</i>	1	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bicalutamide</i>	1	
BLENREP	1	PA; NDS
<i>bleomycin</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	1	B/D PA; NDS
BORTEZOMIB	1	PA; NDS
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30/30); NDS
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; LA; QL (180/30); NDS
BRUKINSA	1	PA; LA; NDS
<i>busulfan</i>	1	B/D PA; NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA; LA; QL (30/30); NDS
CABOMETYX ORAL TABLET 40 MG	1	PA; LA; QL (60/30); NDS
CALQUENCE	1	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>carmustine</i>	1	B/D PA
<i>cisplatin intravenous solution</i>	1	B/D PA
<i>cladribine</i>	1	B/D PA
<i>clofarabine</i>	1	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; QL (84/28); NDS
COPIKTRA	1	PA; LA; QL (60/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COSMEGEN	1	B/D PA; NDS
COTELLIC	1	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>cyclophosphamide oral</i>	1	B/D PA
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA
CYRAMZA	1	PA; NDS
<i>cytarabine</i>	1	B/D PA
<i>cytarabine (pf)</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA
<i>dactinomycin</i>	1	B/D PA
DANYELZA	1	PA; NDS
DARZALEX	1	PA; NDS
DARZALEX FASPRO	1	PA; NDS
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60/30); NDS
<i>decitabine</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA
<i>doxorubicin</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; NDS
DROXIA	1	
ELIGARD	1	PA
ELIGARD (3 MONTH)	1	PA
ELIGARD (4 MONTH)	1	PA
ELIGARD (6 MONTH)	1	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ELLENC	1	B/D PA
ELZONRIS	1	B/D PA; NDS
EMCYT	1	NDS
EMPLICITI	1	PA
ENHERTU	1	PA; NDS
ENVARUSUS XR	1	B/D PA
<i>epirubicin intravenous solution</i>	1	B/D PA
ERBITUX	1	B/D PA; NDS
ERIVEDGE	1	PA; QL (30/30); NDS
ERLEADA	1	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; QL (60/30); NDS
ETOPOPHOS	1	B/D PA
<i>etoposide intravenous</i>	1	B/D PA
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; QL (30/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	1	B/D PA; QL (60/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	1	B/D PA; QL (120/30); NDS
EVOMELA	1	PA; NDS
<i>exemestane</i>	1	
EXKIVITY	1	PA; NDS
FARYDAK	1	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA
<i>floxuridine</i>	1	B/D PA
<i>fludarabine</i>	1	B/D PA
<i>fluorouracil intravenous</i>	1	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>flutamide</i>	1	
FOLOTYN	1	B/D PA; NDS
FOTIVDA	1	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	1	B/D PA; NDS
GAVRETO	1	PA; LA; QL (120/30); NDS
GAZYVA	1	PA; NDS
<i>gemcitabine intravenous recon soln</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA; NDS
<i>gengraf</i>	1	B/D PA
GILOTRIF	1	PA; QL (30/30); NDS
HALAVEN	1	PA; NDS
<i>hydroxyurea</i>	1	
IBRANCE	1	PA; QL (21/28); NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	1	PA; QL (30/30); NDS
ICLUSIG ORAL TABLET 15 MG	1	PA; QL (60/30); NDS
<i>idarubicin</i>	1	B/D PA
IDHIFA	1	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IMBRUVICA ORAL TABLET	1	PA; QL (30/30); NDS
IMFINZI	1	PA; NDS
INFUGEM	1	B/D PA; NDS
INLYTA ORAL TABLET 1 MG	1	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	1	PA; QL (120/30); NDS
INQOVI	1	PA; QL (5/28); NDS
INREBIC	1	PA; LA; QL (120/30); NDS
IRESSA	1	PA; QL (30/30); NDS
<i>irinotecan</i>	1	B/D PA
IXEMPRA	1	B/D PA; NDS
JAKAFI	1	PA; QL (60/30); NDS
JEMPERLI	1	PA; NDS
JEVTANA	1	B/D PA
KADCYLA	1	PA; NDS
KANJINTI	1	PA; NDS
KEYTRUDA	1	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; QL (49/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; QL (63/28); NDS
KYPROLIS	1	B/D PA; NDS
<i>lapatinib</i>	1	PA; QL (180/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	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)	1	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; QL (60/30); NDS
<i>letrozole</i>	1	
LEUKERAN	1	
<i>leuprolide subcutaneous kit</i>	1	PA; NDS
LIBTAYO	1	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	1	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90/30); NDS
LUMAKRAS	1	PA; QL (240/30); NDS
LUMOXITI	1	PA; NDS
LUPRON DEPOT	1	PA; NDS
LUPRON DEPOT (3 MONTH)	1	PA; NDS
LUPRON DEPOT (4 MONTH)	1	PA; NDS
LUPRON DEPOT (6 MONTH)	1	PA; NDS
LUPRON DEPOT-PED	1	PA; NDS
LUPRON DEPOT-PED (3 MONTH)	1	PA; NDS
LYNPARZA	1	PA; QL (120/30); NDS
LYSODREN	1	NDS
MARQIBO	1	B/D PA; NDS
MATULANE	1	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>megestrol oral tablet</i>	1	PA
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30/30); NDS
MEKTOVI	1	PA; LA; QL (180/30); NDS
<i>melfhalan</i>	1	B/D PA
<i>melfhalan hcl</i>	1	B/D PA; NDS
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	1	B/D PA
<i>methotrexate sodium injection</i>	1	B/D PA
<i>methotrexate sodium oral</i>	1	
<i>mitomycin intravenous</i>	1	B/D PA
<i>mitoxantrone</i>	1	B/D PA
MONJUVI	1	PA; NDS
MVASI	1	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
MYLOTARG	1	PA; NDS
NERLYNX	1	PA; LA; NDS
NEXAVAR	1	PA; LA; QL (120/30); NDS
<i>nilutamide</i>	1	NDS
NINLARO	1	PA; QL (3/28); NDS
NIPENT	1	B/D PA
NUBEQA	1	PA; LA; QL (120/30); NDS
NULOJIX	1	B/D PA; QL (26/28); NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 50 mcg/ml</i>	1	PA
ODOMZO	1	PA; LA; QL (30/30); NDS
OGIVRI	1	PA; NDS
ONCASPAR	1	B/D PA; NDS
ONIVYDE	1	PA; NDS
ONUREG	1	PA; QL (14/28); NDS
OPDIVO	1	PA; QL (80/28); NDS
ORGOVYX	1	PA; LA; QL (30/30); NDS
<i>oxaliplatin</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA
PADCEV	1	PA; NDS
PEMAZYRE	1	PA; LA; QL (14/21); NDS
PERJETA	1	PA; NDS
PHESGO	1	PA; NDS
PIQRAY	1	PA; NDS
POLIVY	1	PA; NDS
POMALYST	1	PA; LA; QL (21/28); NDS
PORTRAZZA	1	B/D PA
POTELIGEO	1	PA; NDS
PROGRAF INTRAVENOUS	1	B/D PA
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA
PURIXAN	1	NDS
QINLOCK	1	PA; LA; NDS
RETEVMO	1	PA; LA; NDS
REVLIMID	1	PA; LA; QL (28/28); NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	1	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90/30); NDS
RUBRACA	1	PA; LA; QL (120/30); NDS
RUXIENCE	1	PA; NDS
RYBREVANT	1	PA; NDS
RYDAPT	1	PA; QL (240/30); NDS
RYLAZE	1	B/D PA; NDS
SANDIMMUNE ORAL SOLUTION	1	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	PA; NDS
SARCLISA	1	PA; NDS
SIGNIFOR	1	PA; NDS
SIMULECT	1	NDS
<i>sirolimus oral solution</i>	1	B/D PA; NDS
<i>sirolimus oral tablet</i>	1	B/D PA
SOLTAMOX	1	NDS
SOMATULINE DEPOT	1	PA; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; QL (60/30); NDS
STIVARGA	1	PA; QL (84/28); NDS
<i>sunitinib</i>	1	PA; QL (30/30); NDS
SUTENT	1	PA; QL (30/30); NDS
SYNRIBO	1	PA; NDS
TABLOID	1	
TABRECTA	1	PA; NDS
<i>tacrolimus oral</i>	1	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TAFINLAR	1	PA; QL (120/30); NDS
TAGRISSO	1	PA; LA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; QL (90/30); NDS
TALZENNA ORAL CAPSULE 1 MG	1	PA; QL (30/30); NDS
<i>tamoxifen</i>	1	
TARGRETIN TOPICAL	1	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120/30); NDS
TAZVERIK	1	PA; LA; NDS
TECENTRIQ	1	PA; NDS
TEMODAR INTRAVENOUS	1	B/D PA; NDS
<i>temsirolimus</i>	1	B/D PA; NDS
TEPMETKO	1	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	1	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 200 MG	1	PA; QL (56/28); NDS
<i>thiotepa</i>	1	PA
TIBSOVO	1	PA; NDS
TIVDAK	1	PA; NDS
<i>toposar</i>	1	B/D PA
<i>topotecan intravenous recon soln</i>	1	B/D PA; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	B/D PA
<i>toremifene</i>	1	NDS
TRAZIMERA	1	PA; NDS
TREANDA	1	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; NDS
<i>tratinol (antineoplastic)</i>	1	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRIPTODUR	1	PA; QL (1/168); NDS
TRODELVY	1	PA; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	1	PA; LA; QL (21/28); NDS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	1	PA; LA; QL (42/28); NDS
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	1	PA; LA; QL (63/28); NDS
TRUXIMA	1	PA; NDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300/30); NDS
TURALIO	1	PA; LA; NDS
TYKERB	1	PA; LA; QL (180/30); NDS
UKONIQ	1	PA; LA; QL (120/30); NDS
UNITUXIN	1	PA; NDS
<i>valrubicin</i>	1	B/D PA
VECTIBIX	1	PA; NDS
VELCADE	1	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	1	PA; LA; QL (42/30); NDS
VERZENIO	1	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	1	B/D PA
<i>vincasar pfs</i>	1	B/D PA
<i>vincristine</i>	1	B/D PA
<i>vinorelbine</i>	1	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VITRAKVI ORAL CAPSULE 100 MG	1	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	1	PA; LA; QL (300/30); NDS
VIZIMPRO	1	PA; QL (30/30); NDS
VOTRIENT	1	PA; QL (120/30); NDS
VYXEOS	1	B/D PA; NDS
WELIREG	1	PA; LA; QL (90/30); NDS
XALKORI	1	PA; QL (60/30); NDS
XATMEP	1	PA
XOSPATA	1	PA; LA; NDS
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)	1	PA; LA; NDS
XTANDI ORAL CAPSULE	1	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	1	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	1	PA; QL (60/30); NDS
YERVOY	1	PA; NDS
YONDELIS	1	PA; NDS
ZALTRAP	1	B/D PA
ZANOSAR	1	B/D PA
ZEJULA	1	PA; LA; QL (90/30); NDS
ZELBORAF	1	PA; QL (240/30); NDS
ZEPZELCA	1	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZIRABEV	1	PA; NDS
ZOLADEX	1	B/D PA
ZOLINZA	1	PA; QL (120/30); NDS
ZORTRESS ORAL TABLET 1 MG	1	B/D PA; NDS
ZYDELIG	1	PA; QL (60/30); NDS
ZYKADIA ORAL TABLET	1	PA; QL (90/30); NDS
ZYNLONTA	1	PA; NDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	QL (180/30); NDS
APTIOM ORAL TABLET 400 MG	1	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60/30); NDS
BANZEL	1	PA; NDS
BRIVIACT INTRAVENOUS	1	NDS
BRIVIACT ORAL SOLUTION	1	QL (600/30); NDS
BRIVIACT ORAL TABLET	1	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
<i>clobazam oral suspension</i>	1	PA; QL (480/30)
<i>clobazam oral tablet</i>	1	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clonazepam oral tablet 2 mg</i>	1	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300/30)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; QL (360/30)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; QL (180/30)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; QL (360/30)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; QL (180/30)
DIASTAT	1	
DIASTAT ACUDIAL	1	
<i>diazepam rectal</i>	1	
DILANTIN 30 MG	1	
<i>divalproex</i>	1	
EPIDIOLEX	1	PA; LA; NDS
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate oral suspension</i>	1	NDS
<i>felbamate oral tablet</i>	1	
FINTEPLA	1	PA; LA; NDS
<i>fosphenytoin</i>	1	
FYCOMPA ORAL SUSPENSION	1	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	QL (30/30)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	1	QL (60/30)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270/30)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360/30)
<i>gabapentin oral solution</i>	1	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>levetiracetam in nacl (iso-os)</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	1	QL (30/30)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	1	QL (60/30)
NAYZILAM	1	PA; QL (10/30); NDS
<i>oxcarbazepine</i>	1	
<i>phenobarbital oral elixir</i>	1	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	1	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60/30)
<i>pregabalin oral solution</i>	1	QL (900/30)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	QL (30/30)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	QL (60/30)
<i>primidone</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA; NDS
SPRITAM	1	
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	1	PA; QL (60/30); NDS
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	PA
<i>topiramate oral tablet</i>	1	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	1	NDS
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO	1	PA; QL (10/30); NDS
<i>vigabatrin</i>	1	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	1	PA; LA; QL (180/30); NDS
VIMPAT INTRAVENOUS	1	QL (1200/30); NDS
VIMPAT ORAL SOLUTION	1	QL (1200/30); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	QL (60/30); NDS
VIMPAT ORAL TABLET 50 MG	1	QL (120/30)
XCOPRI	1	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/ DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; NDS
XCOPRI TITRATION PACK	1	PA
<i>zonisamide</i>	1	PA
ANTIPARKINSONISM AGENTS		
APOKYN	1	PA; LA; QL (60/30); NDS
<i>benztropine injection</i>	1	
<i>benztropine oral</i>	1	PA
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; QL (150/30); NDS
NEUPRO	1	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole oral tablet</i>	1	
RYTARY	1	ST
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	NDS
<i>trihexyphenidyl</i>	1	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	1	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>migergot</i>	1	NDS
<i>naratriptan</i>	1	QL (18/28)
<i>rizatriptan</i>	1	QL (36/28)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (18/28)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (36/28)
<i>sumatriptan succinate oral</i>	1	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; LA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	1	PA; LA; QL (60/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; QL (30/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; QL (12/28); NDS
<i>dalfampridine</i>	1	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; QL (14/30); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; QL (120/180); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 23 mg</i>	1	
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30/30)
FIRDAPSE	1	PA; LA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	QL (30/30)
<i>galantamine oral solution</i>	1	QL (200/30)
<i>galantamine oral tablet</i>	1	QL (60/30)
GILENYA ORAL CAPSULE 0.5 MG	1	PA; QL (30/30); NDS
<i>memantine oral capsule, sprinkle,er 24hr</i>	1	PA
<i>memantine oral solution</i>	1	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	1	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (90/30)
<i>memantine oral tablets,dose pack</i>	1	PA; QL (98/28)
NAMZARIC	1	PA
NUEDEXTA	1	PA; NDS
OCREVUS	1	PA; NDS
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	QL (60/30)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	1	PA; LA; QL (14/30); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; LA; QL (120/180); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 240 MG	1	PA; LA; QL (60/30); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120/30); NDS
TYSABRI	1	PA; NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	
<i>baclofen oral tablet 20 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA
<i>dantrolene oral</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methocarbamol oral</i>	1	PA
<i>pyridostigmine bromide oral syrup</i>	1	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180/30); NDS
<i>buprenorphine hcl injection</i>	1	NDS
<i>buprenorphine hcl sublingual</i>	1	PA
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	1	QL (4/28); NDS
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	1	QL (4/28); NDS
<i>endocet</i>	1	QL (360/30); NDS
<i>fentanyl</i>	1	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	1	NDS
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	1	NDS
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	NDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 7.5-300 MG	1	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); NDS
<i>hydrocodone-ibuprofen</i>	1	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	1	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	1	QL (180/30); NDS
INFUMORPH P/F	1	B/D PA; NDS
<i>methadone injection solution</i>	1	NDS
<i>methadone intensol</i>	1	QL (90/30); NDS
<i>methadone oral concentrate</i>	1	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	1	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	1	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	NDS
<i>morphine concentrate oral solution</i>	1	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	NDS
<i>morphine injection solution 8 mg/ml</i>	1	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	1	NDS
<i>morphine injection syringe 4 mg/ml</i>	1	NDS
<i>morphine intravenous solution 10 mg/ml</i>	1	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	NDS

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Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	1	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naltrexone</i>	1	
<i>naproxen oral suspension</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NARCAN	1	
<i>oxaprozin</i>	1	
<i>salsalate</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	QL (60/30)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	QL (360/30)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	QL (90/30)
<i>sulindac</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	1	QL (240/30); NDS
VIVITROL	1	NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	QL (30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	QL (60/30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	1	NDS
ADASUVE	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	1	QL (150/30)
<i>amitriptyline</i>	1	
<i>amoxapine</i>	1	
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (60/30); NDS
ARISTADA	1	NDS
ARISTADA INITIO	1	NDS
<i>armodafinil</i>	1	PA; QL (30/30)
<i>asenapine maleate</i>	1	QL (60/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (60/30)
<i>bupirone</i>	1	
CAPLYTA	1	PA; QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>chlorpromazine injection</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360/30)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	QL (30/30)
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine oral capsule, extended release</i>	1	
<i>dextroamphetamine oral solution</i>	1	QL (1800/30)
<i>dextroamphetamine oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	1	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	QL (360/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diazepam injection</i>	1	
<i>diazepam intensol</i>	1	QL (240/30)
<i>diazepam oral concentrate</i>	1	QL (240/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200/30)
<i>diazepam oral tablet</i>	1	QL (120/30)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60/30)
EMSAM	1	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	1	QL (600/30)
<i>escitalopram oxalate oral tablet</i>	1	
FANAPT ORAL TABLET 1 MG	1	PA; QL (60/30)
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60/30); NDS
FANAPT ORAL TABLETS, DOSE PACK	1	PA; QL (8/28)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	1	ST; QL (28/28)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	1	ST; QL (30/30)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (30/30)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30/30)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL (4/28)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL (30/30)
<i>fluoxetine oral tablet 20 mg</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90/30)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30/30)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60/30)
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	1	
HETLIOZ	1	PA; QL (30/30); NDS
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	1	NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	
INVEGA TRINZA	1	NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30/30); NDS
LATUDA ORAL TABLET 80 MG	1	QL (60/30); NDS
<i>lithium carbonate</i>	1	
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazepam intensol</i>	1	QL (150/30)
<i>lorazepam oral concentrate</i>	1	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150/30)
<i>loxapine succinate</i>	1	
LYBALVI	1	PA; QL (30/30); NDS
<i>maprotiline</i>	1	
MARPLAN	1	QL (180/30)
<i>methylphenidate hcl oral tablet</i>	1	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	1	QL (30/30)
<i>molindone</i>	1	
<i>nefazodone</i>	1	
<i>nortriptyline</i>	1	
NUPLAZID ORAL CAPSULE	1	PA; QL (30/30); NDS
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	1	QL (30/30)
<i>olanzapine oral tablet</i>	1	
<i>olanzapine oral tablet, disintegrating</i>	1	QL (30/30)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA; QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	1	ST; QL (900/30)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL (60/30)
PAXIL ORAL SUSPENSION	1	ST; QL (900/30)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PERSERIS	1	QL (1/30); NDS
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60/30)
<i>ramelteon</i>	1	QL (30/30)
REXULTI	1	QL (30/30); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	NDS
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60/30)
<i>risperidone oral tablet 4 mg</i>	1	QL (120/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120/30)
SAPHRIS	1	QL (60/30); NDS
SECUADO	1	QL (30/30)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	
<i>temazepam</i>	1	QL (60/365)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	1	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	QL (90/30)
VERSACLOZ	1	NDS
VIIBRYD ORAL TABLET	1	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	1	ST; QL (30/30)
VRAYLAR ORAL CAPSULE	1	PA; QL (30/30); NDS
VRAYLAR ORAL CAPSULE, DOSE PACK	1	PA; QL (7/30)
XYREM	1	PA; LA; QL (540/30); NDS
<i>zaleplon oral capsule 10 mg</i>	1	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30/30)
<i>ziprasidone hcl</i>	1	QL (60/30)
<i>ziprasidone mesylate</i>	1	QL (6/30)
<i>zolpidem oral tablet</i>	1	QL (30/30)
ZYPREXA RELPREVV	1	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	1	B/D PA
<i>amiodarone oral</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>mexiletine</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sorine</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
<i>aliskiren</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiaazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	1	
<i>bisoprolol fumarate</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	1	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL (4/28)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>clonidine hcl oral tablet 0.3 mg</i>	1	
DEMSEER	1	PA; NDS
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60/30)
EDARBI	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EDARBYCLOR	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isradipine</i>	1	
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	PA; NDS
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
TEKTURNA HCT	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>timolol maleate oral</i>	1	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI ORAL	1	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>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	1	QL (60/30)
<i>cilostazol</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dipyridamole oral</i>	1	
ELIQUIS	1	
ELIQUIS DVT-PE TREAT 30D START	1	
<i>enoxaparin</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	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>	1	
<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	
PRADAXA	1	
PRASUGREL	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	1	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	1	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	1	
XARELTO DVT-PE TREAT 30D START	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	QL (30/30)
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
LIVALO	1	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)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>niacor</i>	1	
<i>omega-3 acid ethyl esters</i>	1	
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	1	
REPATHA	1	PA; QL (3/28)
REPATHA PUSHTRONEX	1	PA; QL (3.5/28)
REPATHA SURECLICK	1	PA; QL (3/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin oral tablet</i>	1	QL (30/30)
VASCEPA	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	1	PA
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
ENTRESTO	1	QL (60/30)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ranolazine</i>	1	QL (60/30)
VYNDAMAX	1	PA; NDS
VYNDAQEL	1	PA; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	1	
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	PA
<i>calcipotriene scalp</i>	1	QL (120/30)
<i>calcipotriene topical cream</i>	1	QL (120/30)
<i>calcipotriene topical ointment</i>	1	QL (120/30)
<i>calcitriol topical</i>	1	
<i>selenium sulfide topical lotion</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	1	PA; QL (2/28); NDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1/28); NDS
TALTZ SYRINGE	1	PA; QL (4/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8/28); NDS
FLUOROURACIL TOPICAL CREAM 0.5%	1	NDS
<i>fluorouracil topical cream 5%</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>glydo</i>	1	QL (60/30)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	1	NDS
<i>imiquimod topical cream in packet 3.75%</i>	1	NDS
<i>imiquimod topical cream in packet 5%</i>	1	
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL (60/30)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	1	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5%</i>	1	PA; QL (90/30)
<i>lidocaine topical ointment</i>	1	QL (50/30)
<i>lidocaine viscous</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine-prilocaine topical cream</i>	1	QL (30/30)
<i>methoxsalen</i>	1	
PANRETIN	1	NDS
PICATO	1	NDS
<i>pimecrolimus</i>	1	QL (100/30)
<i>podofilox</i>	1	
REGRANEX	1	PA; NDS
SANTYL	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>tacrolimus topical</i>	1	PA; QL (100/30)
VALCHLOR	1	PA; NDS
ZTLIDO	1	PA; QL (90/30)
THERAPY FOR ACNE		
<i>amnesteem</i>	1	
<i>avita</i>	1	PA
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	QL (60/30)
<i>clindacin p</i>	1	QL (60/30)
<i>clindamycin phosphate topical gel</i>	1	QL (120/30)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	1	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	1	QL (120/30)
<i>clindamycin phosphate topical solution</i>	1	QL (120/30)
<i>clindamycin phosphate topical swab</i>	1	QL (60/30)
<i>ery pads</i>	1	
ERYTHROMYCIN WITH ETHANOL TOPICAL GEL	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metronidazole topical</i>	1	
<i>myorisan</i>	1	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
<i>tazarotene topical cream</i>	1	PA
TAZORAC	1	PA
<i>tretinoin microspheres</i>	1	PA
<i>tretinoin topical cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin topical topical gel 0.01%</i>	1	PA
<i>tretinoin topical topical gel 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	QL (44/30)
<i>mupirocin calcium</i>	1	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	1	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (90/28)
<i>ciclopirox topical shampoo</i>	1	QL (120/28)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (60/28)
<i>clotrimazole topical cream</i>	1	QL (45/28)
<i>clotrimazole topical solution</i>	1	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	1	QL (60/28)
<i>econazole</i>	1	QL (85/28)
<i>ketconazole topical cream</i>	1	QL (60/28)
<i>ketconazole topical shampoo</i>	1	QL (120/28)
<i>naftifine</i>	1	QL (60/28)
NAFTIN TOPICAL GEL	1	QL (60/28)
<i>nyamyc</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nystatin topical cream</i>	1	QL (30/28)
<i>nystatin topical ointment</i>	1	QL (30/28)
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone</i>	1	QL (60/28)
<i>nystop</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	QL (30/30)
DENAVIR	1	NDS
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	1	
<i>alclometasone</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	QL (100/28)
<i>clobetasol topical cream</i>	1	QL (120/28)
<i>clobetasol topical foam</i>	1	QL (100/28)
<i>clobetasol topical gel</i>	1	QL (120/28)
<i>clobetasol topical ointment</i>	1	QL (120/28)
<i>clobetasol topical shampoo</i>	1	QL (236/28)
<i>clobetasol-emollient topical cream</i>	1	QL (120/28)
<i>clobetasol-emollient topical foam</i>	1	QL (100/28)
CLOCORTOLONE PIVALATE	1	
<i>clodan</i>	1	QL (236/28)
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05%</i>	1	
<i>fluocinonide topical cream 0.1%</i>	1	QL (120/30)
<i>fluocinonide topical gel</i>	1	QL (120/30)
<i>fluocinonide topical ointment</i>	1	QL (120/30)
<i>fluocinonide topical solution</i>	1	QL (120/30)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	QL (120/30)
<i>hydrocortisone butyr-emollient</i>	1	QL (120/30)
<i>hydrocortisone topical cream 1%, 2.5%</i>	1	
<i>hydrocortisone topical lotion 2.5%</i>	1	
<i>hydrocortisone topical ointment 1%, 2.5%</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	1	
<i>triamcinolone acetonide topical cream 0.1%</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment</i>	1	
<i>triderm topical cream 0.1%</i>	1	
<i>tritocin</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>anagrelide</i>	1	
ARALAST NP	1	LA; NDS
AURYXIA	1	PA; QL (360/30); NDS
CARBAGLU	1	PA; LA; NDS
CARNITOR INTRAVENOUS	1	B/D PA; NDS
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
<i>d10%-0.45% sodium chloride</i>	1	
<i>d2.5%-0.45% sodium chloride</i>	1	
<i>d5% and 0.9% sodium chloride</i>	1	
<i>d5%-0.45% sodium chloride</i>	1	
<i>deferasirox oral granules in packet</i>	1	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>deferasirox oral tablet</i>	1	PA; NDS
<i>deferiprone</i>	1	PA; NDS
<i>dextrose 10% and 0.2% nacl</i>	1	
DEXTROSE 10% IN WATER (D10W)	1	
<i>dextrose 25% in water (d25w)</i>	1	
<i>dextrose 30% in water (d30w)</i>	1	
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	1	
<i>dextrose 5% in water (d5w) intravenous piggyback</i>	1	
<i>dextrose 5%-lactated ringers</i>	1	
<i>dextrose 5%-0.2% sod chloride</i>	1	
<i>dextrose 5%-0.3% sod.chloride</i>	1	
<i>dextrose 50% in water (d50w)</i>	1	
<i>dextrose 70% in water (d70w)</i>	1	
<i>disulfiram</i>	1	
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (180/30)
FERRIPROX	1	PA; NDS
FERRIPROX (2 TIMES A DAY)	1	PA; NDS
INCRELEX	1	PA; LA
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LOKELMA	1	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	NDS
NORTHERA ORAL CAPSULE 100 MG	1	PA; QL (90/30); NDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	1	PA; QL (180/30); NDS
<i>pilocarpine hcl oral</i>	1	
PROLASTIN-C	1	PA; LA; NDS
<i>riluzole</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risedronate oral tablet 30 mg</i>	1	QL (30/30)
SEVELAMER CARBONATE ORAL POWDER IN PACKET	1	NDS
SEVELAMER CARBONATE ORAL TABLET	1	
<i>sodium chloride 0.9% intravenous</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
<i>trientine</i>	1	PA; QL (240/30); NDS
VELTASSA	1	
<i>water for irrigation, sterile</i>	1	
XIAFLEX	1	PA; NDS
ZEMAIRA	1	LA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	B/D PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	QL (60/30)
CHANTIX	1	
CHANTIX CONTINUING MONTH BOX	1	
CHANTIX STARTING MONTH BOX	1	
NICOTROL	1	
NICOTROL NS	1	
<i>varenicline</i>	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>ipratropium bromide nasal</i>	1	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetamide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetamide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
DEPO-MEDROL	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
MEDROL ORAL TABLET 2 MG	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	B/D PA
<i>prednisone oral tablet 50 mg</i>	1	B/D PA
<i>prednisone oral tablets, dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
ALCOHOL PADS	1	
BAQSIMI	1	
BD PEN NEEDLE	1	QL(200/30)
BYDUREON BCISE	1	QL (4/28)
CYCLOSET	1	QL (180/30)
<i>diazoxide</i>	1	
FARXIGA ORAL TABLET 10 MG	1	QL (30/30)
FARXIGA ORAL TABLET 5 MG	1	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GAUZE PADS 2 X 2	1	
<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	1	
GLUCAGON (HCL) EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT (HUMAN)	1	
GLYXAMBI	1	QL (30/30)
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE PFS 1-PACK SYRINGE	1	
GVOKE PFS 2-PACK SYRINGE	1	
HUMALOG JUNIOR KWIKPEN U-100	1	
HUMALOG KWIKPEN INSULIN	1	
HUMALOG MIX 50-50 INSULN U-100	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25 KWIKPEN	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMALOG MIX 75-25(U-100) INSULN	1	
HUMALOG U-100 INSULIN	1	
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	
HUMULIN N NPH INSULIN KWIKPEN	1	
HUMULIN N NPH U-100 INSULIN	1	
HUMULIN R REGULAR U-100 INSULN	1	
HUMULIN R U-500 (CONC) INSULIN	1	B/D PA; NDS
HUMULIN R U-500 (CONC) KWIKPEN	1	NDS
INSULIN PEN NEEDLE	1	QL (200/30)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	QL (200/30)
INVOKAMET	1	QL (60/30)
INVOKAMET XR	1	QL (60/30)
INVOKANA	1	QL (30/30)
JANUMET	1	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60/30)
JANUVIA	1	QL (30/30)
JARDIANCE	1	QL (30/30)
JENTADUETO	1	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LANTUS SOLOSTAR U-100 INSULIN	1	
LANTUS U-100 INSULIN	1	
LEVEMIR FLEXTOUCH U-100 INSULN	1	
LEVEMIR U-100 INSULIN	1	
LYUMJEV KWIKPEN U-100 INSULIN	1	
LYUMJEV KWIKPEN U-200 INSULIN	1	
LYUMJEV U-100 INSULIN	1	
METFORMIN ORAL SOLUTION	1	QL (750/30)
<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 (generic for glucophage xr)</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg (generic for glucophage xr)</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>miglitol oral tablet 100 mg</i>	1	QL (90/30)
<i>miglitol oral tablet 25 mg</i>	1	QL (360/30)
<i>miglitol oral tablet 50 mg</i>	1	QL (180/30)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
NEEDLES, INSULIN DISP.,SAFETY	1	QL (200/30)
NOVOFINE PEN NEEDLE	1	QL(200/30)
NOVOTWIST PEN NEEDLE	1	QL(200/30)
OMNIPOD 5 PACK	1	QL(30/30)
OMNIPOD DASH 5 PACK	1	QL(30/30)
OMNIPOD STARTER KIT	1	QL(1/365)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	QL (1.5/28)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	1	QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
PROGLYCEM	1	NDS
<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)
RIOMET	1	QL (765/30)
RIOMET ER	1	QL (600/30)
RYBELSUS	1	QL (30/30)
SOLIQUA 100/33	1	QL (15/30)
SYMLINPEN 120	1	PA; QL (10.8/30); NDS
SYMLINPEN 60	1	PA; QL (6/30); NDS
SYNJARDY	1	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	1	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	1	QL (30/30)
TECHLITE PEN NEEDLE	1	QL(200/30)
TOUJEO MAX U-300 SOLOSTAR	1	
TOUJEO SOLOSTAR U-300 INSULIN	1	
TRADJENTA	1	QL (30/30)
TRESIBA FLEXTOUCH U-100	1	
TRESIBA FLEXTOUCH U-200	1	
TRESIBA U-100 INSULIN	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	QL (60/30)
TRULICITY	1	QL (2/28)
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
VICTOZA 2-PAK	1	QL (9/30)
VICTOZA 3-PAK	1	QL (9/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (60/30)
XULTOPHY 100/3.6	1	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; NDS
<i>cabergoline</i>	1	
<i>calcitonin (salmon) injection</i>	1	NDS
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	1	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	1	QL (120/30)
<i>danazol</i>	1	
<i>desmopressin injection</i>	1	NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
ELAPRASE	1	PA; NDS
FABRAZYME	1	NDS
KORLYM	1	PA; QL (120/30); NDS
KUVAN	1	PA; NDS
LUMIZYME	1	PA; NDS
MIACALCIN INJECTION	1	NDS
<i>miglustat</i>	1	LA; NDS
NAGLAZYME	1	PA; NDS
NATPARA	1	PA; LA; QL (2/28); NDS
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60/30)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (120/30)
<i>pamidronate intravenous solution</i>	1	
<i>paricalcitol oral</i>	1	
SAMSCA ORAL TABLET 15 MG	1	PA; QL (30/30); NDS
SAMSCA ORAL TABLET 30 MG	1	PA; QL (60/30); NDS
<i>sapropterin</i>	1	PA; NDS
SOMAVERT	1	PA; QL (30/30); NDS
SYNAREL	1	NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (1 ml)</i>	1	
TESTOSTERONE CYPIONATE INTRAMUSCULAR OIL 200 MG/ML	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	PA; QL (300/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	1	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	1	PA; QL (300/30)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	1	B/D PA
THYROID HORMONES		
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 175 mcg</i>	1	
LEVOXYL ORAL TABLET 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral</i>	1	
SYNTHROID	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>unithroid oral tablet 137 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>dicyclomine oral capsule</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>loperamide oral capsule</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	PA; NDS
<i>aprepitant</i>	1	B/D PA
AVSOLA	1	PA; NDS
<i>balsalazide</i>	1	
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>budesonide oral tablet, delayed and ext. release</i>	1	NDS
<i>compro</i>	1	
<i>constulose</i>	1	
CORTIFOAM	1	
CREON	1	
<i>cromolyn oral</i>	1	
CYSTADANE	1	NDS
<i>dronabinol</i>	1	B/D PA; QL (60/30)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
<i>enulose</i>	1	
GATTEX 30-VIAL	1	PA; NDS
GATTEX ONE-VIAL	1	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-n</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>generlac</i>	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	B/D PA
<i>granisetron hcl intravenous</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; QL (60/30)
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>lactulose oral solution</i>	1	
LINZESS	1	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
MOVANTIK	1	QL (30/30)
OCALIVA	1	PA; LA; QL (30/30); NDS
<i>ondansetron</i>	1	B/D PA
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral solution</i>	1	B/D PA; QL (450/30)
<i>ondansetron hcl oral tablet</i>	1	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	NDS
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte</i>	1	
PENTASA	1	NDS
PLENVU	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	1	
RELISTOR SUBCUTANEOUS SOLUTION	1	PA; NDS
RELISTOR SUBCUTANEOUS SYRINGE	1	PA; NDS
RENFLXIS	1	PA; NDS
SANCUSO	1	NDS
<i>scopolamine base</i>	1	QL (10/30)
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	1	
SUTAB	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	1	
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	1	NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	1	
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	
<i>misoprostol</i>	1	
<i>nizatidine oral capsule</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	1	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	1	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA; NDS
ARCALYST	1	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; QL (1/28); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BETASERON SUBCUTANEOUS KIT	1	PA; QL (14/28); NDS
GENOTROPIN	1	PA; NDS
GENOTROPIN MINIQUICK	1	PA; NDS
INTRON A INJECTION RECON SOLN	1	B/D PA; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ ML	1	B/D PA; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ ML	1	B/D PA
LEUKINE INJECTION RECON SOLN	1	PA; NDS
MOZOBIL	1	B/D PA; NDS
NIVESTYM	1	PA; NDS
NYVEPRIA	1	PA; NDS
REBIF (WITH ALBUMIN)	1	PA; QL (6/28); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; QL (6/28); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; QL (4.2/180); NDS
REBIF TITRATION PACK	1	PA; QL (4.2/180); NDS
RETACRIT	1	PA
ZARXIO	1	PA; NDS
ZIEXTENZO	1	PA; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	1	
ATGAM	1	B/D PA
BCG VACCINE, LIVE (PF)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BOTOX	1	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA
ENGERIX-B PEDIATRIC (PF)	1	B/D PA
<i>fomepizole</i>	1	NDS
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10%), 10 GRAM/100 ML (10%), 20 GRAM/200 ML (10%), 5 GRAM/50 ML (10%)	1	B/D PA; NDS
GAMUNEX-C	1	B/D PA; NDS
GARDASIL 9 (PF)	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	1	
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; NDS
IMOVAX RABIES VACCINE (PF)	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	
IPOL	1	
IXIARO (PF)	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	
MENQUADFI (PF)	1	
MENVEO A-C-Y-W-135-DIP (PF)	1	
M-M-R II (PF)	1	
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PROQUAD (PF)	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
QUADRACEL (PF)	1	
RABAERT (PF)	1	
RECOMBIVAX HB (PF)	1	B/D PA
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	QL (2/999)
STAMARIL (PF)	1	
TDVAX	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	
TETANUS,DIPHThERIA TOX PED(PF)	1	
TRUMENBA	1	
TWINRIX (PF)	1	
TYPHIM VI	1	
VAQTA (PF)	1	
VARIVAX (PF)	1	
VARIZIG	1	
YF-VAX (PF)	1	
ZOSTAVAX (PF)	1	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	1	QL (120/30)
FEBUXOSTAT	1	ST
MITIGARE	1	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
BINOSTO	1	QL (4/28)
<i>ibandronate oral</i>	1	QL (1/30)
PROLIA	1	QL (1/180)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>raloxifene</i>	1	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	1	QL (1/30)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	1	QL (30/30)
TERIPARATIDE	1	PA; QL (2.4/28); NDS
TYMLOS	1	PA; QL (1.56/30); NDS
OTHER RHEUMATOLOGICALS		
BENLYSTA	1	PA; NDS
DEPEN TITRATABS	1	NDS
ENBREL MINI	1	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS RECON SOLN	1	PA; QL (16/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	1	PA; QL (4/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	1	PA; QL (8/28); NDS
ENBREL SURECLICK	1	PA; QL (8/28); NDS
HUMIRA PEN	1	PA; QL (4/28); NDS
HUMIRA PEN CROHNS- UC-HS START	1	PA; QL (6/180); NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS	1	PA; QL (4/180); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; QL (3/180); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; QL (2/180); NDS
HUMIRA(CF) PEN CROHNS- UC-HS	1	PA; QL (3/180); NDS
HUMIRA(CF) PEN PEDIATRIC UC	1	PA; QL (4/180); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA(CF) PEN PSOR-JUV-ADOL HS	1	PA; QL (3/180); NDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (3/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4/28); NDS
<i>leflunomide</i>	1	QL (30/30)
ORENCIA CLICKJECT	1	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; QL (2.8/28); NDS
<i>penicillamine</i>	1	NDS
RIDAURA	1	NDS
RINVOQ	1	PA; QL (30/30); NDS
XELJANZ ORAL SOLUTION	1	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	1	PA; QL (60/30); NDS
XELJANZ XR	1	PA; QL (30/30); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ALORA	1	QL (8/28)
<i>camila</i>	1	
<i>deblitane</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	1	
DEPO-ESTRADIOL	1	
<i>dotti</i>	1	QL (8/28)
DUAVEE	1	PA
<i>errin</i>	1	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL (8/28)
<i>estradiol transdermal patch weekly</i>	1	QL (4/28)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
ESTRING	1	
<i>fyavolv</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate</i>	1	NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	
<i>medroxyprogesterone intramuscular syringe</i>	1	
<i>medroxyprogesterone oral</i>	1	
MENEST	1	
MENOSTAR	1	QL (4/28)
<i>nora-be</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
PREMARIN INJECTION	1	
PREMARIN ORAL	1	
PREMARIN VAGINAL	1	
<i>progesterone micronized</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sharobel</i>	1	
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	1	
<i>vandazole</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	
<i>alyacen 1/35 (28)</i>	1	
<i>alyacen 7/7/7 (28)</i>	1	
<i>amethia</i>	1	
<i>amethyst (28)</i>	1	
<i>apri</i>	1	
<i>aranelle (28)</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30 (21)</i>	1	
<i>aurovela 1/20 (21)</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30 (28)</i>	1	
<i>aurovela fe 1-20 (28)</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette (28)</i>	1	
<i>balziva (28)</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30 (28)</i>	1	
<i>blisovi fe 1/20 (28)</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant (28)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>charlotte 24 fe</i>	1	
<i>chateal (28)</i>	1	
<i>chateal eq (28)</i>	1	
<i>cryselle (28)</i>	1	
<i>cyclafem 1/35 (28)</i>	1	
<i>cyclafem 7/7/7 (28)</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	
<i>dasetta 7/7/7 (28)</i>	1	
<i>daysee</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-e.estradiol-lm.fa</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
ELLA	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	
<i>femynor</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30 (28)</i>	1	
<i>hailey fe 1/20 (28)</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel (28)</i>	1	
<i>jolessa</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>juleber</i>	1	
<i>junel 1.5/30 (21)</i>	1	
<i>junel 1/20 (21)</i>	1	
<i>junel fe 1.5/30 (28)</i>	1	
<i>junel fe 1/20 (28)</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	
<i>kelnor 1-50 (28)</i>	1	
<i>kurvelo (28)</i>	1	
<i>l norgest/e.estradiol-e.estradiol</i>	1	
<i>larin 1.5/30 (21)</i>	1	
<i>larin 1/20 (21)</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30 (28)</i>	1	
<i>larin fe 1/20 (28)</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>leena 28</i>	1	
<i>lessina</i>	1	
<i>levonest (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	
<i>lillow (28)</i>	1	
<i>lojaimiess</i>	1	
<i>loryna (28)</i>	1	
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	
<i>lutra (28)</i>	1	
<i>marlissa (28)</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30 (21)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>microgestin 1/20 (21)</i>	1	
<i>microgestin fe 1.5/30 (28)</i>	1	
<i>microgestin fe 1/20 (28)</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35 (28)</i>	1	
<i>nikki (28)</i>	1	
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7 (28)</i>	1	
<i>nylia 7/7/7 (28)</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea (28)</i>	1	
<i>pirmella</i>	1	
<i>portia 28</i>	1	
<i>previfem</i>	1	
<i>reclipsen (28)</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>simliya (28)</i>	1	
<i>simpesse</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sprintec</i> (28)	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i> (28)	1	
<i>tarina fe 1-20 eq</i> (28)	1	
<i>taysofy</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i> (28)	1	
<i>tri-sprintec</i> (28)	1	
<i>trivora</i> (28)	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
<i>velivet triphasic regimen</i> (28)	1	
<i>vestura</i> (28)	1	
<i>vienva</i>	1	
<i>violele</i> (28)	1	
<i>volnea</i> (28)	1	
<i>vyfemla</i> (28)	1	
<i>vylibra</i>	1	
<i>wera</i> (28)	1	
<i>wymzya fe</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35e</i> (28)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zovia 1-35</i> (28)	1	
<i>zumandimine</i> (28)	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	1	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	1	
CILOXAN OPHTHALMIC (EYE) OINTMENT	1	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	1	
BETA-BLOCKERS		
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>timolol maleate ophthalmic (eye) drops</i>	1	
TIMOLOL MALEATE OPTHALMIC (EYE) GEL FORMING SOLUTION	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>cromolyn ophthalmic (eye)</i>	1	
CYSTARAN	1	PA; NDS
<i>epinastine</i>	1	
EYLEA	1	PA; NDS
LACRISERT	1	
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	1	PA; QL (112/999); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	1	
RESTASIS	1	QL (60/30)
RESTASIS MULTIDOSE	1	QL (60/30)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
XIIDRA	1	QL (60/30)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OTHER GLAUCOMA DRUGS		
AZOPT	1	
<i>bimatoprost ophthalmic (eye)</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	1	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01%	1	
RHOPRESSA	1	ST
ROCKLATAN	1	ST
SIMBRINZA	1	
<i>travoprost</i>	1	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	1	
PRED-G S.O.P.	1	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	1	
DUREZOL	1	
<i>fluorometholone</i>	1	
INVELTYS	1	
LOTEMAX	1	
LOTEMAX SM	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	1	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	1	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>desloratadine oral tablet</i>	1	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	1	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (30/30)
<i>promethazine oral</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA
ADEMPAS	1	PA; LA; QL (90/30); NDS
ADVAIR HFA	1	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proair)</i>	1	QL (17/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (GENERIC FOR PROVENTIL)	1	QL (13.4/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for ventolin)</i>	1	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
<i>alyq</i>	1	PA; QL (60/30); NDS
<i>ambrisentan</i>	1	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	1	QL (60/30)
<i>arformoterol</i>	1	B/D PA
ARNUITY ELLIPTA	1	QL (30/30)
ATROVENT HFA	1	QL (25.8/30)
<i>bosentan</i>	1	PA; LA; NDS
BREO ELLIPTA	1	QL (60/30)
BROVANA	1	B/D PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; QL (120/30)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; QL (60/30)
COMBIVENT RESPIMAT	1	QL (8/30)
<i>cromolyn inhalation</i>	1	B/D PA
DALIRESP	1	PA; QL (30/30)
ESBRIET ORAL CAPSULE	1	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 267 MG	1	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 801 MG	1	PA; QL (90/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	QL (240/30)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	1	QL (12/30)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	1	QL (24/30)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	1	QL (10.6/30)
<i>flunisolide</i>	1	QL (50/30)
<i>fluticasone propionate nasal</i>	1	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (60/30)
<i>formoterol fumarate</i>	1	B/D PA; QL (120/30)
HAEGARDA	1	PA; NDS
<i>icatibant</i>	1	PA; QL (18/30); NDS
INCRUSE ELLIPTA	1	QL (30/30)
<i>ipratropium bromide inhalation</i>	1	B/D PA
<i>ipratropium-albuterol</i>	1	B/D PA
KALYDECO ORAL GRANULES IN PACKET	1	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	1	PA; QL (60/30); NDS
<i>levalbuterol hcl</i>	1	B/D PA
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	1	QL (34/30)
<i>montelukast oral granules in packet</i>	1	QL (30/30)
<i>montelukast oral tablet</i>	1	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>montelukast oral tablet, chewable</i>	1	QL (30/30)
OFEV	1	PA; QL (60/30); NDS
OPSUMIT	1	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	1	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	1	PA; QL (112/28); NDS
PERFOROMIST	1	B/D PA; QL (120/30)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	1	B/D PA; QL (120/30)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	1	B/D PA; QL (60/30)
PULMOZYME	1	B/D PA; QL (150/30); NDS
<i>sajazir</i>	1	PA; QL (18/30); NDS
SEREVENT DISKUS	1	QL (60/30)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	1	PA; QL (90/30)
SYMDEKO	1	PA; QL (56/28); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60/30); NDS
<i>terbutaline</i>	1	
THEO-24	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRELEGY ELLIPTA	1	QL (60/30)
TRIKAFTA	1	PA; NDS
VENTAVIS	1	PA; NDS
VENTOLIN HFA	1	QL (36/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>wixela inhub</i>	1	QL (60/30)
XHANCE	1	ST; QL (32/30)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; LA; QL (6/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; LA; QL (4/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1/28); NDS
XOPENEX	1	B/D PA
XOPENEX CONCENTRATE	1	B/D PA
YUPELRI	1	B/D PA; QL (90/30)
<i>zafirlukast</i>	1	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	
<i>flavoxate</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	QL (60/30)
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	1	QL (30/30)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	1	
CYSTAGON	1	LA
ELMIRON	1	NDS
K-PHOS ORIGINAL	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium citrate</i>	1	
RENACIDIN	1	

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	1	
<i>klor-con</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers intravenous</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection</i>	1	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>potassium chloride-0.45% nacl</i>	1	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
POTASSIUM CHLORIDE-D5-0.9%NACL	1	
<i>ringer's intravenous</i>	1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4%), 7.5% (0.9 meq/ml), 8.4% (1 meq/ml)</i>	1	
<i>sodium chloride 0.45% intravenous parenteral solution</i>	1	
<i>sodium chloride 3%</i>	1	
<i>sodium chloride 5%</i>	1	
<i>sodium chloride intravenous</i>	1	
TPN ELECTROLYTES	1	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15%	1	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	1	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	1	B/D PA
CLINISOL SF 15%	1	B/D PA
<i>electrolyte-48 in d5w</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	1	B/D PA
KABIVEN	1	B/D PA
NUTRILIPID	1	B/D PA
PERIKABIVEN	1	B/D PA
PLENAMINE	1	B/D PA
PREMASOL 10%	1	B/D PA
PROCALAMINE 3%	1	B/D PA
PROSOL 20%	1	B/D PA
TRAVASOL 10%	1	B/D PA
TROPHAMINE 10%	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
PRENATAL VITAMIN ORAL TABLET	1	

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COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	27	<i>d5%-0.45% sodium chloride</i>	40	DEPO-MEDROL	41
COPIKTRA	18	<i>d5% and 0.9% sodium chloride</i>	40	DESCOVY	11
CORLANOR ORAL TABLET	36	<i>d10%-0.45% sodium chloride</i>	40	<i>desipramine</i>	30
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COSMEGEN	19	<i>dalfampridine</i>	27	<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	45
COTELLIC	19	DALIRESP	55	<i>desmopressin nasal spray with pump</i>	45
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<i>cromolyn oral</i>	46	DAPTACEL (DTAP PEDIATRIC) (PF)	48	<i>desonide topical lotion</i>	39
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<i>dexamethasone intensol</i>	41	<i>dextrose 50% in water (d50w)</i>	40	DILANTIN 30 MG	25
<i>dexamethasone oral elixir</i>	41	<i>dextrose 70% in water (d70w)</i>	40	<i>diltiazem hcl intravenous</i>	34
<i>dexamethasone oral solution</i>	41	DIACOMIT ORAL		<i>diltiazem hcl oral capsule,</i> <i>extended release 12 hr</i>	34
<i>dexamethasone oral tablet</i> <i>0.5 mg, 0.75 mg, 4 mg</i>	41	DIACOMIT ORAL CAPSULE 250 MG	25	<i>diltiazem hcl oral capsule,</i> <i>extended release 24hr 120 mg,</i> <i>180 mg, 240 mg, 300 mg</i>	34
<i>dexamethasone oral tablet</i> <i>1 mg, 1.5 mg, 2 mg, 6 mg</i>	41	DIACOMIT ORAL CAPSULE 500 MG	25	<i>diltiazem hcl oral capsule,</i> <i>extended release 24 hr 120 mg,</i> <i>180 mg, 240 mg, 300 mg, 420 mg</i>	34
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<i>dextroamphetamine-amphetamine</i> <i>oral tablet 5 mg</i>	30	<i>diazepam intensol</i>	31	<i>dimethyl fumarate oral capsule,</i> <i>delayed release(dr/ec) 120 mg</i>	27
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<i>dextroamphetamine oral tablet</i>	30	<i>diclofenac sodium ophthalmic (eye)</i>	54	<i>disulfiram</i>	40
<i>dextrose 5%-0.2% sod chloride</i>	40	<i>diclofenac sodium oral</i>	29	<i>divalproex</i>	25
<i>dextrose 5%-0.3% sod.chloride</i>	40	<i>diclofenac sodium topical drops</i>	29	<i>docetaxel intravenous solution</i> <i>160 mg/16 ml (10 mg/ml), 160 mg/ 8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	19
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<i>dextrose 5%-lactated ringers</i>	40	<i>dicyclomine oral capsule</i>	45	<i>donepezil oral tablet 5 mg</i>	27
<i>dextrose 10% and 0.2% nacl</i>	40	<i>dicyclomine oral solution</i>	46	<i>donepezil oral tablet 10 mg</i>	27
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		<i>didanosine oral capsule, delayed</i> <i>release(dr/ec) 250 mg, 400 mg</i>	11		
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<i>doxazosin oral tablet 8 mg</i>	34	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	37	EMCYT	19
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<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	55	ESBRIET ORAL TABLET 801 MG	55	<i>famciclovir</i>	12
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<i>epirubicin intravenous solution</i>	19	<i>escitalopram oxalate oral tablet</i>	31	<i>famotidine oral tablet 20 mg, 40 mg</i>	47
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<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	45				
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	41				
ZOLEDRONIC AC- MANNITOL-0.9NACL	45				
ZOLINZA	24				
<i>zolpidem oral tablet</i>	33				
<i>zonisamide</i>	26				
ZORTRESS ORAL TABLET 1 MG ..	24				
ZOSTAVAX (PF)	49				
ZOSYN IN DEXTROSE (ISO-OSM)	16				
<i>zovia 1-35 (28)</i>	53				



Notice of Nondiscrimination: Discrimination is Against the Law

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-668-3813 (TTY 711), 8 a.m. to 8 p.m., 7 days a week.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cigna
Attn: Grievance Department
PO Box 188080
Chattanooga, TN 37422
Phone: 1-800-668-3813 (TTY 711) Fax: 1-888-586-9946.

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1-800-668-3813 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. ATENCIÓN: si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-668-3813 (TTY 711), 8 a.m. a 8 p.m., 7 días de la semana. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. © 2017 Cigna

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 دیں: 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.



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