



Network Health Zero (PPO)

Network Health Select (PPO)

Network Health Choice (PPO)

Network Health PlusRx (PPO)

Network Health PremierRx (PPO)

Network Health Cares (PPO D-SNP)

Network Health Go (PPO)

Network Health Anywhere (PPO)

2024 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24395, Version Number 29

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Network Health Medicare Advantage Plans customer

10/01/2024

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service at 800-316-3107 (TTY users should call 800-899-2114), 24 hours a day, seven days a week, or visit [networkhealth.com](https://www.networkhealth.com).

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Network Health Insurance Corporation. When it refers to “plan” or “our plan,” it means Network Health Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Network Health Medicare Advantage Plans Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Network Health Medicare Advantage Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Network Health Medicare Advantage Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) 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 the 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 find information in the section below titled “How do I request an exception to the Network Health Medicare Advantage Plans’ Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the

time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Network Health Medicare Advantage Plans’ Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Network Health Medicare Advantage Plans will update the printed formulary document with mid-year, non-maintenance changes on a quarterly basis. However, these types of changes will be available on our website at networkhealth.com 60 days prior to the change. Additionally, if you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 19. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on 187. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 187. The 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 Index and find the name of your drug in the first column of the list.

What are generic drugs?

Network Health Medicare Advantage Plans 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:** Network Health Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This

means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 19. 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 restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans' formulary?" on page 7 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact customer service and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Network Health Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Network Health Medicare Advantage Plans' Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Network Health Medicare Advantage Plans 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, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician 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 continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but 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 formulary 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 in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or 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, even if you have been a member of the plan less than 90 days.

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

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

For more detailed information about your Network Health Medicare Advantage Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Network Health Medicare Advantage Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Network Health Medicare Advantage Plans Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 187.

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

The information in the Requirements/Limits column tells you if Network Health Medicare Advantage Plans has any special requirements for coverage of your drug.

Network Health PlusRx

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

Initial Coverage Phase				
PREFERRED PHARMACY			STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$7	\$17
Tier 2	\$8	\$20	\$15	\$37
Tier 3*	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3 and Tier 4	\$35	\$105	\$35	\$105

*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$260.

Network Health PremierRx and Network Health Choice

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

Initial Coverage Phase				
PREFERRED PHARMACY			STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$7	\$17
Tier 2	\$8	\$20	\$15	\$37
Tier 3	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3 and Tier 4	\$35	\$105	\$35	\$105

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$260.

Network Health Select

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

Initial Coverage Phase				
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$7	\$17
Tier 2	\$8	\$20	\$15	\$37
Tier 3	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	27%	N/A	27%	N/A
Insulin Tier 3 and Tier 4	\$35	\$105	\$35	\$105

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$395.

Network Health Go

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

Initial Coverage Phase				
PREFERRED PHARMACY			STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$7	\$17
Tier 2	\$8	\$20	\$15	\$37
Tier 3*	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	30%	N/A	30%	N/A
Insulin Tier 3 and Tier 4	\$35	\$105	\$35	\$105

*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$195.

Network Health Anywhere

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

Initial Coverage Phase				
PREFERRED PHARMACY			STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$7	\$17
Tier 2	\$8	\$20	\$15	\$37
Tier 3	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3 and Tier 4	\$35	\$105	\$35	\$105

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$250.

Network Health Cares

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost-share may be less. For more information, consult your *Evidence of Coverage*.

Initial Coverage Phase				
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$0, \$1.55, \$4.50, \$7	\$0, \$1.55, \$4.50, \$17	\$0, \$1.55, \$4.50, \$15	\$0, \$1.55, \$4.50, \$37
Tier 2*	\$0, \$1.55, \$4.50, \$13	\$0, \$1.55, \$4.50, \$32	\$0, \$1.55, \$4.50, \$20	\$0, \$1.55, \$4.50, \$50
Tier 3*	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$42	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$105	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$47	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$117
Tier 4*	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$95	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$237	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$100	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$250
Tier 5*	\$0, \$1.55, \$4.50, \$4.60, \$11.20, 25%	N/A	\$0, \$1.55, \$4.50, \$4.60, \$11.20, 25%	N/A
Insulin Tier 3 and Tier 4	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$35	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$105	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$35	\$0, \$1.55, \$4.50, \$4.60, \$11.20, \$105

*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$545 for your Tier 2, Tier 3, Tier 4 and Tier 5

drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.

Network Health Zero

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, you will pay the following cost share. For more information, consult your *Evidence of Coverage*.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$7	\$17
Tier 2	\$8	\$20	\$15	\$37
Tier 3*	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	27%	N/A	27%	N/A
Insulin Tier 3 and Tier 4	\$35	\$105	\$35	\$105

*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$395.

Legend

PA	Prior Authorization
QL	Quantity Limit
Part B vs D Determination	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day, seven days a week. TTY users should call 800-899-2114.
\$35	\$35 per month supply of insulin
\$0	This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B VS D
<i>amphotericin b</i>	4	B VS D
<i>amphotericin b liposome</i>	5	B VS D
<i>casprofungin acetate 50 mg vial</i>	5	
<i>casprofungin acetate 70 mg vial</i>	4	
<i>clotrimazole 10 mg troche</i>	2	
ERAXIS 100 MG VIAL	5	
ERAXIS 50 MG VIAL	4	
<i>fluconazole</i>	2	
<i>fluconazole in sodium chloride, iso-osmotic</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin ultramicrosize</i>	4	
<i>griseofulvin, microsize 125 mg/5ml oral susp</i>	2	
<i>griseofulvin, microsize 500 mg tablet</i>	3	
<i>itraconazole 10 mg/ml solution</i>	4	PA
<i>itraconazole 100 mg capsule</i>	2	PA
<i>ketoconazole 200 mg tablet</i>	2	
<i>micafungin sodium</i>	5	
<i>nystatin 500k unit tablet, 100000/ml oral susp</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>posaconazole 100 mg tablet dr</i>	5	
<i>posaconazole 200 mg/5ml oral susp</i>	5	QL (600 PER 30 DAYS)
<i>terbinafine hcl</i>	2	
<i>voriconazole 200 mg vial</i>	2	PA
<i>voriconazole 200 mg/5ml susp recon</i>	5	
<i>voriconazole 50 mg tablet, 200 mg tablet</i>	4	
ANTIVIRALS		
<i>abacavir sulfate</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
<i>acyclovir 200 mg capsule, 400 mg tablet, 800 mg tablet</i>	2	
<i>acyclovir 200 mg/5ml oral susp</i>	3	
<i>acyclovir sodium 50 mg/ml vial</i>	2	B VS D
<i>adefovir dipivoxil</i>	4	
<i>amantadine hcl</i>	2	
APTIVUS 250 MG CAPSULE	5	
<i>atazanavir sulfate</i>	4	
BARACLUDGE 0.05 MG/ML SOLUTION	5	
BIKTARVY	5	
<i>cidofovir</i>	5	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIMDUO	5	
COMPLERA	5	
<i>darunavir</i>	5	
<i>darunavir ethanolate</i>	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	
EDURANT	5	
<i>efavirenz 200 mg capsule, 600 mg tablet</i>	4	
<i>efavirenz 50 mg capsule</i>	3	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate (tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate (tdf) 200-300 mg tablet</i>	4	
EMTRIVA 10 MG/ML SOLUTION	4	
<i>entecavir</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPCLUSA 150-37.5 MG PELLETT PKT, 200-50 MG PELLETT PACK	5	PA, QL (28 PER 28 DAYS)
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL (56 PER 28 DAYS)
<i>etravirine</i>	5	
EVOTAZ	5	
<i>famciclovir 125 mg tablet</i>	2	QL (10 PER 5 DAYS)
<i>famciclovir 250 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>famciclovir 500 mg tablet</i>	2	QL (30 PER 10 DAYS)
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
<i>foscarnet sodium</i>	5	B VS D
FUZEON	5	
<i>ganciclovir sodium</i>	2	B VS D
GENVOYA	5	
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL (28 PER 28 DAYS)
HARVONI 45-200 MG PELLETT PACKT, 45-200 MG TABLET	5	PA, QL (56 PER 28 DAYS)
INTELENCE 25 MG TABLET	3	
ISENTRESS 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET	5	
ISENTRESS 25 MG TABLET CHEW	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISENTRESS HD	5	
JULUCA	5	
LAGEVRIO (EUA)	3	QL (40 PER 180 DAYS)
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	2	
<i>ledipasvir/sofosbuvir</i>	5	PA, QL (28 PER 28 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	
LIVTENCITY	5	PA, LA
<i>lopinavir/ritonavir</i>	4	
<i>maraviroc</i>	5	
MAVYRET 100-40 MG TABLET	5	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PELLETT PACKET	5	PA, QL (140 PER 28 DAYS)
<i>nevirapine 400 mg tab er 24h</i>	4	
<i>nevirapine 50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet</i>	2	
NORVIR 100 MG POWDER PACKET	4	
ODEFSEY	5	
<i>oseltamivir phosphate</i>	2	
PAXLOVID	3	QL (30 PER 180 DAYS)
PAXLOVID (EUA)	3	QL (30 PER 180 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PIFELTRO	5	
PREVYMIS 240 MG TABLET, 480 MG TABLET	5	PA, QL (30 PER 30 DAYS)
PREZCOBIX	5	
PREZISTA 100 MG/ML SUSPENSION	5	
PREZISTA 75 MG TABLET, 150 MG TABLET	4	
RELENZA	4	
REYATAZ 50 MG POWDER PACKET	5	
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	
SELZENTRY 20 MG/ML ORAL SOLN, 75 MG TABLET	5	
SELZENTRY 25 MG TABLET	4	
<i>sofosbuvir/velpatasvir</i>	5	PA, QL (28 PER 28 DAYS)
SOVALDI 150 MG PELLETT PACKET, 400 MG TABLET	5	PA, QL (28 PER 28 DAYS)
SOVALDI 200 MG PELLETT PACKET, 200 MG TABLET	5	PA, QL (56 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>stavudine</i>	2	
STRIBILD	5	
SUNLENCA 4- 300 MG TABLET, 5- 300 MG TABLET	5	
SYMTUZA	5	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10 MG TABLET	4	
TIVICAY 25 MG TABLET, 50 MG TABLET	5	
TIVICAY PD	5	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
TYBOST	3	
<i>valacyclovir hcl 1000 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>valacyclovir hcl 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>valganciclovir hcl 450 mg tablet</i>	3	QL (120 PER 30 DAYS)
<i>valganciclovir hcl 50 mg/ml soln recon</i>	5	QL (1080 PER 30 DAYS)
VEKLURY	5	
VEMLIDY	5	QL (30 PER 30 DAYS)
VIRACEPT	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER	5	
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA
<i>zidovudine</i>	2	
CEPHALOSPORINS		
<i>cefaclor 125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i>	3	
<i>cefazolin sodium/dextrose, iso-osmotic sodium/dextrose, iso 1 g/50 ml froz.piggy, sodium/dextrose, iso 1 g/50 ml piggyback, sodium/dextrose, iso 2 g/50 ml piggyback</i>	3	
<i>cefazolin sodium/dextrose, iso-osmotic sodium/dextrose, iso 2 g/100 ml froz.piggy</i>	4	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	4	
<i>cefepime hcl in dextrose 5 % in water</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefepime hcl in iso-osmotic dextrose</i>	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i>	3	
<i>cefotetan disodium</i>	2	
<i>cefoxitin sodium</i>	3	
<i>cefoxitin sodium/dextrose, iso-osmotic</i>	3	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	3	
<i>ceftriaxone sodium</i>	3	
<i>ceftriaxone sodium in iso-osmotic dextrose</i>	3	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	3	
<i>cephalexin 125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet</i>	2	
FETROJA	5	
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION	4	
TEFLARO	5	
ZERBAXA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin 1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet</i>	2	
<i>azithromycin 500 mg vial, 500 mg vial port</i>	3	
<i>clarithromycin 125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet</i>	2	
<i>clarithromycin 500 mg tab er 24h</i>	3	
DIFICID 200 MG TABLET	5	PA, QL (20 PER 10 DAYS)
DIFICID 40 MG/ML SUSPENSION	5	PA, QL (136 PER 10 DAYS)
<i>erythromycin base 250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr</i>	3	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin lactobionate</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	
<i>albendazole</i>	5	
<i>amikacin sulfate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARIKAYCE	5	PA, LA
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
<i>aztreonam</i>	3	
<i>bacitracin 50000 unit vial</i>	2	
<i>benznidazole</i>	3	
CAYSTON	5	PA, LA
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate 150 mg/ml vial</i>	3	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	3	
<i>clindamycin phosphat/dextrose 5 % in water</i>	3	
COARTEM	3	
<i>colistin (as colistimethate sodium)</i>	4	
<i>cycloserine</i>	4	
DALVANCE	5	
<i>dapsone 25 mg tablet, 100 mg tablet</i>	3	
<i>daptomycin</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>daptomycin in 0.9 % sodium chloride</i>	4	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>ethambutol hcl</i>	2	
<i>gentamicin sulfate 40 mg/ml vial</i>	3	
<i>gentamicin sulfate in sodium chloride, iso-osmotic -60 mg/50ml, -80 mg/50ml, -80mg/100ml, -100mg/0.1l, -100mg/50ml, -120mg/0.1l</i>	3	
<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	3	
<i>hydroxychloroquine sulfate 100 mg tablet, 300 mg tablet, 400 mg tablet</i>	3	
<i>hydroxychloroquine sulfate 200 mg tablet</i>	2	
<i>imipenem/cilastatin sodium</i>	3	
IMPAVIDO	5	PA
<i>isoniazid</i>	2	
<i>ivermectin 3 mg tablet</i>	3	PA
KIMYRSA	5	
KITABIS PAK	5	QL (280 PER 28 DAYS), B VS D
KRINTAFEL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMPIT	4	
<i>lincomycin hcl</i>	2	
<i>linezolid 100 mg/5ml susp recon</i>	5	
<i>linezolid 600 mg tablet</i>	4	
<i>linezolid in 0.9 % sodium chloride</i>	4	
<i>linezolid in dextrose 5 % in water</i>	4	
<i>mefloquine hcl</i>	2	
<i>meropenem</i>	4	
<i>meropenem in 0.9 % sodium chloride</i>	4	
<i>metronidazole 250 mg tablet, 375 mg capsule, 500 mg tablet</i>	2	
<i>metronidazole in sodium chloride</i>	4	
<i>neomycin sulfate</i>	2	
<i>nitazoxanide</i>	5	
ORBACTIV	5	
<i>paromomycin sulfate</i>	4	
<i>pentamidine isethionate 300 mg vial</i>	3	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	B VS D
<i>polymyxin b sulfate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>praziquantel</i>	3	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>primaquine phosphate</i>	4	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	
<i>quinine sulfate</i>	2	
RECARBRIO	5	
<i>rifabutin</i>	4	
<i>rifampin</i>	2	
SIRTURO	5	LA
SIVEXTRO	5	
SOLOSEC	4	
<i>streptomycin sulfate</i>	4	
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	
TOBI PODHALER	5	QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/4ml ampul- neb</i>	5	QL (224 PER 28 DAYS), B VS D
<i>tobramycin in 0.225 % sodium chloride</i>	5	QL (280 PER 28 DAYS), B VS D
<i>tobramycin sulfate</i>	4	
TRECTOR	4	
VABOMERE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XENLETA 600 MG TABLET	5	
XIFAXAN 200 MG TABLET	3	PA, QL (9 PER 3 DAYS)
XIFAXAN 550 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ZEMDRI	5	
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin/potassium clavulanate 200-28.5/5 susp recon, 200-28.5mg tab chew, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg tab chew, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon, 875-125 mg tablet</i>	2	
<i>ampicillin sodium</i>	3	
<i>ampicillin sodium/sulbactam sodium</i>	3	
<i>ampicillin trihydrate 500 mg capsule</i>	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin in dextrose, iso-osmotic</i>	4	
<i>nafcillin sodium 1 vial, 2 vial, 2 vial port</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nafcillin sodium 10 g vial</i>	5	
<i>oxacillin sodium 1 vial, 2 vial, 10 vial</i>	4	
<i>oxacillin sodium in iso-osmotic dextrose</i>	4	
<i>penicillin g potassium</i>	3	
<i>penicillin g potassium/dextrose-water</i>	3	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	2	
PFIZERPEN	3	
<i>piperacillin sodium/tazobactam sodium</i>	3	
QUINOLONES		
BAXDELA	5	
<i>ciprofloxacin hcl 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	2	
<i>ciprofloxacin lactate/dextrose 5 % in water</i>	3	
<i>levofloxacin 25 mg/ml vial</i>	3	
<i>levofloxacin 250 mg tablet, 250mg/10ml solution, 500 mg tablet, 750 mg tablet</i>	2	
<i>levofloxacin/dextrose 5 % in water</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl 400 mg tablet</i>	2	
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4	
<i>moxifloxacin hcl in sodium chloride, iso-osmotic</i>	4	
<i>ofloxacin 300 mg tablet, 400 mg tablet</i>	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole/trimethoprim</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
DOXY 100	2	
<i>doxycycline hyclate 20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial</i>	2	
<i>doxycycline monohydrate 25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg tablet</i>	2	
<i>minocycline hcl 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUZYRA	5	
<i>tetracycline hcl 250 mg capsule</i>	2	
<i>tetracycline hcl 500 mg capsule</i>	4	
XERAVA	5	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin hcl 1 g vial, 1 g vial port, 1.5 g vial, 5 g vial, 10 g vial, 25 mg/ml soln recon, 50 mg/ml soln recon, 100 g bulkbaginj, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port</i>	3	
<i>vancomycin hcl 1.25 g vial, 125 mg capsule, 250 mg capsule, 250 mg vial</i>	4	
<i>vancomycin hcl in water for injection (peg-400, nada) vancomycin/water (peg) 1.25 g/250, vancomycin/water (peg) 1.75 g/350, vancomycin/water (peg) 750mg/.15l</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin in 0.9 % sodium chloride vancomycin/0.9 % 1g/200ml, vancomycin/0.9 % 500mg/0.1l, vancomycin/0.9 % 750mg/.15l</i>	3	
<i>vancomycin in 0.9 % sodium chloride vancomycin/0.9 750 mg/250 plast. bag</i>	4	
<i>vancomycin in 5 % dextrose in water 5 % 1g/200ml, 5 % 500mg/0.1l, 5 % 750mg/.15l</i>	3	
<i>vancomycin in 5 % dextrose in water hcl1.2g/20 plast. bag</i>	4	
VIBATIV	4	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE	5	
KHAPZORY	5	B VS D
<i>leucovorin calcium 10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial</i>	2	B VS D
<i>leucovorin calcium 5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet</i>	2	
<i>levoleucovorin calcium</i>	5	B VS D
MESNEX 400 MG TABLET	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XGEVA	5	PA
<i>abiraterone acetate</i>	5	PA, QL (120 PER 30 DAYS)
ADCETRIS	5	B VS D
ADSTILADRIN	5	PA
AKEEGA	5	PA, LA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ALYMSYS	5	B VS D
<i>anastrozole</i>	1	
ANKTIVA	5	PA
<i>arsenic trioxide</i>	5	B VS D
ARZERRA	5	B VS D
ASPARLAS	5	B VS D
ASTAGRAF XL	4	B VS D
AUGTYRO	5	PA, QL (240 PER 30 DAYS)
AVASTIN	5	B VS D
AYVAKIT	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azacitidine</i>	5	B VS D
<i>azathioprine 50 mg tablet</i>	2	B VS D
<i>azathioprine 75 mg tablet, 100 mg tablet</i>	3	B VS D
BALVERSA	5	PA, LA
BAVENCIO	5	B VS D
BELEODAQ	5	B VS D
<i>bendamustine hcl</i>	5	B VS D
BESPONSA	5	B VS D
<i>bexarotene 1 % gel (gram), 75 mg capsule</i>	5	PA
<i>bicalutamide</i>	2	
<i>bleomycin sulfate</i>	5	B VS D
BLINCYTO 35MCG VL W-STABILIZER	5	B VS D
<i>bortezomib</i>	5	B VS D
BOSULIF 100 MG CAPSULE, 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
BOSULIF 50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BRAFTOVI	5	PA, LA
BRUKINSA	5	PA, LA
CABOMETYX 20 MG TABLET, 60 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX 40 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
CALQUENCE	5	PA, LA, QL (60 PER 30 DAYS)
CAPRELSA	5	PA, LA
<i>carboplatin</i>	2	B VS D
<i>carmustine</i>	5	B VS D
<i>cisplatin</i>	2	B VS D
<i>cladribine</i>	5	B VS D
<i>clofarabine</i>	5	B VS D
COLUMVI	5	PA
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, LA, QL (60 PER 30 DAYS)
COSMEGEN	5	B VS D
COTELLIC	5	PA, LA, QL (63 PER 21 DAYS)
<i>cyclophosphamide 1 g vial, 2 g vial, 500 mg vial</i>	2	B VS D
<i>cyclophosphamide 200 mg/ml vial</i>	4	B VS D
<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	3	B VS D

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine 25 mg capsule, 100 mg capsule</i>	2	B VS D
<i>cyclosporine, modified</i>	2	B VS D
CYRAMZA	5	B VS D
<i>cytarabine</i>	2	B VS D
<i>cytarabine/pf</i>	2	B VS D
<i>dacarbazine</i>	2	B VS D
<i>dactinomycin</i>	5	B VS D
DANYELZA	5	B VS D
DARZALEX	5	LA, B VS D
DARZALEX FASPRO	5	B VS D
<i>daunorubicin hcl</i>	2	B VS D
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>decitabine</i>	5	B VS D
<i>docetaxel 20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial</i>	5	B VS D
<i>doxorubicin hcl</i>	2	B VS D
<i>doxorubicin hcl pegylated liposomal</i>	5	B VS D
DROXIA	3	
ELIGARD 45 MG SYRINGE B, 45 MG SYRINGE KIT	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT	3	PA
ELREXFIO	5	PA
ELZONRIS	5	PA
EMCYT	5	
EMPLICITI	5	B VS D
ENHERTU	5	B VS D
ENSPRYNG	5	PA
ENVARUSUS XR	4	B VS D
<i>epirubicin hcl 50 mg/25ml vial, 200mg/0.1l vial</i>	2	B VS D
EPKINLY	5	PA
ERBITUX	5	B VS D
<i>eribulin mesylate</i>	5	B VS D
ERIVEDGE	5	PA, QL (28 PER 28 DAYS)
ERLEADA	5	PA
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
ERWINASE	5	B VS D

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>etoposide 20 mg/ml vial</i>	2	B VS D
EULEXIN	5	
<i>everolimus 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	5	B VS D
<i>everolimus 2 mg tab susp, 2.5 mg tablet, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	5	PA
<i>exemestane</i>	2	
EXKIVITY	5	PA, LA
FIRMAGON	4	PA
<i>floxuridine</i>	2	B VS D
<i>fludarabine phosphate</i>	2	B VS D
<i>fluorouracil 1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial</i>	2	B VS D
FOTIVDA	5	PA, LA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
<i>fulvestrant</i>	5	PA
FYARRO	5	PA
GAVRETO	5	PA, LA
GAZYVA	5	PA

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
<i>gemcitabine hcl</i>	5	B VS D
GENGRAF 100 MG CAPSULE, 100 MG/ML SOLUTION	4	B VS D
GENGRAF 25 MG CAPSULE	2	B VS D
GILOTRIF	5	PA
GLEOSTINE 10 MG CAPSULE	4	PA
GLEOSTINE 40 MG CAPSULE, 100 MG CAPSULE	5	PA
HALAVEN	5	B VS D
HERCEPTIN 150 MG VIAL	5	B VS D
HERCEPTIN HYLECTA	5	B VS D
HERZUMA	5	B VS D
<i>hydroxyurea</i>	2	
IBRANCE	5	PA, QL (21 PER 28 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
<i>idarubicin hcl</i>	2	B VS D
IDHIFA	5	PA, LA, QL (30 PER 30 DAYS)
<i>ifosfamide</i>	2	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imatinib mesylate</i>	5	PA, QL (90 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 280 MG TABLET	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA 420 MG TABLET, 560 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
IMDELLTRA	5	PA
IMFINZI	5	LA, B VS D
IMJUDO	5	PA
IMLYGIC	5	PA
INFUGEM	5	B VS D
INLYTA	5	PA, QL (120 PER 30 DAYS)
INQOVI	5	PA, QL (5 PER 28 DAYS)
INREBIC	5	PA, LA
<i>irinotecan hcl</i>	2	B VS D
IWILFIN	5	PA, LA
IXEMPRA	5	B VS D
JAKAFI	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAYPIRCA	5	PA
JEMPERLI	5	PA
JEVTANA	5	B VS D
JYLAMVO	5	PA
KADCYLA	5	B VS D
KANJINTI	5	B VS D
KEMOPLAT	2	B VS D
KEYTRUDA	5	B VS D
KIMMTRAK	5	PA
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA CO-PACK 200 MG	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	5	PA, QL (91 PER 28 DAYS)
KLISYRI	5	
KOSELUGO	5	PA
KRAZATI	5	PA
KYPROLIS	5	B VS D
<i>lanreotide acetate 120mg/0.5 syringe</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lapatinib ditosylate</i>	5	PA
LAZCLUZE 240 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
<i>lenalidomide</i>	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA	5	PA
<i>letrozole</i>	2	
LEUKERAN	5	
<i>leuprolide acetate 1 mg/0.2ml kit, 1 mg/0.2ml vial</i>	2	
<i>leuprolide acetate 22.5 mg vial</i>	3	PA
LIBTAYO	5	B VS D
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (300 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LOQTORZI	5	PA
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS	5	PA
LUMOXITI	5	PA
LUNSUMIO	5	PA

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPKYNIS	5	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (LUPANETA)	5	PA
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
LYTGOBI	5	PA, LA
MARGENZA	5	PA, LA
MARQIBO	4	B VS D
MATULANE	5	
<i>megestrol acetate</i>	2	
MEKINIST	5	PA
MEKTOVI	5	PA, LA
<i>melphalan</i>	3	B VS D
<i>melphalan hcl</i>	5	B VS D
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i>	2	B VS D
<i>methotrexate sodium/pf</i>	2	B VS D
<i>mitomycin 5 mg vial, 20 mg vial, 40 mg vial</i>	2	B VS D
<i>mitoxantrone hcl</i>	2	B VS D
MONJUVI	5	B VS D
MVASI	5	B VS D
MYCAPSSA	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	B VS D
<i>mycophenolate mofetil 250 mg capsule, 500 mg tablet</i>	2	B VS D
<i>mycophenolate sodium</i>	3	B VS D
MYLOTARG	5	
<i>nelarabine</i>	5	B VS D
NERLYNX	5	PA, LA, QL (240 PER 30 DAYS)
<i>nilutamide</i>	5	
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	B VS D
NUBEQA	5	PA, LA
<i>octreotide acetate 50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial</i>	2	PA
<i>octreotide acetate 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial</i>	5	PA
ODOMZO	5	PA, LA, QL (30 PER 30 DAYS)
OGIVRI	5	B VS D
OGSIVEO 100 MG TABLET, 150 MG TABLET	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA	5	OJEMDA
OJJAARA	5	PA, QL (30 PER 30 DAYS)
ONCASPAR	5	B VS D
ONIVYDE	4	B VS D
ONTRUZANT	5	B VS D
ONUREG	5	PA, QL (14 PER 14 DAYS)
OPDIVO	5	PA
OPDUALAG	5	PA
ORGOVYX	5	PA, LA
ORSERDU	5	PA, LA
<i>oxaliplatin</i>	3	B VS D
<i>paclitaxel</i>	2	B VS D
<i>paclitaxel protein-bound</i>	5	B VS D
PADCEV	5	B VS D
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, LA, QL (21 PER 28 DAYS)
<i>pemetrexed 25 mg/ml vial, 100 mg vial, 500 mg vial</i>	5	B VS D
<i>pemetrexed disodium</i>	5	B VS D
PERJETA	5	B VS D

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHESGO	5	PA
PIQRAY	5	PA
POLIVY	5	PA
POMALYST	5	PA, LA, QL (90 PER 30 DAYS)
PORTRAZZA	5	PA
POTELIGEO	5	PA
<i>pralatrexate</i>	5	B VS D
PROGRAF 0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET	4	B VS D
PURIXAN	5	
QINLOCK	5	PA, LA
RETEVMO	5	PA, LA
REZLIDHIA	5	PA
REZUROCK	5	PA, LA
RIABNI	5	B VS D
RITUXAN	5	B VS D
RITUXAN HYCELA	5	B VS D
<i>romidepsin</i>	5	B VS D
ROZLYTREK	5	PA
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RUXIENCE	5	B VS D
RYBREVANT	5	PA

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYDAPT	5	PA, QL (240 PER 30 DAYS)
RYLAZE	5	PA
RYTELO	5	PA
SANDIMMUNE 100 MG/ML SOLN	4	B VS D
SANDOSTATIN LAR DEPOT	5	PA
SARCLISA	5	PA, LA
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SIKLOS 1,000 MG TABLET	5	
SIKLOS 100 MG TABLET	4	
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	3	B VS D
<i>sirolimus 1 mg/ml solution</i>	4	B VS D
SOLTAMOX	5	
SOMATULINE DEPOT	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL 20 MG TABLET, 50 MG TABLET	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRYCEL 70 MG TABLET, 100 MG TABLET, 140 MG TABLET	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg capsule, 25 mg capsule, 50 mg capsule</i>	5	PA, QL (28 PER 28 DAYS)
<i>sunitinib malate 37.5 mg capsule</i>	5	PA, QL (56 PER 28 DAYS)
SYLVANT	5	B VS D
SYNRIBO	5	
TABLOID	3	
TABRECTA	5	PA
<i>tacrolimus 0.5 mg capsule, 1 mg capsule, 5 mg capsule</i>	2	B VS D
TAFINLAR	5	PA
TAGRISSE	5	PA, LA, QL (30 PER 30 DAYS)
TALVEY	5	PA
TALZENNA	5	PA, QL (30 PER 30 DAYS)
<i>tamoxifen citrate</i>	2	
TASIGNA	5	PA, QL (120 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZVERIK	5	PA, LA
TECENTRIQ	5	LA, B VS D
TECVAYLI	5	PA
TEMODAR 100 MG VIAL	5	B VS D
<i>temsirolimus</i>	5	B VS D
TEPMETKO	5	PA, LA
TEVIMBRA	5	PA
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>thiotepa</i>	5	B VS D
TIBSOVO	5	PA
TIVDAK	5	PA
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	5	B VS D
<i>toremifene citrate</i>	5	
TRAZIMERA	5	B VS D
TRELSTAR	4	PA
<i>tretinoin 10 mg capsule</i>	5	
TRODELVY	5	PA, LA
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TRUXIMA	5	B VS D

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TUKYSA	5	PA, LA
TURALIO	5	PA
<i>valrubicin</i>	3	B VS D
VANFLYTA	5	PA
VECTIBIX	5	B VS D
VEGZELMA	5	B VS D
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	4	PA, LA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, LA, QL (180 PER 30 DAYS)
VERZENIO	5	PA, LA, QL (60 PER 30 DAYS)
VIJOICE 50 MG GRANULE PACKET	5	PA, QL (28 PER 28 DAYS)
VIJOICE 50 MG TABLET, 125 MG TABLET, 250 MG DAILY DOSE PACK	5	PA
<i>vinblastine sulfate</i>	2	B VS D
VINCASAR PFS	2	B VS D
<i>vincristine sulfate</i>	2	B VS D
<i>vinorelbine tartrate</i>	2	B VS D
VITRAKVI 100 MG CAPSULE	5	PA, LA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITRAKVI 20 MG/ML SOLUTION	5	PA, LA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, LA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
VYXEOS	5	B VS D
WELIREG	5	PA, LA
XALKORI	5	PA
XERMELO	5	PA, LA, QL (90 PER 30 DAYS)
XOSPATA	5	PA, LA
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	5	PA, LA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	5	PA, LA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, LA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, LA, QL (32 PER 28 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTANDI 40 MG CAPSULE, 40 MG TABLET	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YERVOY	5	B VS D
YONDELIS	5	B VS D
ZALTRAP	5	B VS D
ZANOSAR	3	B VS D
ZEJULA 100 MG CAPSULE	5	PA, LA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZEPZELCA	5	B VS D
ZIRABEV	5	B VS D
ZOLADEX	5	PA
ZOLINZA	5	PA
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA	5	PA, QL (150 PER 30 DAYS)
ZYNLONTA	5	PA, LA
ZYNYZ	5	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM 200 MG TABLET, 400 MG TABLET	5	PA, QL (30 PER 30 DAYS)
APTIOM 600 MG TABLET, 800 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BRIVIACT 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	PA, QL (600 PER 30 DAYS)
<i>carbamazepine</i>	2	
<i>clobazam 10 mg tablet, 20 mg tablet</i>	3	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	3	QL (480 PER 30 DAYS)
<i>clonazepam 0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis</i>	3	
<i>clonazepam 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	
DIACOMIT	5	PA, LA
<i>diazepam 2.5 mg, 5-7.5-10mg, 12.5-15-20</i>	3	
DILANTIN 30 MG CAPSULE	3	PA

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>divalproex sodium</i>	2	
EPIDIOLEX	5	PA, LA
EPITOL	2	
EPRONTIA	4	PA
EQUETRO	4	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	4	
FINTEPLA	5	PA, LA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	5	PA, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
FYCOMPA 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (30 PER 30 DAYS)
<i>gabapentin 100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet</i>	2	
<i>lacosamide 10 mg/ml solution</i>	3	QL (1200 PER 30 DAYS)
<i>lacosamide 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	3	QL (60 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine 25 mg tab er 24, 25 mg tab rapdis, 50 mg tab er 24, 50 mg tab rapdis, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24, 300 mg tab er 24</i>	4	
<i>lamotrigine 5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 25(42)-100 tab ds pk, 25(84)-100 tab ds pk, 25mg (35) tab ds pk, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	2	
<i>levetiracetam 100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet</i>	2	
<i>methsuximide</i>	3	PA
MOTPOLY XR 100 MG CAPSULE	4	PA
MOTPOLY XR 150 MG CAPSULE, 200 MG CAPSULE	5	PA
NAYZILAM	5	QL (10 PER 30 DAYS)
<i>oxcarbazepine 150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet</i>	2	
<i>phenobarbital</i>	3	
<i>phenytoin</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin sodium extended</i>	2	
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>primidone 125 mg tablet</i>	4	
<i>primidone 50 mg tablet, 250 mg tablet</i>	2	
ROWEEPRA 500 MG TABLET	2	
<i>rufinamide 200 mg tablet</i>	4	PA
<i>rufinamide 40 mg/ml oral susp, 400 mg tablet</i>	5	PA
SPRITAM	4	PA
SYMPAZAN	5	QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	3	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	2	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) (valproate sodium) 250 mg/5ml, 500mg/10ml</i>	2	
VALTOCO	5	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vigabatrin</i>	5	LA, QL (180 PER 30 DAYS)
VIGAFYDE	5	PA, LA
XCOPRI 12.5-25 MG TITRATION PK	4	PA, QL (28 PER 28 DAYS)
XCOPRI 150 MG TABLET, 200 MG TABLET	5	PA, QL (60 PER 30 DAYS)
XCOPRI 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
XCOPRI 250 MG DAILY PACK, 350 MG DAILY PACK	5	PA, QL (56 PER 28 DAYS)
XCOPRI 50-100 MG PAK, 150-200 MG PK	5	PA, QL (28 PER 28 DAYS)
ZONISADE	5	PA
<i>zonisamide</i>	2	
ZTALMY	5	PA, LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine hcl</i>	5	
<i>benztropine mesylate 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	
<i>bromocriptine mesylate 2.5 mg tablet</i>	2	
<i>bromocriptine mesylate 5 mg capsule</i>	4	
<i>carbidopa</i>	4	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopallevodopa 10mg-100mg tab rapdis, 25mg-100mg tab rapdis, 25mg-100mg tablet er, 25mg-250mg tab rapdis, 50mg-200mg tablet er</i>	2	
<i>carbidopallevodopa 10mg-100mg tablet, 25mg-100mg tablet, 25mg-250mg tablet</i>	1	
<i>carbidopallevodopalentacapone</i>	4	
<i>entacapone</i>	2	
NEUPRO	4	
NOURIANZ	5	LA
ONGENTYS	4	
OSMOLEX ER ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET	4	
<i>pramipexole di-hcl -0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -0.75 mg tablet, -1 mg tablet, -1.5 mg tablet</i>	2	
<i>pramipexole di-hcl -0.375 mg tab er, -0.75 mg tab er, -1.5 mg tab er, -2.25 mg tab er, -3 mg tab er, -3.75 mg tab er, -4.5 mg tab er</i>	3	
<i>rasagiline mesylate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tab er 24h, 4 mg tablet, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h</i>	2	
<i>ropinirole hcl 12 mg tab er 24h</i>	4	
RYTARY	4	
<i>selegiline hcl</i>	2	
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl</i>	3	
XADAGO	5	

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR 140 MG/ML	3	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	3	PA, QL (2 PER 30 DAYS)
AJOVY AUTOINJECTOR	3	PA, QL (1.5 PER 30 DAYS)
AJOVY SYRINGE	3	PA, QL (1.5 PER 30 DAYS)
<i>almotriptan malate</i>	2	QL (9 PER 30 DAYS)
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	5	QL (8 PER 28 DAYS)
<i>eletriptan hydrobromide</i>	2	QL (9 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	3	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	3	PA, QL (2 PER 30 DAYS)
ERGOMAR	4	
<i>ergotamine tartrate/caffeine</i>	3	QL (40 PER 30 DAYS)
<i>frovatriptan succinate</i>	2	QL (27 PER 28 DAYS)
MIGERGOT	3	QL (20 PER 28 DAYS)
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)
NURTEC ODT	5	PA, QL (16 PER 30 DAYS)
QULIPTA	5	PA, QL (30 PER 30 DAYS)
REYVOW	4	PA, QL (8 PER 30 DAYS)
<i>rizatriptan benzoate</i>	2	QL (36 PER 28 DAYS)
<i>sumatriptan 20 mg spray</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan 5 mg spray</i>	4	QL (36 PER 30 DAYS)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	2	QL (9 PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial</i>	4	QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate 6 mg/0.5ml cartridge</i>	3	QL (8 PER 28 DAYS)
UBRELVY	5	PA, QL (20 PER 30 DAYS)
<i>zolmitriptan 2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet</i>	2	QL (9 PER 30 DAYS)
<i>zolmitriptan 5 mg spray</i>	4	PA, QL (18 PER 28 DAYS)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	4	
AUSTEDO	5	PA, LA
AUSTEDO XR 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	5	PA
AUSTEDO XR 6 MG TABLET, 12 MG TABLET, 24 MG TABLET	5	PA, LA
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	5	PA, QL (42 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
BAFIERTAM	5	QL (120 PER 30 DAYS)
COPAXONE	5	PA
<i>dalfampridine</i>	3	PA, QL (60 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAYBUE	5	PA
<i>dichlorphenamide</i>	5	PA
<i>dimethyl fumarate</i>	5	
<i>donepezil hcl 23 mg tablet</i>	4	
<i>donepezil hcl 5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet</i>	1	
EVRYSDI	5	PA, LA
<i>fingolimod hcl</i>	5	QL (30 PER 30 DAYS)
FIRDAPSE	5	PA, LA
<i>galantamine hbr</i>	2	
GILENYA	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	
INGREZZA	5	PA, LA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	5	PA, LA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE	5	PA, LA, QL (30 PER 30 DAYS)
KESIMPTA PEN	5	
<i>lofexidine hcl</i>	5	PA
LUCEMYRA	5	PA
MAYZENT 0.25 MG TABLET, 0.25MG START-2MG MAINT, 1 MG TABLET, 2 MG TABLET	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAYZENT 0.25MG START-1MG MAINT	4	PA
<i>memantine hcl 2 mg/ml solution, 7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24</i>	3	PA
<i>memantine hcl 5 mg tablet, 10 mg tablet</i>	2	
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
PONVORY 14-DAY STARTER PACK	5	QL (14 PER 30 DAYS)
PONVORY 20 MG TABLET	5	QL (30 PER 30 DAYS)
RADICAVA ORS	5	PA
RELYVRIO	5	PA
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	2	
RYSTIGGO	5	PA
SKYCLARYS	5	PA, LA
TEGSEDI	5	PA, LA
<i>teriflunomide</i>	5	PA, QL (30 PER 30 DAYS)
<i>tetrabenazine 12.5 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VUMERITY	5	
VYVGART HYTRULO	5	PA
ZEPOSIA 0.92 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (28-DAY)	5	PA, QL (28 PER 28 DAYS)
ZEPOSIA STARTER KIT (37-DAY)	5	PA, QL (37 PER 30 DAYS)
ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL (7 PER 30 DAYS)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen 10 mg tablet, 20 mg tablet</i>	2	
<i>baclofen 5 mg tablet</i>	3	
<i>chlorzoxazone 500 mg tablet</i>	3	
<i>cyclobenzaprine hcl 5 mg tablet, 10 mg tablet</i>	2	
<i>cyclobenzaprine hcl 7.5 mg tablet</i>	3	
<i>dantrolene sodium 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	2	
<i>metaxalone 800 mg tablet</i>	3	
<i>methocarbamol 500 mg tablet, 750 mg tablet</i>	3	
<i>orphenadrine citrate 100 mg tablet er</i>	3	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyridostigmine bromide 30 mg tablet</i>	4	
<i>pyridostigmine bromide 60 mg tablet, 180 mg tablet er</i>	3	
<i>pyridostigmine bromide 60 mg/5 ml solution</i>	5	
<i>tizanidine hcl 2 mg tablet, 4 mg tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen with codeine phosphate -15mg tablet, -30mg tablet</i>	3	QL (360 PER 30 DAYS)
<i>acetaminophen with codeine phosphate 120-12mg/5, 300mg/12.5</i>	3	QL (4500 PER 30 DAYS)
<i>acetaminophen with codeine phosphate 300mg-60mg tablet</i>	3	QL (180 PER 30 DAYS)
<i>acetaminophen/caffeine/dihydrocodeine bitartrate acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	2	QL (300 PER 30 DAYS)
BELBUCA	4	QL (60 PER 30 DAYS)
<i>buprenorphine</i>	3	QL (4 PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>butalbital/acetaminophen/caffeine butalb/acetaminophen/caffeine 50-325-40 tablet</i>	3	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>butalbital/aspirin/caffeine 50-325-40 tablet</i>	3	QL (180 PER 30 DAYS)
<i>codeine sulfate</i>	3	QL (180 PER 30 DAYS)
ENDOCET	3	QL (360 PER 30 DAYS)
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50mcg/hr patch, 75mcg/hr patch, 100 mcg/hr patch</i>	3	QL (10 PER 30 DAYS)
<i>fentanyl 37.5mcg/hr patch, 62.5mcg/hr patch</i>	4	QL (10 PER 30 DAYS)
<i>fentanyl 87.5mcg/hr patch td72</i>	5	QL (10 PER 30 DAYS)
<i>fentanyl citrate 200 mcg lozenge hd</i>	4	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 PER 30 DAYS)
<i>hydrocodone bitartrate 10 mg cap er, 15 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er</i>	4	QL (90 PER 30 DAYS)
<i>hydrocodone bitartrate 100 mg tab er, 120 mg tab er</i>	5	QL (60 PER 30 DAYS)
<i>hydrocodone bitartrate 20 mg tab er, 30 mg tab er, 40 mg tab er, 60 mg tab er, 80 mg tab er</i>	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet</i>	3	QL (390 PER 30 DAYS)
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet</i>	3	QL (360 PER 30 DAYS)
<i>hydrocodone/ibuprofen</i>	3	QL (50 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	QL (2400 PER 30 DAYS)
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet</i>	3	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab er, 12 mg tab er, 16 mg tab er, 32 mg tab er</i>	4	QL (60 PER 30 DAYS)
<i>hydromorphone hcl 8 mg tablet</i>	3	
<i>hydromorphone hcl/pf 10 mg/ml ampul, 10 mg/ml vial</i>	3	QL (240 PER 30 DAYS)
<i>methadone hcl 10 mg tablet, 10 mg/ml oral conc</i>	3	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg/5 ml solution</i>	3	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methadone hcl 5 mg tablet</i>	3	QL (240 PER 30 DAYS)
<i>methadone hcl 5 mg/5 ml solution</i>	3	QL (1200 PER 30 DAYS)
METHADONE INTENSOL	3	QL (120 PER 30 DAYS)
<i>morphine sulfate 10 mg cap er, 20 mg cap er, 30 mg cap er, 50 mg cap er, 60 mg cap er, 80 mg cap er, 100 mg cap er</i>	3	QL (90 PER 30 DAYS)
<i>morphine sulfate 10 mg/5 ml, 20 mg/5 ml, 100 mg/5ml</i>	3	QL (900 PER 30 DAYS)
<i>morphine sulfate 15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 200 mg tablet er</i>	3	QL (120 PER 30 DAYS)
<i>morphine sulfate 15 mg tablet, 30 mg tablet</i>	3	QL (180 PER 30 DAYS)
<i>morphine sulfate 30 mg cpmp 24hr, 90 mg cpmp 24hr, 100 mg tablet er, 120 mg cpmp 24hr</i>	3	QL (60 PER 30 DAYS)
<i>morphine sulfate 45 mg, 60 mg, 75 mg</i>	4	QL (60 PER 30 DAYS)
<i>oxycodone hcl 10 mg tab er, 20 mg tab er, 40 mg tab er</i>	3	QL (90 PER 30 DAYS)
<i>oxycodone hcl 10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet</i>	3	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg capsule, 5 mg tablet</i>	3	QL (360 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (1200 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl 80 mg tab er 12h</i>	3	QL (60 PER 30 DAYS)
<i>oxycodone hcl/acetaminophen 2.5-325 mg tablet, 5 mg-325mg tablet, 7.5-325 mg tablet, 10mg-325mg tablet</i>	3	QL (360 PER 30 DAYS)
OXYCONTIN ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET	4	QL (90 PER 30 DAYS)
OXYCONTIN ER 80 MG TABLET	4	QL (60 PER 30 DAYS)
<i>oxymorphone hcl 10 mg tablet</i>	4	QL (360 PER 30 DAYS)
<i>oxymorphone hcl 5 mg tab er, 7.5 mg tab er, 10 mg tab er, 15 mg tab er, 20 mg tab er, 30 mg tab er, 40 mg tab er</i>	4	QL (90 PER 30 DAYS)
<i>oxymorphone hcl 5 mg tablet</i>	4	QL (180 PER 30 DAYS)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine hcl/naloxone hcl /naloxone 12 mg-3 mg film</i>	2	QL (60 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 2 mg-film, /naloxone 2 mg-tab subl</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film, /naloxone 8 mg-2 mg tab subl</i>	2	QL (90 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (5 PER 28 DAYS)
<i>celecoxib</i>	2	
<i>diclofenac potassium 50 mg powd pack</i>	4	QL (9 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	2	
<i>diclofenac sodium 1 % gel (gram), 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h</i>	2	
<i>diclofenac sodium/misoprostol</i>	3	
<i>diflunisal</i>	2	
<i>etodolac</i>	3	
<i>flurbiprofen 100 mg tablet</i>	2	
IBU	2	
<i>ibuprofen</i>	2	
<i>indomethacin 25 mg capsule, 50 mg capsule, 75 mg capsule er</i>	3	PA
<i>meclofenamate sodium 100 mg capsule</i>	4	
<i>meclofenamate sodium 50 mg capsule</i>	2	
<i>mefenamic acid</i>	2	
<i>meloxicam</i>	1	
<i>nabumetone</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nalmefene hcl</i>	3	
<i>naloxone hcl 0.4 mg/ml cartridge, 0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray</i>	2	
<i>naltrexone hcl</i>	2	
<i>naproxen 250 mg tablet, 375 mg tablet, 500 mg tablet</i>	2	
<i>naproxen sodium 275 mg tablet, 550 mg tablet</i>	2	
OPVEE	3	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol hcl 100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 mg tbmp 24hr</i>	3	QL (30 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>tramadol hcl/acetaminophen</i>	2	QL (240 PER 30 DAYS)
VIVITROL	5	
ZUBSOLV 0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET	4	QL (30 PER 30 DAYS)
ZUBSOLV 1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET	4	QL (90 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30 DAYS)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	5	
ABILIFY MAINTENA	5	
ADZENYS XR-ODT	4	
<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	
<i>alprazolam 0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er</i>	3	
ALPRAZOLAM INTENSOL	3	
<i>amitriptyline hcl</i>	3	
<i>amoxapine</i>	2	
<i>amphetamine sulfate</i>	3	PA
<i>aripiprazole 1 mg/ml solution</i>	4	QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tab rapdis, 15 mg tab rapdis</i>	4	QL (60 PER 30 DAYS)
<i>aripiprazole 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	2	QL (30 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>armodafinil</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine hcl 0.1 mg tab er 12h</i>	2	
<i>clorazepate dipotassium</i>	3	
<i>clozapine 12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis</i>	4	PA
<i>clozapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	2	
COTEMPLA XR-ODT	4	
DAYTRANA	4	
DAYVIGO	4	QL (30 PER 30 DAYS)
<i>desipramine hcl</i>	2	
<i>desvenlafaxine</i>	4	
<i>desvenlafaxine succinate</i>	2	
<i>dexmethylphenidate hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg cpbp 50, 25 mg cpbp 50, 30 mg cpbp 50, 35 mg cpbp 50, 40 mg cpbp 50</i>	2	
<i>dexmethylphenidate hcl 5 mg 50, 10 mg 50, 20 mg 50</i>	4	
<i>dextroamphetamine sulf-saccharat/amphetamine sulf-aspartate</i> <i>dextroamphetaminel/amphetamine 12.5 mg,</i> <i>dextroamphetaminel/amphetamine 25 mg,</i> <i>dextroamphetaminel/amphetamine 37.5 mg,</i> <i>dextroamphetaminel/amphetamine 50 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulf-saccharat/amphetamine sulf-aspartate</i>	2	
<i>dextroamphetaminelamphetamine 5 mg cap er 24h,</i>		
<i>dextroamphetaminelamphetamine 5 mg tablet,</i>		
<i>dextroamphetaminelamphetamine 7.5 mg tablet,</i>		
<i>dextroamphetaminelamphetamine 10 mg cap er 24h,</i>		
<i>dextroamphetaminelamphetamine 10 mg tablet,</i>		
<i>dextroamphetaminelamphetamine 12.5 mg tablet,</i>		
<i>dextroamphetaminelamphetamine 15 mg cap er 24h,</i>		
<i>dextroamphetaminelamphetamine 15 mg tablet,</i>		
<i>dextroamphetaminelamphetamine 20 mg cap er 24h,</i>		
<i>dextroamphetaminelamphetamine 20 mg tablet,</i>		
<i>dextroamphetaminelamphetamine 25 mg cap er 24h,</i>		
<i>dextroamphetaminelamphetamine 30 mg cap er 24h,</i>		
<i>dextroamphetaminelamphetamine 30 mg tablet</i>		
<i>dextroamphetamine sulfate 10 mg capsule er, 15 mg capsule er</i>	4	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate 2.5 mg tablet, 5 mg capsule er, 5 mg tablet, 5 mg/5 ml solution, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	2	
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	2	
<i>diazepam 5 mg/5 ml solution, 5 mg/ml oral conc</i>	3	
<i>doxepin hcl 3 mg tablet, 6 mg tablet, 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl</i>	2	
DYANAVAL XR	4	
EMSAM	5	QL (30 PER 30 DAYS)
<i>ergoloid mesylates</i>	2	
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	
<i>escitalopram oxalate 5 mg/5 ml solution</i>	2	
<i>eszopiclone</i>	3	
EVEKEO ODT	4	PA
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET	4	PA, QL (60 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FANAPT 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (8 PER 8 DAYS)
FETZIMA	4	
<i>fluoxetine hcl 10 mg capsule, 20 mg capsule, 40 mg capsule</i>	1	
<i>fluoxetine hcl 20 mg/5 ml solution</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>fluvoxamine maleate 100 mg cap er, 150 mg cap er</i>	4	
<i>fluvoxamine maleate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	2	
<i>guanfacine hcl 1 mg tab er, 2 mg tab er, 3 mg tab er, 4 mg tab er</i>	3	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml vial</i>	2	
HETLIOZ LQ	5	PA, QL (158 PER 30 DAYS)
<i>imipramine hcl</i>	3	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA SUSTENNA 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML	5	
INVEGA TRINZA	5	
LIBERVANT	5	QL (30 PER 30 DAYS)
<i>lisdexamfetamine dimesylate</i>	3	
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam 0.5 mg tablet, 1 mg tablet</i>	2	
<i>lorazepam 2 mg tablet, 2 mg/ml oral conc</i>	3	
LORAZEPAM INTENSOL	3	
<i>loxapine succinate</i>	2	
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl</i>	2	QL (30 PER 30 DAYS)
LYBALVI	5	QL (30 PER 30 DAYS)
MARPLAN	3	
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate</i>	4	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl 10 mg csbp 40, 10 mg tablet er, 10 mg/5 ml solution, 15 mg csbp 40, 20 mg csbp 40, 20 mg tablet er, 30 mg csbp 40, 40 mg csbp 40, 50 mg csbp 40, 60 mg csbp 40, 72 mg tab er 24</i>	4	
<i>methylphenidate hcl 18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate hcl 2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 10 mg cpbp 30, 10 mg cpbp 50, 10 mg tab chew, 10 mg tablet, 20 mg cpbp 30, 20 mg cpbp 50, 20 mg tablet, 30 mg cpbp 30, 30 mg cpbp 50, 40 mg cpbp 30, 40 mg cpbp 50, 50 mg cpbp 30, 60 mg cpbp 30, 60 mg cpbp 50</i>	2	
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)
<i>mirtazapine 15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis</i>	2	
<i>mirtazapine 7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet</i>	1	
<i>modafinil</i>	3	PA
<i>molindone hcl</i>	2	
MYDAYIS	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	1	
<i>nortriptyline hcl 10 mg/5 ml solution</i>	2	
NUPLAZID 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
NUPLAZID 34 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	
<i>olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>olanzapine 5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine/fluoxetine hcl</i>	4	PA
<i>oxazepam</i>	3	
<i>paliperidone 1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24</i>	4	PA, QL (30 PER 30 DAYS)
<i>paliperidone 6 mg tab 24</i>	4	PA, QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	1	
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine hcl 12.5 mg tab er, 25 mg tab er, 37.5 mg tab er</i>	2	
<i>perphenazine</i>	2	
PERSERIS	5	PA
<i>phenelzine sulfate</i>	2	
<i>pimozide</i>	2	
PROCENTRA	2	
<i>protriptyline hcl</i>	3	
QELBREE	4	QL (60 PER 30 DAYS)
<i>quetiapine fumarate 150 mg tab er, 200 mg tab er</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tablet, 400 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>quetiapine fumarate 50 mg tab er, 300 mg tab er, 400 mg tab er</i>	2	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>ramelteon</i>	3	
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	5	PA, QL (30 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL	3	
RISPERDAL CONSTA 37.5 MG VIAL, 50 MG VIAL	5	
<i>risperidone 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg/ml solution, 2 mg tab rapdis, 3 mg tab rapdis, 4 mg tab rapdis</i>	4	
<i>risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet</i>	2	
<i>risperidone microspheres 12.5mg/2ml vial, 25 mg/2 ml vial</i>	3	
<i>risperidone microspheres 37.5mg/2ml vial, 50 mg/2 ml vial</i>	5	
SECUADO	5	PA, QL (30 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	2	
<i>sertraline hcl 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>sodium oxybate</i>	5	PA, LA, QL (540 PER 30 DAYS)
SUNOSI	4	PA, QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temazepam</i>	3	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl 300 mg tablet</i>	3	
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	1	
<i>triazolam</i>	3	
<i>trifluoperazine hcl</i>	2	
<i>trimipramine maleate</i>	3	
TRINTELLIX	4	PA
UZEDY	5	
<i>venlafaxine hcl 25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h</i>	2	
VERSACLOZ	5	PA
<i>vilazodone hcl</i>	3	
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	5	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	
VYVANSE	3	
XELSTRYM	4	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XYWAV	5	PA, LA, QL (540 PER 30 DAYS)
<i>zaleplon</i>	3	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
<i>zolpidem tartrate 1.75 mg tab, 3.5 mg tab</i>	3	PA, QL (20 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	2	
<i>zolpidem tartrate 6.25 mg tab, 12.5 mg tab</i>	3	
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	5	PA, QL (28 PER 365 DAYS)
ZURZUVAE 30 MG CAPSULE	5	PA, QL (14 PER 365 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT	3	
ZYPREXA RELPREVV 300 MG VL KIT, 405 MG VL KIT	5	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	2	
<i>disopyramide phosphate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	
PACERONE	2	
<i>propafenone hcl 150 mg tablet, 225 mg tablet, 300 mg tablet</i>	2	
<i>propafenone hcl 225 mg cap er, 325 mg cap er, 425 mg cap er</i>	3	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
SORINE	2	
SOTALOL AF	2	
<i>sotalol hcl</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl</i>	2	
ALDACTAZIDE 50-50 TABLET	4	
<i>aliskiren hemifumarate</i>	4	
<i>amiloride hcl</i>	2	
<i>amiloride hcl/hydrochlorothiazide</i>	2	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine</i>	1	
<i>besylate/olmesartan</i>		
<i>medoxomil</i>		
<i>amlodipine besylate/valsartan</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bumetanide</i>	2	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
CARDURA XL	4	
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	1	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DILT-XR	2	
<i>diltiazem hcl 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h</i>	2	
DIURIL	4	
<i>doxazosin mesylate</i>	2	
<i>enalapril maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynic acid</i>	4	
<i>felodipine</i>	2	
<i>fosinopril sodium</i>	1	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fosinopril</i>	1	
<i>sodium/hydrochlorothiazide</i>		
<i>furosemide 10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution</i>	2	
<i>furosemide 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	1	
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	3	
<i>hydralazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hcl</i>	3	
<i>isradipine</i>	2	
KERENDIA	4	PA, QL (30 PER 30 DAYS)
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MATZIM LA	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>metoprolol tartrate 37.5 mg tablet, 75 mg tablet</i>	2	
<i>metoprolol tartrate/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	1	
<i>nadolol</i>	3	
<i>nebivolol hcl</i>	1	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	3	
<i>nifedipine 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er</i>	2	
<i>nimodipine 30 mg capsule</i>	4	
<i>nisoldipine</i>	4	
NYMALIZE 30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION	5	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olmesartan medoxomil</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
ORENITRAM ER 0.125 MG TABLET	4	PA
ORENITRAM ER ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET	5	PA
ORENITRAM MONTH 1 TITRATION KT	5	PA
ORENITRAM MONTH 2 TITRATION KT	5	PA
ORENITRAM MONTH 3 TITRATION KT	5	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl</i>	5	
<i>pindolol</i>	2	
<i>prazosin hcl</i>	2	
<i>propranolol hcl 10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinapril hcl</i>	1	
<i>quinapril hcl/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
TAZTIA XT	2	
<i>telmisartan</i>	1	
<i>terazosin hcl</i>	2	
TIADYLT ER	2	
<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
<i>torseamide</i>	2	
<i>trandolapril</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
UPTRAVI 1,800 MCG VIAL	5	PA, LA
UPTRAVI 200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET	5	PA, LA, QL (60 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UPTRAVI 200-800 TITRATION PACK	5	PA, LA, QL (200 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>verapamil hcl 100 mg, 200 mg, 300 mg</i>	3	
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 240 mg cap24h pel, 240 mg tablet er, 360 mg cap24h pel</i>	2	
CARDIAC GLYCOSIDES		
DIGITEK	2	
DIGOX	2	
<i>digoxin 50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet</i>	2	
<i>digoxin 62.5 mcg tablet</i>	3	
COAGULATION THERAPY		
ALVAIZ	5	PA, QL (30 PER 30 DAYS)
<i>aminocaproic acid 250 mg/ml solution, 500 mg tablet, 1000 mg tablet</i>	5	
<i>aspirin/dipyridamole</i>	3	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 300 mg tablet</i>	2	
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>dabigatran etexilate mesylate</i>	3	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	3	
DOPTELET	5	PA, LA
ELIQUIS	3	
<i>enoxaparin sodium 30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/0.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	2	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6, 10mg/0.8ml</i>	5	
FRAGMIN 10,000 UNIT/4 ML VIAL, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL	5	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL (6 PER 30 DAYS)
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (9 PER 30 DAYS)
<i>heparin sodium, porcine</i> <i>1000/ml vial, 5000/ml vial,</i> <i>10000/ml vial, 20000/ml vial</i>	2	
JANTOVEN	1	
MULPLETA	5	PA
<i>pentoxifylline</i>	2	
<i>prasugrel hcl</i>	2	
PROMACTA	5	PA, LA
TAVALISSE	5	PA, LA, QL (60 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine (with sugar)</i>	2	
<i>cholestyramine/aspartame</i>	2	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ezetimibe/simvastatin</i>	2	
<i>fenofibrate 54 mg tablet, 160 mg tablet</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate, micronized 43 mg capsule, 67 mg capsule, 134 mg capsule, 200 mg capsule</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	2	
<i>fluvastatin sodium</i>	1	
<i>gemfibrozil</i>	2	
<i>icosapent ethyl</i>	3	
<i>lovastatin</i>	1	
NEXLETOL	4	PA, QL (30 PER 30 DAYS)
NEXLIZET	4	PA, QL (30 PER 30 DAYS)
<i>niacin 500 mg tab er, 750 mg tab er, 1000 mg tab er</i>	2	
<i>omega-3 acid ethyl esters</i>	2	
<i>pravastatin sodium</i>	1	
PREVALITE	2	
REPATHA PUSHTRONEX	3	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (3 PER 30 DAYS)
REPATHA SYRINGE	3	PA, QL (3 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA, QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	4	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	4	QL (450 PER 30 DAYS)
ENTRESTO	3	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (60 PER 30 DAYS)
FILSPARI	5	PA
<i>ivabradine hcl</i>	4	QL (60 PER 30 DAYS)
<i>ranolazine</i>	2	
VERQUVO	4	
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
NITRATES		
<i>isosorbide dinitrate 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet</i>	2	
<i>isosorbide mononitrate</i>	2	
NITRO-BID	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitroglycerin 0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subling, 0.4 mg tab subling, 0.4mg/hr patch td24, 0.6 mg tab subling, 0.6mg/hr patch td24, 400mcg/spray</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	
BIMZELX	5	PA, QL (2 PER 28 DAYS)
BIMZELX AUTOINJECTOR	5	PA, QL (2 PER 28 DAYS)
<i>calcipotriene 0.005 % cream (g)</i>	4	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % oint. (g)</i>	3	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3	QL (60 PER 30 DAYS)
<i>calcipotriene/betamethasone dipropionate</i>	4	
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
COSENTYX (2 SYRINGES)	5	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY (2 PENS)	5	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY PEN	5	PA, QL (10 PER 28 DAYS)
COSENTYX SYRINGE 150 MG/ML	5	PA, QL (10 PER 28 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SYRINGE 75 MG/0.5 ML	5	PA, QL (2.5 PER 28 DAYS)
COSENTYX UNOREADY PEN	5	PA, QL (10 PER 28 DAYS)
DUPIXENT PEN 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
DUPIXENT SYRINGE 100 MG/0.67 ML	5	PA, QL (1.34 PER 28 DAYS)
DUPIXENT SYRINGE 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
ILUMYA	5	PA, QL (2 PER 28 DAYS)
PRAMOSONE 1% LOTION, 1%-1% CREAM, 2.5%-1% LOTION	4	
<i>selenium sulfide 2.5 % lotion</i>	2	
SILIQ	5	PA, QL (6 PER 28 DAYS)
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SKYRIZI PEN	5	PA, QL (1 PER 28 DAYS)
SOTYKTU	5	PA, QL (30 PER 30 DAYS)
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL	5	PA, QL (0.5 PER 28 DAYS)
STELARA 90 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
TALTZ AUTOINJECTOR	5	PA, QL (2 PER 28 DAYS)
TALTZ AUTOINJECTOR (2 PACK)	5	PA, QL (2 PER 28 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TALTZ AUTOINJECTOR (3 PACK)	5	PA, QL (2 PER 28 DAYS)
TALTZ SYRINGE 20 MG/0.25 ML	5	PA, QL (0.25 PER 28 DAYS)
TALTZ SYRINGE 40 MG/0.5 ML	5	PA, QL (0.5 PER 28 DAYS)
TALTZ SYRINGE 80 MG/ML	5	PA, QL (2 PER 28 DAYS)
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE	5	PA, QL (2 PER 28 DAYS)
VTAMA	5	PA
ZORYVE	4	

MISCELLANEOUS DERMATOLOGICALS

ADBRY	5	PA, QL (6 PER 28 DAYS)
ADBRY AUTOINJECTOR	5	PA, QL (6 PER 28 DAYS)
<i>ammonium lactate</i>	2	
CIBINQO	5	PA, QL (30 PER 30 DAYS)
<i>diclofenac sodium 3 % gel (gram)</i>	4	PA, QL (100 PER 30 DAYS)
<i>doxepin hcl 5 % cream (g)</i>	4	PA
EUCRISA	4	
FILSUVEZ	5	PA, LA
<i>fluorouracil 2 % solution, 5 % cream (g), 5 % solution</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYFTOR	5	PA
<i>imiquimod 5 % cream pack</i>	3	
LITFULO	5	PA, QL (28 PER 28 DAYS)
<i>methoxsalen</i>	5	
OPZELURA	5	PA, QL (240 PER 28 DAYS)
PANRETIN	5	PA
<i>pimecrolimus</i>	3	
<i>podofilox 0.5 % solution</i>	2	
PRUDOXIN	5	PA
REGRANEX	5	PA
<i>tacrolimus 0.03 % (g), 0.1 % (g)</i>	3	
VALCHLOR	5	PA
THERAPY FOR ACNE		
ACCUTANE	3	
<i>adapalene 0.1 % cream (g)</i>	2	PA
<i>adapalene 0.3 % gel (gram)</i>	4	PA
AKLIEF	4	PA
ALTRENO	4	PA
AMNESTEEM	3	
<i>azelaic acid</i>	3	
AZELEX	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine tartrate 0.33 % gel w/pump</i>	4	PA
CLARAVIS	3	
<i>clindamycin phosphate 1 % gel (gram)</i>	2	QL (120 PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % med. swab, 1 % solution</i>	2	
<i>clindamycin phosphate/benzoyl peroxide phos/benzoyl 1 %-5 % gel (gram)</i>	4	
<i>clindamycin phosphate/benzoyl peroxide phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2(1) %-5% gel (gram)</i>	2	
<i>clindamycin phosphate/tretinoin</i>	2	PA
<i>dapsone 5 % gel (gram), 7.5 % gel w/pump</i>	4	
ERY	2	
ERYGEL	2	
<i>erythromycin base in ethanol</i>	2	
<i>erythromycin base/benzoyl peroxide</i>	2	
<i>ivermectin 1 % cream (g)</i>	3	
<i>metronidazole 0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram)</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROSADAN 0.75% CREAM, 0.75% GEL	2	
<i>tazarotene 0.05 % gel (gram), 0.1 % cream (g), 0.1 % gel (gram)</i>	3	PA
<i>tretinoin 0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g)</i>	2	PA
<i>tretinoin microspheres</i>	4	PA
ZENATANE	3	
TOPICAL ANESTHETICS		
GLYDO	2	
<i>lidocaine 5 % adh. patch</i>	2	
<i>lidocaine 5 % oint. (g)</i>	4	QL (110 PER 30 DAYS)
<i>lidocaine hcl 2 % jell/pf app, 2 % solution, 4 % solution, 40 mg/ml solution</i>	2	
<i>lidocaine/prilocaine</i>	2	
TOPICAL ANTIBACTERIALS		
<i>gentamicin sulfate 0.1 % cream (g), 0.1 % oint. (g)</i>	2	
<i>mafenide acetate</i>	4	
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEO-SYNALAR -0.5%-0.025% CREAM	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
<i>sulfacetamide sodium 10 % suspension</i>	2	
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
<i>ciclopirox</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole 1 % cream (g), 1 % solution</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	4	
<i>ketoconazole 2 % cream (g), 2 % shampoo</i>	2	
KLAYESTA	2	
<i>naftifine hcl 1 % (g), 2 % (g)</i>	4	
NYAMYC	2	
<i>nystatin 100000/g cream (g), 100000/g oint. (g), 100000/g powder</i>	2	
<i>nystatin/triamcinolone acetonide</i>	2	
NYSTOP	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tavaborole</i>	4	
TOPICAL ANTIVIRALS		
<i>acyclovir 5 % cream (g)</i>	4	QL (5 PER 30 DAYS)
<i>acyclovir 5 % oint. (g)</i>	4	QL (30 PER 30 DAYS)
<i>penciclovir</i>	4	QL (5 PER 30 DAYS)
TOPICAL CORTICOSTEROIDS		
ALA-CORT -1% CREAM	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide 0.1 % lotion</i>	4	
BESER	4	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate/propylene glycol</i>	2	
<i>betamethasone valerate 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g)</i>	2	
CAPEX SHAMPOO	4	
<i>clobetasol propionate 0.05 % cream (g), 0.05 % gel (gram), 0.05 % solution</i>	2	
<i>clobetasol propionate 0.05 % lotion, 0.05 % oint. (g), 0.05 % shampoo</i>	4	
<i>clobetasol propionate/emollient base 0.05 % cream (g)</i>	2	
CLOBEX 0.05% SHAMPOO	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLODAN 0.05% SHAMPOO	4	
<i>desonide 0.05 % cream (g), 0.05 % lotion</i>	4	
<i>desonide 0.05 % oint. (g)</i>	2	
<i>desoximetasone 0.05 % cream (g), 0.05 % oint. (g), 0.25 % ointment (g)</i>	4	
<i>desoximetasone 0.05 % gel (gram), 0.25 % cream (g), 0.25 % spray</i>	2	
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide/shower cap</i>	3	
<i>fluocinonide 0.05 % cream (g), 0.05 % gel (gram), 0.05 % ointment (g), 0.05 % solution</i>	2	
<i>fluocinonide 0.1 % cream (g)</i>	3	
<i>fluocinonide/emollient base</i>	2	
<i>flurandrenolide 0.05 % cream (g), 0.05 % lotion</i>	2	QL (120 PER 30 DAYS)
<i>flurandrenolide 0.05 % oint. (g)</i>	3	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005 % ointment (g), 0.05 % cream (g)</i>	2	
<i>fluticasone propionate 0.05 % lotion</i>	4	
<i>halcinonide 0.1 % cream (g)</i>	3	
<i>halobetasol propionate 0.05 % cream (g), 0.05 % oint. (g)</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HALOG 0.1% OINTMENT, 0.1% SOLUTION	4	
<i>hydrocortisone 1 % cream (g), 1 % oint. (g), 2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g)</i>	2	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	4	
<i>hydrocortisone butyrate 0.1 % lotion</i>	3	
<i>hydrocortisone butyrate 0.1 % oint. (g), 0.1 % solution</i>	2	
<i>hydrocortisone butyrate/emollient base</i>	4	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate 0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution</i>	2	
<i>prednicarbate 0.1 % oint. (g)</i>	2	
<i>triamcinolone acetonide 0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.05 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g)</i>	2	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	2	QL (126 PER 28 DAYS)
TRIDERM	2	
TRITOCIN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL ENZYMES		
SANTYL	4	
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	5	
EURAX	3	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
<i>spinosad</i>	4	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
WEGOVY 0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN	5	PA, QL (2 PER 28 DAYS)
WEGOVY 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN	5	PA, QL (3 PER 28 DAYS)
MISCELLANEOUS AGENTS		
<i>0.9 % sodium chloride</i>	4	
<i>acamprosate calcium</i>	2	
<i>anagrelide hcl</i>	2	
ARALAST NP	5	PA, LA
AURYXIA	5	PA
<i>caffeine citrate 60 mg/3 ml solution</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carglumic acid</i>	5	PA, LA
<i>cevimeline hcl</i>	2	
CHEMET	3	
CLINIMIX 4.25%-5% SOLUTION	4	B VS D
CLINIMIX E 2.75%-5% SOLUTION	4	B VS D
<i>deferasirox 90 mg gran pack, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper</i>	5	PA
<i>deferasirox 90 mg tablet, 125 mg tab disper</i>	4	PA
<i>deferiprone</i>	5	PA
<i>dextrose 10 % and 0.2 % sodium chloride</i>	4	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 10 % in water</i>	4	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.2 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.3 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5 % and 0.9 % sodium chloride</i>	4	
<i>dextrose 5 % in lactated ringers</i>	4	
<i>dextrose 5 % in water</i>	4	
<i>dextrose 50 % in water</i>	4	
<i>dextrose 70 % in water</i>	4	
<i>disulfiram</i>	2	
<i>droxidopa 100 mg capsule</i>	5	PA, QL (90 PER 30 DAYS)
<i>droxidopa 200 mg capsule, 300 mg capsule</i>	5	PA, QL (180 PER 30 DAYS)
EMPAVELI	5	PA, LA
ENDARI	5	PA
EXSERVAN	5	PA
GALAFOLD	5	PA, LA
GLASSIA	5	PA, LA
<i>glutamine</i>	5	PA
INCRELEX	5	LA
ISTURISA	5	PA, LA
JOENJA	5	PA
KIONEX	2	
<i>lanthanum carbonate</i>	4	
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine 100 mg/ml solution, 330 mg tablet</i>	2	

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LITHOSTAT	4	
LOKELMA	4	
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	PA
OPFOLDA	5	PA, QL (8 PER 28 DAYS)
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	2	
PROLASTIN C	5	PA, LA
PYRUKYND	5	PA, LA
RAVICTI	5	PA, QL (525 PER 30 DAYS)
<i>riluzole</i>	2	
<i>risedronate sodium 30 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>sevelamer carbonate 0.8, 2.4</i>	4	
<i>sevelamer carbonate 800 mg tablet</i>	2	
<i>sodium chloride irrigating solution</i>	4	
<i>sodium phenylbutyrate</i>	5	PA
<i>sodium polystyrene sulfonate powder</i>	2	
SOHONOS	5	PA, LA
SPS	2	
TAVNEOS	5	PA, LA
TEGLUTIK	5	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THIOLA EC	5	PA
TIGLUTIK	5	PA
<i>tiopronin</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	QL (240 PER 30 DAYS)
<i>trientine hcl 500 mg capsule</i>	5	QL (120 PER 30 DAYS)
VELTASSA	5	
VEOPOZ	5	PA, LA
VOXZOGO	5	PA
<i>water for irrigation,sterile</i>	2	
XURIDEN	5	
ZEMAIRA	5	PA, LA
ZOKINVY	5	PA, LA
SMOKING DETERRENTS		
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine hcl 137 mcg spray/pump, 205.5 mcg spray/pump</i>	2	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINPRO 5000	4	
DENTA 5000 PLUS	2	
DENTA 5000 PLUS SENSITIVE	2	
DENTAGEL	2	
<i>fluoride (sodium) 0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram), 1.1 % paste (ml)</i>	2	
FLUORIDEX	4	
FLUORIDEX SENSITIVITY RELIEF	4	
<i>ipratropium bromide 21 mcg spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium bromide 42 mcg spray</i>	2	QL (45 PER 30 DAYS)
JUST RIGHT 5000	4	
KOURZEQ	2	
<i>olopatadine hcl 0.6 % spray/pump</i>	2	QL (30.5 PER 30 DAYS)
ORALONE	2	
PAROEX	2	
PERIOGARD	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS	2	
<i>sodium fluoridelpotassium nitrate</i>	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid 2 % solution</i>	2	
<i>ciprofloxacin hcl 0.2 % droperette</i>	2	
FLAC OTIC OIL	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisonel/acetic acid</i>	2	
<i>ofloxacin 0.3 % drops</i>	2	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin hcl/dexamethasone</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone neomycin/polymyxin b/hydrocort 3.5--1 drops susp, neomycin/polymyxin b/hydrocort 3.5--1 solution</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone acetate</i>	2	
<i>dexamethasone 0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet</i>	2	
DEXAMETHASONE INTENSOL	2	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone 15 mg/5 ml solution</i>	2	
<i>prednisolone 5 mg tablet</i>	4	
<i>prednisolone sodium phosphate 5 mg/5 ml, 10 mg/5 ml, 15 mg/5 ml, 20 mg/5 ml, 25 mg/5 ml</i>	2	
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone 5 mg tab ds pk, 5 mg/5 ml solution, 10 mg tab ds pk</i>	2	
PREDNISONE INTENSOL	2	
TARPEYO	5	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
DIABETES THERAPY		
<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ADMELOG	4	PA, \$35
ADMELOG SOLOSTAR	4	PA, \$35
AFREZZA	4	\$35
<i>alogliptin benzoate</i>	4	PA, QL (30 PER 30 DAYS)
<i>alogliptin benzoate/metformin hcl</i>	4	PA, QL (60 PER 30 DAYS)
<i>alogliptin benzoate/pioglitazone hcl benz/pioglitazone 12.5-30 mg tablet, benz/pioglitazone 25 mg-15mg tablet, benz/pioglitazone 25 mg-30mg tablet, benz/pioglitazone 25 mg-45mg tablet</i>	4	PA, QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
APIDRA	4	PA, \$35
APIDRA SOLOSTAR	4	PA, \$35
BAQSIMI	3	
BASAGLAR KWIKPEN U-100	4	PA, \$35
BASAGLAR TEMPO PEN U-100	4	PA, \$35
BYDUREON BCISE	3	PA, QL (4 PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL (2.4 PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL (1.2 PER 30 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
<i>dapagliflozin propanediol 10 mg tablet</i>	4	PA, QL (30 PER 30 DAYS)
<i>dapagliflozin propanediol 5 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>dapagliflozin propanediol/metformin hcl propaned/metformin 10-1000 mg tab bp 24h</i>	4	PA, QL (30 PER 30 DAYS)
<i>dapagliflozin propanediol/metformin hcl propaned/metformin 5mg-1000mg tab bp 24h</i>	4	PA, QL (60 PER 30 DAYS)
<i>diabetic supplies, miscell</i>	4	PA
<i>diazoxide</i>	3	
FARXIGA 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FARXIGA 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
FIASP	3	\$35
FIASP FLEXTOUCH	3	\$35
FIASP PENFILL	3	\$35
<i>gauze bandage 2" x 2"</i>	3	
<i>gauze pads & dressings - pads 2 x 2</i>	3	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 2.5 mg tab er 24, 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide 5 mg tab er 24, 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-500 mg tablet, 5 mg-500mg tablet</i>	1	QL (120 PER 30 DAYS)
GLUCAGON EMERGENCY KIT	3	
GLYXAMBI	3	QL (30 PER 30 DAYS)
GVOKE	4	
GVOKE HYPOPEN 1-PACK	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE HYOPEN 2-PACK	4	
GVOKE PFS 1-PACK SYRINGE	4	
GVOKE PFS 2-PACK SYRINGE	4	
HUMALOG	4	PA, \$35
HUMALOG JUNIOR KWIKPEN	4	PA, \$35
HUMALOG KWIKPEN U-100	4	PA, \$35
HUMALOG KWIKPEN U-200	4	PA, \$35
HUMALOG MIX 50-50	4	PA, \$35
HUMALOG MIX 50-50 KWIKPEN	4	PA, \$35
HUMALOG MIX 75-25	4	PA, \$35
HUMALOG MIX 75-25 KWIKPEN	4	PA, \$35
HUMALOG TEMPO PEN U-100	4	PA, \$35
HUMULIN 70-30	4	PA, \$35
HUMULIN 70/30 KWIKPEN	4	PA, \$35
HUMULIN N	4	PA, \$35
HUMULIN N KWIKPEN	4	PA, \$35
HUMULIN R	4	PA, \$35

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500	3	PA, \$35
HUMULIN R U-500 KWIKPEN	3	PA, \$35
<i>insulin admin. supplies</i>	4	
<i>insulin aspart</i>	3	\$35
<i>insulin aspart protamine human/insulin aspart</i>	3	\$35
<i>insulin degludec</i>	4	PA, \$35
<i>insulin glargine, human recombinant analog</i>	4	PA, \$35
<i>insulin glargine-yfgn</i>	4	PA, \$35
<i>insulin lispro</i>	4	PA, \$35
<i>insulin lispro protamine and insulin lispro</i>	4	PA, \$35
<i>insulin pen needle</i>	3	
<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	4	
<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	4	
<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	3	PA, QL (1 PER 720 DAYS)
<i>insulin pump cartridge</i>	3	
<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>	3	PA
<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>	3	PA
<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>	3	PA

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>	3	PA
<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>	3	PA
<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>	3	PA
<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>	3	PA
<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>	3	PA
<i>insulin pump cartridge, automated dosing, bt with controller</i>	3	PA, QL (1 PER 720 DAYS)
<i>insulin pump cartridge, continuous infusion, bt and controller</i>	3	PA, QL (1 PER 720 DAYS)
<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>	3	PA
<i>insulin pump cartridge, continuous subcut infusion, radio freq</i>	3	PA
<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	3	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVOKAMET 50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKAMET XR 50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (90 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUMET XR 50-500 MG TABLET, 100-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4	PA, QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LANTUS	3	\$35
LANTUS SOLOSTAR	3	\$35
LEVEMIR	4	PA, \$35
LEVEMIR FLEXPEN	4	PA, \$35
LEVEMIR FLEXTOUCH	4	PA, \$35
LYUMJEV	4	PA, \$35
LYUMJEV KWIKPEN U-100	4	PA, \$35
LYUMJEV KWIKPEN U-200	4	PA, \$35
LYUMJEV TEMPO PEN U-100	4	PA, \$35
<i>metformin hcl 500 mg tab er 24h</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 750 mg tab er 24h, 1000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>miglitol 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>miglitol 25 mg tablet</i>	2	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>miglitol 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	
<i>needles, insulin disposable 31gx1/4", 31gx5/16"</i>	3	
NOVOLIN 70-30	3	\$35
NOVOLIN 70-30 FLEXPEN	3	\$35
NOVOLIN N	3	\$35
NOVOLIN N FLEXPEN	3	\$35
NOVOLIN R	3	\$35
NOVOLIN R FLEXPEN	3	\$35
NOVOLOG	3	\$35
NOVOLOG FLEXPEN	3	\$35
NOVOLOG MIX 70-30	3	\$35
NOVOLOG MIX 70-30 FLEXPEN	3	\$35
NOVOLOG PENFILL	3	\$35
ONGLYZA	4	PA, QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA, QL (3 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pen needle, diabetic 29 g x1/2", 30 gx5/16", 31 g x1/4", 31 gx3/16", 31 gx5/16", 31gx15/64", 32 gx 1/4", 32 gx3/16", 32 gx5/16", 32gx 5/32"</i>	3	
<i>pioglitazone hcl</i>	1	QL (30 PER 30 DAYS)
QTERN	4	PA, QL (30 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
REZVOGLAR KWIKPEN	4	PA, \$35
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	4	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl/metformin hcl /metformin 2.5-1000mg tbmp 24hr</i>	4	PA, QL (60 PER 30 DAYS)
<i>saxagliptin hcl/metformin hcl /metformin 5 mg-500mg, /metformin 5mg-1000mg</i>	4	PA, QL (30 PER 30 DAYS)
SEGLUROMET 2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEMGLEE (YFGN)	4	PA, \$35
SEMGLEE (YFGN) PEN	4	PA, \$35
SOLIQUA 100-33	3	QL (15 PER 25 DAYS), \$35
STEGLATRO 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
STEGLATRO 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
STEGLUJAN	4	PA, QL (30 PER 30 DAYS)
<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>	4	PA
SYMLINPEN 120	5	QL (18.9 PER 30 DAYS)
SYMLINPEN 60	5	QL (10.5 PER 30 DAYS)
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	3	QL (60 PER 30 DAYS)
<i>syringe w/needle, insulin disposable 0.3 ml (half unit mark)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LI MITS
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You can find information on what the symbols and abbreviations on this table mean by going to page 18.

*syringe with
 needle, disposable, insulin 1 ml
 & needle, insulin, 1 ml disp, &
 needle, insulin, 1 ml 25gx5/8"
 disp, & needle, insulin, 1 ml
 27gx5/8" disp, &
 needle, insulin, 1 ml 28 gauge
 disp, & needle, insulin, 1 ml
 28gx1/2" disp, &
 needle, insulin, 1 ml 29 g x1/2"
 disp, & needle, insulin, 1 ml 29
 gauge disp, & needle, insulin, 1
 ml 29gx1/2" disp, &
 needle, insulin, 1 ml 29gx7/16"
 disp, & needle, insulin, 1 ml 30
 gauge disp, & needle, insulin, 1
 ml 30gx1/2" disp, &
 needle, insulin, 1 ml 30gx5/16"
 disp, & needle, insulin, 1 ml 31
 gx5/16" disp, & needle, insulin, 1
 ml 31gx5/16" disp, and
 needle, insulin, 1ml 27gx1/2"
 disp, and needle, insulin, 1ml
 27gx5/8" disp, and
 needle, insulin, 1ml 28 gauge
 disp, and needle, insulin, 1ml
 28gx1/2" disp, and
 needle, insulin, 1ml 29 g x1/2"
 disp, and needle, insulin, 1ml
 29gx7/16" disp, and
 needle, insulin, 1ml 30 gauge
 disp, and needle, insulin, 1ml 30
 gx5/16" disp, and
 needle, insulin, 1ml 30g x5/16"
 disp, and needle, insulin, 1ml
 30gx 5/16" disp, and
 needle, insulin, 1ml 30gx1/2"
 disp, and needle, insulin, 1ml 31
 gx5/16" disp, and
 needle, insulin, 1ml 31gx15/64"
 disp*

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, insulin 0.3 ml (half unit mark) -0.3 ml 30 gx5/16" disp, -0.3 ml 31 gx5/16" disp, -0.3 ml 31gx15/64" disp</i>	3	
<i>syringe with needle, insulin disposable, 0.3 ml g - ndl, disp, insul, 0.3 ml 29 g x1/2" disp, g -ndl, disp, insul, 0.3 ml 29gx1/2" disp, g - ndl, disp, insul, 0.3 ml 30 gauge disp, g -ndl, disp, insul, 0.3 ml 30gx5/16" disp, g - ndl, disp, insul, 0.3 ml 31 gx5/16" disp, g - ndl, disp, insul, 0.3ml 29 gauge disp, g - ndl, disp, insul, 0.3ml 29gx1/2" disp, g -ndl, disp, insul, 0.3ml 30 gauge disp, g - ndl, disp, insul, 0.3ml 30gx1/2" disp, g -ndl, disp, insul, 0.3ml 30gx5/16" disp, g - ndl, disp, insul, 0.3ml 31gx5/16" disp</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, insulin disposable, 0.5 ml g - ndl, disp, insul, 0.5 ml 29 g x1/2" disp, g -ndl, disp, insul, 0.5 ml 29gx1/2" disp, g - ndl, disp, insul, 0.5 ml 30gx1/2" disp, g -ndl, disp, insul, 0.5 ml 30gx5/16" disp, g - ndl, disp, insul, 0.5 ml 31 gx5/16" disp, g - ndl, disp, insul, 0.5 ml 31gx5/16" disp, g -ndl, disp, insul, 0.5ml 28 gauge disp, g - ndl, disp, insul, 0.5ml 28gx1/2" disp, g -ndl, disp, insul, 0.5ml 29 gauge disp, g - ndl, disp, insul, 0.5ml 29gx1/2" disp, g -ndl, disp, insul, 0.5ml 30 gauge disp, g - ndl, disp, insul, 0.5ml 30gx1/2" disp, g -ndl, disp, insul, 0.5ml 30gx5/16" disp, g - ndl, disp, insul, 0.5ml 31gx5/16" disp</i>	3	
<i>syringe with needle, insulin, 0.3 ml g-ml 29 g x1/2" disp, g-ml 29 gauge disp, g-ml 30 gauge disp, g-ml 30 gx5/16" disp, g- ml 30gx 5/16" disp, g-ml 30gx1/2" disp, g-ml 31 gx5/16" disp, g-ml 31gx15/64" disp</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, insulin, 0.5 ml -ml 27gx1/2" disp, -ml 28 gauge disp, -ml 28gx1/2" disp, -ml 29 g x1/2" disp, -ml 29 gauge disp, -ml 30 gauge disp, -ml 30 gx5/16" disp, -ml 30g x5/16" disp, -ml 30gx 5/16" disp, -ml 30gx1/2" disp, -ml 31 gx5/16" disp, -ml 31gx15/64" disp</i>	3	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	3	
TOUJEO MAX SOLOSTAR	3	\$35
TOUJEO SOLOSTAR	3	\$35
TRADJENTA	3	QL (30 PER 30 DAYS)
TRESIBA	4	PA, \$35
TRESIBA FLEXTOUCH U-100	4	PA, \$35
TRESIBA FLEXTOUCH U-200	4	PA, \$35
TRIJARDY XR 10-5-MG TAB, 25-5-MG TAB	3	QL (30 PER 30 DAYS)
TRIJARDY XR 5-2.5-MG TAB, 12.5-2.5-MG	3	QL (60 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	4	PA, QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	3	QL (15 PER 30 DAYS), \$35
ZEGALOGUE AUTOINJECTOR	4	
ZEGALOGUE SYRINGE	4	
MISCELLANEOUS HORMONES		
ANDRODERM	4	PA
<i>cabergoline</i>	3	
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	2	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution</i>	2	
CERDELGA	5	PA
CEREZYME	5	PA
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet</i>	4	QL (60 PER 30 DAYS), B VS D
<i>cinacalcet hcl 90 mg tablet</i>	5	QL (120 PER 30 DAYS), B VS D
<i>danazol 200 mg capsule</i>	4	
<i>danazol 50 mg capsule, 100 mg capsule</i>	2	
<i>desmopressin acetate (non-refrigerated)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desmopressin acetate 0.1 mg tablet, 0.2 mg tablet</i>	2	
<i>desmopressin acetate 10/spray spray/pump</i>	4	
<i>doxercalciferol 0.5 mcg capsule</i>	4	
<i>doxercalciferol 1 mcg capsule, 2.5 mcg capsule</i>	2	
ELELYSO	5	PA
JATENZO 158 MG CAPSULE, 198 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
JATENZO 237 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
JYNARQUE 15 MG TABLET, 30 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
JYNARQUE 15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET	5	PA, LA, QL (56 PER 28 DAYS)
KORLYM	5	PA, QL (120 PER 30 DAYS)
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>miglustat</i>	5	PA, LA
MYALEPT	5	PA, LA
NATPARA	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxandrolone 10 mg tablet</i>	4	PA
<i>oxandrolone 2.5 mg tablet</i>	2	PA
<i>paricalcitol 1 mcg capsule, 4 mcg capsule</i>	2	
<i>paricalcitol 2 mcg capsule</i>	4	
RAYALDEE	5	QL (60 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5	PA
SOMAVERT	5	PA
STRENSIQ	5	PA, LA
SYNAREL	5	
<i>testosterone 1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet</i>	3	PA
<i>testosterone 10 mg (2%) gel, 12.5/1.25g gel</i>	4	PA
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
TLANDO	4	PA
<i>tolvaptan 15 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>tolvaptan 30 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
VPRIV	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YARGESA	5	PA, LA
THYROID HORMONES		
ARMOUR THYROID	3	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet</i>	1	
LEVOXYL	2	
<i>liothyronine sodium 5 mcg tablet, 25 mcg tablet, 50 mcg tablet</i>	2	
NP THYROID	2	
SYNTHROID	3	
TIROSINT	3	
TIROSINT-SOL	3	
UNITHROID	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet</i>	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diphenoxylate hcl/atropine sulfate</i>	4	
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	2	
<i>glycopyrrolate 1 mg/5 ml solution</i>	4	
<i>loperamide hcl</i>	2	
<i>methscopolamine bromide</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO 235-0.25 MG VIAL, 235-0.25 MG/20 ML VIAL	5	
<i>alosetron hcl</i>	5	
ANZEMET	4	QL (8 PER 28 DAYS), B VS D
<i>aprepitant 125 mg capsule</i>	3	QL (4 PER 28 DAYS), B VS D
<i>aprepitant 125mg-80mg cap ds pk</i>	3	QL (12 PER 28 DAYS), B VS D
<i>aprepitant 40 mg capsule</i>	3	B VS D
<i>aprepitant 80 mg capsule</i>	3	QL (8 PER 28 DAYS), B VS D
<i>balsalazide disodium</i>	2	
<i>betaine</i>	5	
<i>budesonide 2 mg foam/appl</i>	4	
<i>budesonide 3 mg capdr - er</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>budesonide 9 mg tabdr - er</i>	5	
BYLVAY	5	PA, LA
CHENODAL	5	PA, LA
CHOLBAM	5	PA
CIMZIA 2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT	5	PA, QL (2 PER 28 DAYS)
CINVANTI	4	
CLENPIQ	4	
COMPRO	2	
CONSTULOSE	2	
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE	3	
CREON DR 36,000 UNIT CAPSULE	5	
<i>cromolyn sodium 20 mg/ml oral conc</i>	4	
<i>dronabinol</i>	4	B VS D
EMEND 125 MG POWDER PACKET	4	QL (4 PER 28 DAYS), B VS D
ENTYVIO PEN	5	PA, QL (1.36 PER 28 DAYS)
ENULOSE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fosaprepitant dimeglumine</i>	3	
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GENERLAC	2	
<i>granisetron hcl 1 mg tablet</i>	2	QL (56 PER 28 DAYS), B VS D
<i>granisetron hcl 1 mg/ml vial, 1 mg/ml(1) vial</i>	2	
<i>granisetron hcl/pf</i>	2	
<i>hydrocortisone 1 % crml/pe app, 2.5 % crml/pe app, 100mg/60ml enema</i>	2	
<i>hydrocortisone acetate/pramoxine hcl hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	2	
<i>lactulose 10 g/15 ml, 20 g/30 ml</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
LIVMARLI	5	PA, LA
<i>lubiprostone</i>	3	
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	2	
<i>mesalamine 0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 500 mg capsule er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine 800 mg tablet dr, 1000 mg supp.rect</i>	4	
<i>mesalamine with cleansing wipes</i>	2	
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution</i>	2	
MOVANTIK	4	
<i>nitroglycerin 0.4% (w/w) oint. (g)</i>	3	
OCALIVA	5	PA, LA
OMVOH 100 MG/ML SYRINGE	5	PA, QL (2 PER 28 DAYS)
OMVOH PEN	5	PA, QL (2 PER 28 DAYS)
<i>ondansetron 4 mg tab rapdis, 8 mg tab rapdis</i>	2	B VS D
<i>ondansetron hcl 4 mg tablet, 4 mg/5 ml solution, 8 mg tablet</i>	2	B VS D
<i>palonosetron hcl</i>	4	
PANCREAZE DR 2,600 UNIT CAP, DR 4,200 UNIT CAP, DR 10,500 UNIT CAP, DR 16,800 UNIT CAP, DR 21,000 UNIT CAP	4	PA
PANCREAZE DR 37,000 UNIT CAP	5	PA
<i>peg 3350/sod sulf/sod bicarb/sod chlorid/potassium chloride</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>peg 3350/sodium sulfate/sodium chloride/kcl/ascorbate sod/vit c</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTO-MED HC	2	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
RECTIV	3	
SANCUSO	5	QL (4 PER 28 DAYS)
<i>scopolamine</i>	4	
SKYRIZI ON-BODY 180 MG/1.2 ML	5	PA, QL (1.2 PER 56 DAYS)
SKYRIZI ON-BODY 360 MG/2.4 ML	5	PA, QL (2.4 PER 56 DAYS)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SUCRAID	5	
<i>sulfasalazine</i>	2	
SUTAB	4	
SYMPROIC	4	
SYNDROS	5	B VS D
TRULANCE	3	
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VARUBI	3	QL (4 PER 28 DAYS), B VS D
VELSIPITY	5	PA, QL (30 PER 30 DAYS)
VIOKACE	4	PA
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE	3	
ZENPEP DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE	5	
ULCER THERAPY		
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>dexlansoprazole</i>	4	QL (30 PER 30 DAYS)
<i>esomeprazole magnesium 20 mg capsule dr, 40 mg capsule dr</i>	3	
<i>famotidine 20 mg tablet, 40 mg tablet</i>	1	
<i>lansoprazole 15 mg capsule dr, 30 mg capsule dr</i>	2	
<i>lansoprazole/esomeprazole trihydrate/clarithromycin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>misoprostol</i>	2	
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	2	
OMECLAMOX-PAK	4	
<i>omeprazole 10 mg capsule dr</i>	1	QL (30 PER 30 DAYS)
<i>omeprazole 20 mg capsule dr, 40 mg capsule dr</i>	1	
<i>pantoprazole sodium 20 mg tablet dr, 40 mg tablet dr</i>	1	
<i>pantoprazole sodium 40 mg granpkt dr</i>	3	
<i>rabeprazole sodium 20 mg tablet dr</i>	3	
<i>sucralfate 1 g tablet</i>	2	
<i>sucralfate 1 g/10 ml oral susp</i>	4	
TALICIA	4	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	5	PA
ARCALYST	5	PA
AVONEX	5	
AVONEX PEN	5	
BESREMI	5	PA, LA
BETASERON	5	
EGRIFTA SV	5	PA
EXTAVIA	5	
FULPHILA	5	PA
FYLNETRA	5	PA
GENOTROPIN MINIQUICK 0.2 MG	4	PA
GENOTROPIN MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GRANIX	5	PA
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	5	PA
LEUKINE	5	PA
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN	5	PA
NGENLA	5	PA
NIVESTYM	5	PA
NORDITROPIN FLEXP	5	PA
NUTROPIN AQ NUSPIN	5	PA
NYVEPRIA	5	PA
OMNITROPE	5	PA
PEGASYS	5	
PLEGRIDY	5	
PLEGRIDY PEN	5	
PROLEUKIN	5	B VS D
REBIF	5	
REBIF REBIDOSE	5	
RELEUKO	5	PA
RETACRIT 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL	3	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA
SAIZEN	5	PA
SAIZEN-SAIZENPREP	5	PA
SEROSTIM	5	PA
SKYTROFA	5	PA
SOGROYA	5	PA
STIMUFEND	5	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA
ZOMACTON 10 MG VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	\$0
ACTHIB	3	
ADACEL TDAP	3	\$0
ALYGLO	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AREXVY	3	\$0
ATGAM	5	B VS D
<i>bcg live</i>	3	B VS D
<i>bcg vaccine, live/pf</i>	3	\$0
BEXSERO	3	\$0
BIVIGAM	5	PA
BOOSTRIX TDAP	3	\$0
CUTAQUIG	5	PA
CUVITRU	5	PA
CYTOGAM	4	B VS D
DAPTACEL DTAP	3	
DENGVAXIA	3	
ENGERIX-B ADULT	3	B VS D, \$0
ENGERIX-B PEDIATRIC-ADOLESCENT	3	B VS D, \$0
FLEBOGAMMA DIF	5	PA
GAMASTAN	4	
GAMASTAN S-D	4	
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
GARDASIL 9	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAVRIX 1,440 UNIT/ML SYRINGE	3	\$0
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEPLISAV-B	3	B VS D, \$0
HIBERIX	3	
HIZENTRA	5	PA
HYPERHEP B	5	
HYQVIA	5	PA
IMOVAX RABIES VACCINE	3	\$0
INFANRIX DTAP	3	
IPOL	3	\$0
IXCHIQ	3	\$0
IXIARO	3	\$0
JYNNEOS	3	B VS D, \$0
JYNNEOS (NATIONAL STOCKPILE)	3	B VS D, \$0
KEDRAB	4	
KINRIX	3	
M-M-R II VACCINE	3	\$0
MENACTRA	3	\$0
MENQUADFI	3	\$0
MENVEO A-C-Y-W-135-DIP	3	\$0

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MRESVIA	3	\$0
NABI-HB	5	
OCTAGAM	5	PA
PANZYGA	5	PA
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	\$0
PENTACEL	3	
PREHEVBRIO	3	B VS D, \$0
PRIORIX	3	\$0
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	\$0
RECOMBIVAX HB	3	B VS D, \$0
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	\$0
STAMARIL	3	\$0
TENIVAC	3	\$0
<i>tetanus and diphtheria toxoids, adult</i>	3	\$0
<i>tetanus, diphtheria toxoid ped/pf</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TICOVAC	3	\$0
TRUMENBA	3	\$0
TWINRIX	3	\$0
TYPHIM VI	3	\$0
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL	3	
VAQTA 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	3	\$0
VARIVAX VACCINE	3	\$0
VARIZIG	5	
XEMBIFY	5	PA, LA
YF-VAX	3	\$0

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol 100 mg tablet, 300 mg tablet</i>	1	
<i>colchicine 0.6 mg tablet</i>	3	
COLCRYS	3	
DUZALLO	4	
<i>febuxostat</i>	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OSTEOPOROSIS THERAPY		
<i>alendronate sodium 10 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>alendronate sodium 35 mg tablet, 70 mg tablet</i>	1	QL (5 PER 30 DAYS)
<i>alendronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	2	QL (375 PER 30 DAYS)
FORTEO	5	PA, QL (2.4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
PROLIA	4	
<i>raloxifene hcl</i>	2	
<i>risedronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
<i>risedronate sodium 35 mg tablet, 35 mg tablet dr</i>	2	QL (5 PER 30 DAYS)
<i>risedronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>teriparatide</i>	5	PA, QL (2.48 PER 28 DAYS)
TYMLOS	5	PA, QL (1.56 PER 30 DAYS)
OTHER RHEUMATOLOGICALS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTEMRA ACTPEN	5	PA, QL (3.6 PER 28 DAYS)
<i>adalimumab-adaz</i>	5	PA, QL (2.4 PER 28 DAYS)
<i>adalimumab-fkjp -20mg/0.4ml syringe, -20mg/0.4ml syringekit</i>	5	PA, QL (2 PER 28 DAYS)
<i>adalimumab-fkjp -40mg/0.8ml ij kit, -40mg/0.8ml injctr</i>	5	PA, QL (6 PER 28 DAYS)
<i>adalimumab-fkjp -40mg/0.8ml syringe, -40mg/0.8ml syringekit</i>	5	PA, QL (4 PER 28 DAYS)
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	5	PA
ENBREL 25 MG KIT	5	PA, QL (16 PER 28 DAYS)
ENBREL 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	5	PA, QL (8 PER 28 DAYS)
ENBREL MINI	5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK	5	PA, QL (8 PER 28 DAYS)
HUMIRA 40 MG/0.8 ML SYRINGE (ONLY NDCS STARTING WITH 00074)	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN 40 MG/0.8 ML (ONLY NDCS STARTING WITH 00074)	5	PA, QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN CROHN-UC-HS 40 MG (ONLY NDCS STARTING WITH 00074)	5	PA, QL (6 PER 28 DAYS)
HUMIRA PEN PS-UV-ADOL HS 40 MG (ONLY NDCS STARTING WITH 00074)	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE (ONLY NDCS STARTING WITH 00074)	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) 20 MG/0.2 ML SYRINGE (ONLY NDCS STARTING WITH 00074)	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) 40 MG/0.4 ML SYR (ONLY NDCS STARTING WITH 00074)	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEDI CROHN 80 MG/0.8 ML (ONLY NDCS STARTING WITH 00074)	5	PA, QL (3 PER 30 DAYS)
HUMIRA(CF) PEDI CROHN 80-40 MG (ONLY NDCS STARTING WITH 00074)	5	PA, QL (2 PER 30 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML (ONLY NDCS STARTING WITH 00074)	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEN 80 MG/0.8 ML (ONLY NDCS STARTING WITH 00074)	5	PA, QL (2 PER 28 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN CRHN-UC-HS 80 MG (ONLY NDCS STARTING WITH 00074)	5	PA, QL (3 PER 28 DAYS)
HUMIRA(CF) PEN PEDI UC 80 MG (ONLY NDCS STARTING WITH 00074)	5	PA, QL (4 PER 180 DAYS)
HUMIRA(CF) PEN PS-UV-AHS 80-40 (ONLY NDCS STARTING WITH 00074)	5	PA, QL (3 PER 28 DAYS)
KEVZARA	5	PA, QL (2.28 PER 28 DAYS)
KINERET	5	PA, QL (20.1 PER 30 DAYS)
<i>leflunomide</i>	2	
OLUMIANT	5	PA, QL (30 PER 30 DAYS)
ORENCIA 125 MG/ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL (1.6 PER 28 DAYS)
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL (2.8 PER 28 DAYS)
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS)
OTEZLA 10-20 MG STARTER 28, 10-20-30MG START 28	5	PA, QL (55 PER 28 DAYS)
OTEZLA 10-20-30MG START 14 DAY	5	PA, QL (27 PER 14 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTEZLA 20 MG TABLET, 30 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>penicillamine 250 mg tablet</i>	5	
REDITREX	4	
RIDAURA	5	
RINVOQ	5	PA, QL (30 PER 30 DAYS)
SAVELLA	3	
SIMLANDI(CF) AUTOINJECTOR	5	PA, QL (4 PER 28 DAYS)
SIMPONI 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SIMPONI 50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE	5	PA, QL (0.5 PER 28 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ 5 MG TABLET, 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR	5	PA, QL (30 PER 30 DAYS)
YUSIMRY(CF) PEN	5	PA, QL (4.8 PER 28 DAYS)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

AMABELZ	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGELIQ	4	
BIJUVA	4	
CAMILA	2	
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE	4	PA
DEBLITANE	2	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
DOTTI	2	
DUAVEE	3	
EMZAHH	2	
ERRIN	2	
<i>estradiol 0.01 % cream/appl, .025mg/24h patch tds, .025mg/24h patch tdwk, .0375mg/24 patch tds, .0375mg/24 patch tdwk, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tds, .075mg/24h patch tdwk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdwk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol 0.25/0.25g gel packet, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg/gram gel packet</i>	3	QL (30 PER 30 DAYS)
<i>estradiol 1.25 g gel md pmp, 1.25/1.25g gel packet</i>	3	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
ESTRING	4	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
IMVEXXY	4	
INCASSIA	2	
JENCYCLA	2	
JINTELI	2	
LYLEQ	2	
LYLLANA	2	
LYZA	2	
<i>medroxyprogesterone acetate</i>	2	
MENEST	4	
MENOSTAR	4	
MIMVEY	2	
NORA-BE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norethindrone acetate-ethinyl estradiol -0.5mg-2.5 tablet, -1mg-5mcg tablet</i>	2	
PREFEST	3	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET	3	
PREMARIN VAGINAL CREAM-APPL	4	
PREMPHASE	4	
PREMPRO	4	
<i>progesterone</i>	2	
<i>progesterone, micronized</i>	2	
SHAROBEL	2	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin phosphate 2% cream/appl</i>	2	
<i>clomiphene citrate</i>	2	PA
ELURYNG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENILLORING	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
GYNAZOLE 1	4	
HALOETTE	2	
INTRAROSA	4	PA
LUPANETA PACK PK 3.75-5 MG 1MO KIT	5	
<i>metronidazole 0.75 % gel w/appl</i>	2	
<i>miconazole nitrate</i>	2	
MYFEMBREE	5	
<i>norelgestromin/ethinyl estradiol</i>	2	
ORIAHNN	5	
ORILISSA	5	
OSPHENA	4	PA
<i>terconazole</i>	2	
<i>tranexamic acid 650 mg tablet</i>	3	
VANDAZOLE	2	
VEOZAH	4	PA
XULANE	2	
ZAFEMY	2	
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFIRMELLE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHYST	2	
APRI	2	
ARANELLE	2	
ASHLYNA	2	
AUBRA	2	
AUBRA EQ	2	
AUROVELA	2	
AUROVELA 24 FE	2	
AUROVELA FE	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALZIVA	2	
BLISOVI 24 FE	2	
BLISOVI FE	2	
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZIAN	2	
CHATEAL	2	
CHATEAL EQ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRYSELLE	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	
DOLISHALE	2	
ELINEST	2	
ENPRESSE	2	
ENSKYCE	2	
ESTARYLLA	2	
<i>ethinyl estradiol/drospirenone</i>	2	
<i>ethynodiol diacetate-ethinyl estradiol</i>	2	
FALMINA	2	
FINZALA	2	
HAILEY	2	
HAILEY 24 FE	2	
HAILEY FE	2	
ISIBLOOM	2	
JAIMIESS	2	
JASMIEL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	
KALLIGA	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	
LARIN FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
<i>levonorgestrellethinyl estradiol</i>	2	
<i>levonorgestrellethinyl estradiol and ethinyl estradiol</i>	2	
LEVORA-28	2	
LO-ZUMANDIMINE	2	
LOJAIMIESS	2	
LORYNA	2	
LOW-OGESTREL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUTERA	2	
MARLISSA	2	
MICROGESTIN	2	
MICROGESTIN 24 FE	2	
MICROGESTIN FE	2	
MILI	2	
MONO-LINYAH	2	
NECON	2	
NIKKI	2	
<i>norethindrone acetate-ethinyl estradiol -1mg-20mcg tablet, -1.5-0.03mg tablet</i>	2	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone-ethinyl estradiol/ferrous fumarate - estradiol/iron 0.4-35(21) tab chew</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL	2	
NYLIA	2	
NYMYO	2	
OCELLA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA 1-35 28 TABLET, 1-35-28 TABLET	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PORTIA	2	
RECLIPSEN	2	
SETLAKIN	2	
SIMLIYA	2	
SIMPESSE	2	
SPRINTEC	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TAYSOFY	2	
TRI-ESTARYLLA	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-NYMYO	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRIVORA-28	2	
TURQOZ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VELIVET	2	
VESTURA	2	
VIENVA	2	
VIORELE	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
WYMZYA FE	2	
ZARAH	2	
ZOVIA 1-35	2	
ZUMANDIMINE	2	
OXYTOCICS		
METHERGINE	5	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
<i>bacitracin 500 unit/g oint. (g)</i>	2	
<i>bacitracin/polymyxin b sulfate</i>	2	
BESIVANCE	4	
<i>ciprofloxacin hcl 0.3 % drops</i>	2	
<i>erythromycin base 5 mg/gram oint. (g)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate 0.3 % drops</i>	2	
<i>levofloxacin 1.5 % drops</i>	2	
<i>moxifloxacin hcl 0.5 % drops, 0.5 % drops visc</i>	2	
NATACYN	3	
NEO-POLYCIN	2	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	2	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	2	
<i>polymyxin b sulfate/trimethoprim</i>	2	
<i>tobramycin 0.3 % drops</i>	2	
TOBREX 0.3% EYE OINTMENT	4	
ANTIVIRALS		
<i>trifluridine</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol hcl 0.5 % drops</i>	2	
BETOPTIC S	4	PA
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	2	
<i>timolol maleate 0.25 % drops, 0.5 % drops</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate 0.25 % sol-gel, 0.5 % drop daily, 0.5 % sol-gel</i>	2	
<i>timolol maleate/pf</i>	2	PA
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % drops</i>	2	
DIRECT ACTING MIOTICS		
PHOSPHOLINE IODIDE	5	
<i>pilocarpine hcl 1 % drops, 2 % drops, 4 % drops</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine hcl 0.05 % drops</i>	2	
<i>bepotastine besilate</i>	2	
CEQUA	4	
<i>cromolyn sodium 4 % drops</i>	2	
<i>cyclosporine 0.05 % droperette</i>	3	
CYSTARAN	5	
<i>epinastine hcl</i>	2	
LACRISERT	3	
<i>olopatadine hcl 0.1 % drops, 0.2 % drops</i>	2	
OXERVATE	5	PA, QL (112 PER 365 DAYS)
RESTASIS	3	
RESTASIS MULTIDOSE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYRVAYA	4	QL (8.4 PER 30 DAYS)
XIIDRA	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac sodium 0.07 % drops, 0.075 % drops</i>	4	
<i>bromfenac sodium 0.09 % drops</i>	2	
BROMSITE	4	
<i>diclofenac sodium 0.1 % drops</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine 0.4 % drops, 0.5 % drops</i>	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	
<i>methazolamide 25 mg tablet</i>	2	
<i>methazolamide 50 mg tablet</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost 0.03 % drops</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hcl/timolol maleate/pf</i> <i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	2	
<i>latanoprost</i>	1	
LUMIGAN	4	PA
RHOPRESSA	4	PA
ROCKLATAN	4	PA
SIMBRINZA	4	PA
<i>tafluprost/pf</i>	4	PA
<i>travoprost</i>	2	PA
VYZULTA	4	PA
STEROID-ANTIBIOTIC COMBINATIONS		
NEO-POLYCIN HC	2	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	2	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i> <i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	2	
<i>neomycin/polymyxin b sulfate/dexamethasone</i>	2	
TOBRADEX EYE OINTMENT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOBRADEX ST	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
STEROIDS		
ALREX	4	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	2	
<i>difluprednate</i>	2	
EYSUVIS	4	
<i>fluorometholone</i>	2	
INVELTYS	4	
LOTEMAX 0.5% EYE OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate 0.2 % drops susp</i>	3	
<i>loteprednol etabonate 0.5 % drops gel, 0.5 % drops susp</i>	2	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate 1 % drops</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SULFONAMIDES		
<i>sulfacetamide sodium 10 % drops, 10 % oint. (g)</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P ALHAGAN 0.1% DROS	4	PA
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate 0.1 % drops, 0.15 % drops, 0.2 % drops</i>	2	
IOPIDINE	4	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine hcl</i>	2	
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine hcl 50 mg/ml vial</i>	2	
<i>epinephrine 0.15 mg auto-inject (mylan)</i>	3	QL (4 PER 30 DAYS)
<i>epinephrine 0.15/0.15, 0.3mg/0.3</i>	3	QL (4 PER 30 DAYS)
<i>hydroxyzine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>levocetirizine dihydrochloride</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl 6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet</i>	3	PA
SYMJEPI	3	QL (4 PER 30 DAYS)
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B VS D
ADEMPAS	5	PA, LA, QL (90 PER 30 DAYS)
<i>albuterol sulfate 0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution</i>	2	B VS D
<i>albuterol sulfate 2 mg tablet, 2 mg/5 ml syrup, 4 mg tablet</i>	3	
<i>albuterol sulfate 90 mcg hfa aer ad</i>	2	QL (36 PER 30 DAYS)
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, LA, QL (30 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>arformoterol tartrate</i>	3	QL (120 PER 30 DAYS), B VS D
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120	3	QL (1 PER 30 DAYS)
ASMANEX TWISTHALER 220 MCG #14	3	
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
<i>azelastine hcl/fluticasone propionate</i>	3	PA, QL (23 PER 30 DAYS)
BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
<i>bosentan</i>	5	PA, LA, QL (60 PER 30 DAYS)
BREYNA	3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
BRONCHITOL	5	
<i>budesonide 0.25mg/2ml, 0.5 mg/2ml, 1 mg/2 ml</i>	2	B VS D
<i>budesonide/formoterol fumarate</i>	3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	2	B VS D
DULERA	3	QL (13 PER 30 DAYS)
DUPIXENT PEN 200 MG/1.14 ML	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT SYRINGE 200 MG/1.14 ML	5	PA, QL (4.56 PER 28 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FASENRA	5	PA
FASENRA PEN	5	PA
<i>flunisolide</i>	2	QL (50 PER 30 DAYS)
<i>fluticasone furoate/vilanterol trifenate</i>	3	QL (60 PER 30 DAYS)
<i>fluticasone propionate 110 mcg w/adap, 220 mcg w/adap</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone propionate 44 mcg aer w/adap</i>	3	QL (10.6 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray susp</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone propionate 50 mcg w/dev, 100 mcg w/dev, 250 mcg w/dev</i>	3	QL (60 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate propion/salmeterol 100-50 mcg w/dev, propion/salmeterol 250-50 mcg w/dev, propion/salmeterol 500-50 mcg w/dev</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate propion/salmeterol 45-21 mcg, propion/salmeterol 115-21mcg, propion/salmeterol 230-21mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate propion/salmeterol 55-14 mcg, propion/salmeterol 113-14 mcg, propion/salmeterol 232-14 mcg</i>	2	QL (1 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>formoterol fumarate</i>	3	B VS D
HAEGARDA	5	PA, LA
<i>icatibant acetate</i>	5	PA, QL (27 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.2 mg/ml solution</i>	2	B VS D
<i>ipratropium bromide/albuterol sulfate</i>	2	B VS D
KALBITOR	5	PA
KALYDECO	5	PA, QL (60 PER 30 DAYS)
<i>levalbuterol hcl 0.31mg/3ml vial, 0.63mg/3ml vial</i>	2	B VS D
<i>levalbuterol hcl 1.25mg/0.5 vial, 1.25mg/3ml vial</i>	4	B VS D
<i>levalbuterol tartrate</i>	3	QL (30 PER 30 DAYS)
<i>mometasone furoate 50 mcg spray/pump</i>	2	PA, QL (34 PER 30 DAYS)
<i>montelukast sodium 4 mg tab chew, 5 mg tab chew, 10 mg tablet</i>	1	
NUCALA 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE	5	PA, LA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OFEV	5	PA, QL (60 PER 30 DAYS)
OPSUMIT	5	PA, LA, QL (30 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	5	PA, QL (112 PER 28 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	5	PA, QL (56 PER 28 DAYS)
ORLADEYO	5	PA, LA
<i>pirfenidone 267 mg capsule</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 267 mg tablet, 534 mg tablet, 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
PULMOZYME	5	QL (150 PER 30 DAYS), B VS D
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
<i>roflumilast</i>	3	
RYALTRIS	4	PA, QL (29 PER 30 DAYS)
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
<i>sildenafil citrate 20 mg tablet</i>	3	PA
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)

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2024 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)
SYMDEKO	5	PA
<i>tadalafil 20 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
TAKHZYRO	5	PA, LA
<i>terbutaline sulfate 2.5 mg tablet, 5 mg tablet</i>	3	
TEZSPIRE	5	PA, QL (1 PER 28 DAYS)
THEO-24	4	
<i>theophylline anhydrous</i>	2	
<i>tiotropium bromide</i>	3	QL (30 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	5	PA, QL (56 PER 28 DAYS)
TUDORZA PRESSAIR	4	PA, QL (1 PER 30 DAYS)
TYVASO	5	PA
TYVASO DPI	5	PA
TYVASO INSTITUTIONAL START KIT	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, QL (210 PER 30 DAYS)
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, QL (90 PER 30 DAYS)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE	5	PA, LA, QL (8 PER 28 DAYS)
XOLAIR 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)
YUPELRI	5	QL (90 PER 30 DAYS), B VS D
<i>zafirlukast</i>	2	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin hydrobromide</i>	2	
<i>fesoterodine fumarate</i>	2	
<i>flavoxate hcl</i>	2	
GEMTESA	4	
<i>mirabegron</i>	3	
MYRBETRIQ	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxybutynin chloride 5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>trospium chloride</i>	2	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride/tamsulosin hcl</i>	2	
ENTADFI	3	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	3	LA
ELMIRON	4	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
OXLUMO	5	PA
<i>potassium citrate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCYSBI	5	PA
RENACIDIN	3	
<i>tadalafil 2.5 mg tablet, 5 mg tablet</i>	3	PA, QL (30 PER 30 DAYS)

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate</i>	2	
EFFER-K EFFER-10 TABLET EFF, EFFER-20 TABLET EFF	4	
EFFER-K ER-25 MEQ TABLET	2	
K-TAB ER -20 MEQ LET	3	
KLOR-CON	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON-EF	2	
<i>magnesium sulfate</i>	4	
<i>potassium chloride 2 meq/ml ampul, 2 meq/ml iv soln, 2 meq/ml vial, 20 meq packet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride 8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid</i>	2	
<i>potassium chloride in 0.45 % sodium chloride</i>	4	
<i>potassium chloride in 0.9 % sodium chloride 20 meq/l soln, 40 meq/l soln</i>	4	
<i>potassium chloride in 5 % dextrose in water d5w 20 meq/l iv soln</i>	4	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	4	
<i>potassium chloride in dextrose 5 %-0.2 % sodium chloride chloride/d5-0.2%nacl 20 meq/l iv soln</i>	4	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride</i>	4	
<i>potassium chloride in dextrose 5% and 0.3 % sodium chloride</i>	4	
<i>potassium chloride in lactated ringers and 5 % dextrose</i>	4	
<i>potassium chloride in water for injection, sterile 10meq/0.1l, 10meq/50ml, 20meq/0.1l, 20meq/50ml, 40meq/0.1l</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ringer's solution iv soln</i>	2	
<i>sodium chloride 0.45 %</i>	4	
<i>sodium chloride 3 %</i>	4	
<i>sodium chloride 5 %</i>	4	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 4.25%-10% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 6%-5% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION	4	B VS D
CLINIMIX E 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION	4	B VS D
<i>electrolyte-148 solution</i>	4	
<i>electrolyte-a solution</i>	4	
INTRALIPID	4	B VS D
ISOLYTE P WITH DEXTROSE	4	
ISOLYTE S	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A PH 7.4	4	
PLENAMINE	4	B VS D

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMASOL	4	B VS D
PROSOL	4	B VS D
TRAVASOL	4	B VS D
TROPHAMINE	4	B VS D
VITAMINS / HEMATINICS		
ELITE-OB	2	
<i>fluoride (sodium) 0.25(0.55) tab chew, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew</i>	3	
FOLIVANE-OB	2	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	2	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	3	
TARON-C DHA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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 acebutolol hcl.....90
 acetaminophen with codeine
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2024 Part D Formulary

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Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 800-378-5234
(TTY users should call 800-947-3529)
Email: compliance@networkhealth.com

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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)

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Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 800-378-5234 (TTY : 800-947-3529) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-378-5234 (TTY : 800-947-3529) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 800-947-3529) ຫຼື ວິມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigrige fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 800-378-5234 (TTY: 800-947-3529) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-378-5234 (TTY : 800-947-3529) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-378-5234 (TTY : 800-947-3529) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-378-5234 (TTY : 800-947-3529) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-378-5234 (TTY : 800-947-3529) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-378-5234 (Người khuyết tật: 800-947-3529) hoặc trao đổi với người cung cấp dịch vụ của bạn.