



Network Health Zero (PPO)

Network Health Select (PPO)

Network Health Choice (PPO)

Network Health PlusRx (PPO)

Network Health PremierRx (PPO)

Network Health Go (PPO)

Network Health Anywhere (PPO)

2025 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 25389

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

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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 Medicare Advantage Plans. When it refers to “plan” or “our plan,” it means Network Health Zero, Network Health Select, Network Health Choice, Network Health PlusRx, Network Health PremierRx, Network Health Go and Network Health Anywhere.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Network Health Medicare Advantage Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Network Health Medicare Advantage Plans 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. Network Health Medicare Advantage Plans 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 change?

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

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Network Health Medicare Advantage Plans’ Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will

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remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by Network Health Medicare Advantage Plans 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](https://www.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 16. 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 120. 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 120. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Network Health Medicare Advantage Plans requires you or your prescriber 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 16. 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 restriction. 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 6 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.

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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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- 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.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, 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 120.

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*	23%	23%	24%	24%
Tier 4*	46%	46%	46%	46%
Tier 5*	28%	N/A	28%	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 2, Tier 3, Tier 4 and Tier 5 until you have paid \$370.

Network Health PremierRx

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*	21%	21%	22%	22%
Tier 4*	45%	45%	45%	45%
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 2, Tier 3, Tier 4 and Tier 5 until you have paid \$310.

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*	24%	24%	25%	25%
Tier 4*	50%	50%	50%	50%
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 2, Tier 3, Tier 4 and Tier 5 until you have paid \$340.

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 <i>Evidence of Coverage</i> .				
	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*	24%	24%	25%	25%
Tier 4*	37%	37%	37%	37%
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 2, Tier 3, Tier 4 and Tier 5 until you have paid \$320.				

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*	23%	23%	24%	24%
Tier 4*	37%	37%	37%	37%
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 2, Tier 3, Tier 4 and Tier 5 until you have paid \$300.

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*	23%	23%	24%	24%
Tier 4*	49%	49%	49%	49%
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 2, Tier 3, Tier 4 and Tier 5 until you have paid \$300.

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*	41%	41%	41%	41%
Tier 5*	31%	N/A	31%	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 \$145.

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>caspofungin acetate</i>	4	
<i>clotrimazole 10 mg troche</i>	2	
ERAXIS	5	
<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</i>	4	
<i>itraconazole 10 mg/ml solution</i>	4	PA
<i>itraconazole 100 mg capsule</i>	3	PA, QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tablet</i>	2	
<i>micafungin sodium</i>	4	
<i>nystatin 500k unit tablet, 100000/ml oral susp</i>	2	
<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>	5	PA
<i>voriconazole 200 mg/5ml susp recon</i>	5	QL (600 ML PER 30 DAYS)
<i>voriconazole 50 mg tablet, 200 mg tablet</i>	4	QL (120 PER 30 DAYS)
ANTIVIRALS		
<i>abacavir sulfate</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	4	B VS D
<i>adefovir dipivoxil</i>	4	
<i>amantadine hcl</i>	2	
APTIVUS 250 MG CAPSULE	5	
<i>atazanavir sulfate</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	
BIKTARVY	5	
<i>cidofovir</i>	5	B VS D
CIMDUO	5	
COMPLERA	5	
<i>darunavir</i>	5	
<i>darunavir ethanolate</i>	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine</i>	4	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>entecavir</i>	4	
EPCLUSA 150-37.5 MG PELLE PKT, 200-50 MG PELLE PACK, 400 MG-100 MG TABLET	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 PELLE PK	5	PA, QL (28 PER 28 DAYS)
HARVONI 45-200 MG PELLE PACKT, 45-200 MG TABLET	5	PA, QL (56 PER 28 DAYS)
INTELENCE 25 MG TABLET	4	
ISENTRESS 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET	5	
ISENTRESS 25 MG TABLET CHEW	4	
ISENTRESS HD	5	
JULUCA	5	
LAGEVRIO (EUA)	4	QL (40 PER 90 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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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, 200 mg tablet</i>	2	
NORVIR 100 MG POWDER PACKET	4	
ODEFSEY	5	
<i>oseltamivir phosphate</i>	3	
PAXLOVID	3	QL (30 PER 90 DAYS)
PAXLOVID (EUA)	3	QL (30 PER 90 DAYS)
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 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

2025 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
STRIBILD	5	
SUNLENCA 4- 300 MG TABLET, 5- 300 MG TABLET	5	
SYMTUZA	5	
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY 10 MG TABLET	4	
TIVICAY 25 MG TABLET, 50 MG TABLET	5	
TIVICAY PD	5	
TRIUMEQ	5	
TRIUMEQ PD	4	
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	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CEPHALOSPORINS		
<i>cefaclor 250 mg capsule, 250 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	
<i>cefepime hcl in iso-osmotic dextrose</i>	4	
<i>cefixime</i>	3	
<i>cefotaxime sodium</i>	3	
<i>cefotetan disodium</i>	3	
<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/5ml susp recon, 500 mg capsule</i>	2	
TEFLARO	5	
ZERBAXA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin 1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 500 mg vial, 500 mg vial port</i>	3	
<i>azithromycin 250 mg tablet, 500 mg tablet, 600 mg tablet</i>	2	
<i>clarithromycin 125 mg/5ml susp recon, 250 mg/5ml susp recon, 500 mg tab er 24h</i>	3	
<i>clarithromycin 250 mg tablet, 500 mg tablet</i>	2	
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>	4	
<i>erythromycin ethylsuccinate 200 mg/5ml susp recon, 400 mg tablet</i>	4	
<i>erythromycin ethylsuccinate 400 mg/5ml susp recon</i>	5	
<i>erythromycin lactobionate</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	
<i>amikacin sulfate</i>	4	
ARIKAYCE	5	PA, LA
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>aztreonam</i>	4	
CAYSTON	5	PA, LA
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	3	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate 150 mg/ml vial</i>	4	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	4	
<i>clindamycin phosphate/dextrose 5 % in water</i>	4	
COARTEM	4	
<i>colistin (as colistimethate sodium)</i>	5	
<i>cycloserine</i>	5	
<i>dapsone 25 mg tablet, 100 mg tablet</i>	3	
<i>daptomycin</i>	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</i>	2	
<i>imipenem/cilastatin sodium</i>	4	
IMPAVIDO	5	PA
<i>isoniazid 100 mg tablet, 300 mg tablet</i>	2	
<i>isoniazid 50 mg/5 ml solution</i>	4	
<i>ivermectin 3 mg tablet</i>	3	PA
KRINTAFEL	4	
LAMPIT	4	
<i>lincomycin hcl</i>	4	
<i>linezolid 100 mg/5ml susp recon</i>	5	QL (1800 ML PER 30 DAYS)
<i>linezolid 600 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>linezolid in 0.9 % sodium chloride</i>	4	
<i>linezolid in dextrose 5 % in water</i>	4	
<i>mefloquine hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem</i>	3	
<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	QL (6 PER 30 DAYS)
<i>pentamidine isethionate 300 mg vial</i>	4	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	B VS D
<i>polymyxin b sulfate</i>	3	
<i>praziquantel</i>	3	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>primaquine phosphate</i>	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	4	
<i>rifampin 150 mg capsule, 300 mg capsule</i>	2	
<i>rifampin 600 mg vial</i>	4	
SIRTURO	5	LA
<i>streptomycin sulfate</i>	4	
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	
TOBI PODHALER	5	QL (224 PER 56 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	
XIFAXAN 200 MG TABLET	4	PA, QL (9 PER 3 DAYS)
XIFAXAN 550 MG TABLET	5	PA, QL (84 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	4	
<i>ampicillin sodium/sulbactam sodium</i>	4	
<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	
<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>	4	
<i>penicillin g potassium/dextrose-water</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
PFIZERPEN	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
QUINOLONES		
<i>ciprofloxacin hcl 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, 250mg/10ml solution</i>	3	
<i>levofloxacin 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin/dextrose 5% in water</i>	3	
<i>moxifloxacin hcl 400 mg tablet</i>	3	
<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>	3	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole/trimethoprim</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
DOXY 100	4	
<i>doxycycline hyclate 100 mg vial</i>	4	
<i>doxycycline hyclate 20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet</i>	2	
<i>doxycycline monohydrate 25 mg/5 ml susp recon</i>	3	
<i>doxycycline monohydrate 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, 75 mg capsule, 100 mg capsule</i>	2	
<i>minocycline hcl 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	4	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	4	
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin hcl 1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 5 g vial, 10 g vial, 50 mg/ml soln recon, 100 g bulkbaginj, 125 mg capsule, 250 mg capsule, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port</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	
<i>vancomycin in 0.9 % sodium chloride vancomycin/0.9 % 1g/200ml froz. piggy, vancomycin/0.9 % 750 mg/250 plast. bag</i>	4	
<i>vancomycin in 0.9 % sodium chloride vancomycin/0.9 % 500mg/0.1l, vancomycin/0.9 % 750mg/1.15l</i>	3	
<i>vancomycin in 5 % dextrose in water 5 % 1.25 g/250 plast. bag, 5 % 1g/200ml froz. piggy, 5 % 500mg/0.1l froz. piggy, 5 % 750mg/1.15l froz. piggy</i>	4	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium 10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial</i>	4	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	
XGEVA	5	PA
<i>abiraterone acetate</i>	5	PA, QL (120 PER 30 DAYS)
ADCETRIS	5	B VS D
ADSTILADRIN	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
AYVAKIT	5	PA, LA, QL (30 PER 30 DAYS)
<i>azacitidine</i>	5	B VS D
<i>azathioprine 50 mg tablet</i>	2	B VS D
BALVERSA 3 MG TABLET, 4 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
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)</i>	5	PA, QL (60 G PER 30 DAYS)
<i>bexarotene 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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 75 MG CAPSULE	5	PA, LA
BRUKINSA	5	PA, LA, QL (120 PER 30 DAYS)
CABOMETYX	5	PA, LA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, LA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
<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)
COTELLIC	5	PA, LA, QL (63 PER 28 DAYS)
<i>cyclophosphamide 1 g vial, 2 g vial, 200 mg/ml vial, 500 mg 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
<i>cyclosporine 25 mg capsule, 100 mg capsule</i>	3	B VS D
<i>cyclosporine, modified</i>	3	B VS D
CYRAMZA	5	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cytarabine</i>	2	B VS D
<i>cytarabine/pf</i>	2	B VS D
<i>dacarbazine</i>	4	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>	4	B VS D
<i>doxorubicin hcl pegylated liposomal</i>	5	B VS D
DROXIA	3	
ELIGARD 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT	4	PA, QL (1 KIT PER 84 DAYS)
ELIGARD 30 MG SYRINGE B, 30 MG SYRINGE KIT	4	PA, QL (1 KIT PER 112 DAYS)
ELIGARD 45 MG SYRINGE B, 45 MG SYRINGE KIT	4	PA, QL (1 KIT PER 168 DAYS)
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT	4	PA, QL (1 KIT PER 28 DAYS)
ELREXFIO	5	PA
ELZONRIS	5	PA
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>	4	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPKINLY	5	PA
ERBITUX	5	B VS D
<i>eribulin mesylate</i>	5	PA
ERIVEDGE	5	PA, QL (28 PER 28 DAYS)
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
<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
<i>etoposide 20 mg/ml vial</i>	2	B VS D
EULEXIN	5	
<i>everolimus 0.25 mg tablet</i>	3	B VS D
<i>everolimus 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	5	B VS D
<i>everolimus 2 mg tab susp, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	5	PA
<i>everolimus 2.5 mg tablet</i>	3	PA
<i>exemestane</i>	4	
EXKIVITY	5	PA, LA, QL (120 PER 30 DAYS)
FIRMAGON	4	PA
<i>floxuridine</i>	2	B VS D
<i>fludarabine phosphate 50 mg vial</i>	4	B VS D
<i>fludarabine phosphate 50 mg/2 ml vial</i>	5	B VS D
<i>fluorouracil 1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial</i>	3	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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAVRETO	5	PA, LA, QL (120 PER 30 DAYS)
GAZYVA	5	PA
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
<i>gemcitabine hcl</i>	4	B VS D
GENGRAF 100 MG CAPSULE, 100 MG/ML SOLUTION	4	B VS D
GENGRAF 25 MG CAPSULE	3	B VS D
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEOSTINE 10 MG CAPSULE	4	PA
GLEOSTINE 40 MG CAPSULE, 100 MG CAPSULE	5	PA
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>	5	B VS D
IDHIFA	5	PA, LA, QL (30 PER 30 DAYS)
<i>ifosfamide</i>	3	B VS D
<i>imatinib mesylate 100 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 280 MG TABLET, 420 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 ML PER 27 DAYS)
IMDELLTRA	5	PA
IMFINZI	5	LA, B VS D
IMJUDO	5	PA
IMLYGIC	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLYTA	5	PA, QL (120 PER 30 DAYS)
INQOVI	5	PA, QL (5 PER 28 DAYS)
INREBIC	5	PA, LA, QL (120 PER 30 DAYS)
<i>irinotecan hcl</i>	4	B VS D
IWILFIN	5	PA, LA, QL (240 PER 30 DAYS)
IXEMPRA	5	B VS D
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JEMPERLI	5	PA
JEVTANA	5	B VS D
JYLAMVO	5	PA
KADCYLA	5	B VS D
KANJINTI	5	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)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
KYPROLIS	5	B VS D
<i>lanreotide acetate 120mg/0.5 syringe</i>	5	PA
<i>lapatinib ditosylate</i>	5	PA, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	5	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	5	PA, QL (30 PER 30 DAYS)
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	5	PA, QL (60 PER 30 DAYS)
<i>letrozole</i>	2	
LEUKERAN	5	
<i>leuprolide acetate 1 mg/0.2ml kit, 1 mg/0.2ml vial</i>	4	
<i>leuprolide acetate 22.5 mg vial</i>	4	PA, QL (1 PER 90 DAYS)
LIBTAYO	5	B VS D
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 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 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUNSUMIO	5	PA
LUPRON DEPOT (LUPANETA) 11.25MG	5	PA, QL (1 KIT PER 84 DAYS)
LUPRON DEPOT (LUPANETA) 3.75MG	5	PA, QL (1 KIT PER 28 DAYS)
LUPRON DEPOT -4 MONTH KIT	5	PA, QL (1 KIT PER 112 DAYS)
LUPRON DEPOT 11.25 MG 3MO KIT, 22.5 MG 3MO KIT	5	PA, QL (1 KIT PER 84 DAYS)
LUPRON DEPOT 3.75 MG KIT, 7.5 MG KIT	5	PA, QL (1 KIT PER 28 DAYS)
LUPRON DEPOT 45 MG 6MO KIT	5	PA, QL (1 KIT PER 168 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, LA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, LA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, LA, QL (140 PER 28 DAYS)
MARGENZA	5	PA, LA
MATULANE	5	
<i>megestrol acetate</i>	3	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1260 ML PER 30 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, LA, QL (180 PER 30 DAYS)
<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>	4	B VS D
<i>mitoxantrone hcl</i>	3	B VS D
MONJUVI	5	B VS D
MVASI	5	B VS D
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	B VS D
<i>mycophenolate mofetil 250 mg capsule, 500 mg tablet</i>	3	B VS D
<i>mycophenolate sodium</i>	3	B VS D
MYLOTARG	5	PA
<i>nelarabine</i>	5	B VS D
NERLYNX	5	PA, LA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nilutamide</i>	5	QL (30 PER 30 DAYS)
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	B VS D
NUBEQA	5	PA, LA, QL (120 PER 30 DAYS)
<i>octreotide acetate 50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml vial, 200 mcg/ml vial</i>	4	PA
<i>octreotide acetate 50 mcg/ml syringe, 100 mcg/ml syringe, 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)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA	5	PA
OJJAARA	5	PA, QL (30 PER 30 DAYS)
ONCASPAR	5	B VS D
ONIVYDE	5	B VS D
ONTRUZANT	5	B VS D
ONUREG	5	PA, QL (14 PER 28 DAYS)
OPDIVO	5	PA
OPDUALAG	5	PA
ORGOVYX	5	PA, LA, QL (30 PER 28 DAYS)
ORSERDU 345 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, LA, QL (90 PER 30 DAYS)
<i>oxaliplatin</i>	4	B VS D
<i>paclitaxel</i>	4	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEMAZYRE	5	PA, LA, QL (30 PER 30 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
PHESGO	5	PA
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (28 PER 28 DAYS)
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	5	PA, QL (56 PER 28 DAYS)
POLIVY	5	PA
POMALYST	5	PA, LA, QL (30 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, QL (90 PER 30 DAYS)
RETEVMO 120 MG TABLET, 160 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE, 40 MG TABLET	5	PA, LA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE, 80 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
REZUROCK	5	PA, LA, QL (30 PER 30 DAYS)
RIABNI	5	B VS D
RITUXAN	5	B VS D
RITUXAN HYCELA	5	B VS D
<i>romidepsin</i>	5	B VS D
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, LA, QL (120 PER 30 DAYS)
RUXIENCE	5	B VS D
RYBREVANT	5	PA
RYDAPT	5	PA, QL (240 PER 30 DAYS)
RYLAZE	5	PA
RYTELO 47 MG VIAL	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, QL (60 PER 30 DAYS)
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	4	B VS D
<i>sirolimus 1 mg/ml solution</i>	5	B VS D
SOLTAMOX	5	
<i>sorafenib tosylate</i>	5	PA, QL (120 TABS PER 30 DAYS)
SPRYCEL	5	PA, QL (30 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate</i>	5	PA, QL (28 PER 28 DAYS)
SYLVANT	5	B VS D
TABLOID	4	
TABRECTA	5	PA, QL (120 PER 30 DAYS)
<i>tacrolimus 0.5 mg capsule, 1 mg capsule, 5 mg capsule</i>	4	B VS D
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TAGRISSO	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)
TAZVERIK	5	PA, LA, QL (240 PER 30 DAYS)
TECENTRIQ	5	LA, B VS D
TECVAYLI	5	PA
<i>temsirolimus</i>	5	B VS D
TEPMETKO	5	PA, LA, QL (60 PER 30 DAYS)
TEVIMBRA	5	PA
THALOMID	5	PA
<i>thiotepa</i>	5	B VS D
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
TIVDAK	5	PA
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	5	B VS D
<i>toremifene citrate</i>	5	QL (30 PER 30 DAYS)
TORPENZ 2.5 MG TABLET	3	PA
TORPENZ 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	5	PA
TRAZIMERA	5	B VS D
TRELSTAR	4	PA
<i>tretinoin 10 mg capsule</i>	5	PA
TRODELVY	5	PA, LA
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TRUXIMA	5	B VS D
TUKYSA	5	PA, LA, QL (120 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, LA, QL (120 PER 30 DAYS)
<i>valrubicin</i>	5	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VANFLYTA	5	PA, QL (56 PER 28 DAYS)
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 (42 PER 28 DAYS)
VERZENIO	5	PA, LA, QL (60 PER 30 DAYS)
VIJOICE 250 MG DAILY DOSE PACK	5	PA, QL (56 PER 28 DAYS)
VIJOICE 50 MG GRANULE PACKET, 125 MG TABLET	5	PA, QL (28 PER 28 DAYS)
VIJOICE 50 MG TABLET	5	PA, QL (112 PER 28 DAYS)
<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)
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, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VYXEOS	5	B VS D
WELIREG	5	PA, LA, QL (90 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
XALKORI 50 MG PELLETT	5	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XERMELO	5	PA, LA, QL (90 PER 30 DAYS)
XOSPATA	5	PA, LA, QL (90 PER 30 DAYS)
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)
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 10.8 MG IMPLANT SYRN	5	PA, QL (1 PER 84 DAYS)
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, QL (1 PER 28 DAYS)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA	5	PA, QL (150 PER 30 DAYS)
ZYNLONTA	5	PA, LA
ZYNYZ	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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 100 mg cpmp 12hr, 100 mg tab er 12h, 200 mg cpmp 12hr, 200 mg tab er 12h, 300 mg cpmp 12hr, 400 mg tab er 12h</i>	3	
<i>carbamazepine 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet</i>	2	
<i>clobazam 10 mg tablet, 20 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	4	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, QL (180 PER 30 DAYS)
<i>diazepam 2.5 mg, 5-7.5-10mg, 12.5-15-20</i>	3	
DILANTIN 30 MG CAPSULE	3	PA
<i>divalproex sodium</i>	2	
EPIDIOLEX	5	PA, LA
EPITOL	2	
EPRONTIA	4	PA
EQUETRO	4	PA
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

2025 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	3	
<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)
<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, 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	4	QL (10 PER 30 DAYS)
<i>oxcarbazepine 150 mg tablet, 300 mg tablet, 600 mg tablet</i>	2	
<i>oxcarbazepine 300 mg/5ml oral susp</i>	3	
<i>phenobarbital</i>	3	
<i>phenytoin</i>	2	
<i>phenytoin sodium extended</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

2025 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 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>	4	
<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	QL (10 PER 30 DAYS)
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZTALMY	5	PA, LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine hcl</i>	5	QL (60 PER 30 DAYS)
<i>benztropine mesylate 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	
<i>bromocriptine mesylate 2.5 mg tablet</i>	3	
<i>bromocriptine mesylate 5 mg capsule</i>	4	
<i>carbidopa</i>	4	
<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>	3	
NEUPRO	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>	4	
<i>rasagiline mesylate</i>	4	
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet</i>	2	
<i>ropinirole hcl 2 mg tab er, 4 mg tab er, 6 mg tab er, 8 mg tab er, 12 mg tab er</i>	4	
RYTARY	4	
<i>selegiline hcl</i>	2	
<i>trihexyphenidyl hcl 2 mg tablet, 5 mg tablet</i>	2	
<i>trihexyphenidyl hcl 2 mg/5 ml solution</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	4	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)
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)
<i>ergotamine tartrate/caffeine</i>	3	QL (40 PER 30 DAYS)
<i>frovatriptan succinate</i>	4	QL (18 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 (12 PER 30 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 cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial</i>	4	QL (8 PER 28 DAYS)
UBRELVY	5	PA, QL (16 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan 5 mg spray</i>	4	PA, QL (12 PER 30 DAYS)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO 6 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
AUSTEDO XR 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET, 12 MG TABLET	5	PA, LA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
COPAXONE	5	PA
<i>dalfampridine</i>	3	PA, QL (60 PER 30 DAYS)
<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)
<i>galantamine hbr 4 mg tablet, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel</i>	2	
<i>galantamine hbr 4 mg/ml solution</i>	4	QL (200 ML PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	
KESIMPTA PEN	5	
<i>memantine hcl 2 mg/ml solution</i>	4	PA, QL (300 ML PER 30 DAYS)
<i>memantine hcl 5 mg tablet, 10 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA
<i>memantine hcl 7 mg cap 24, 14 mg cap 24, 21 mg cap 24, 28 mg cap 24</i>	3	PA
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	2	
SKYCLARYS	5	PA, LA, QL (90 PER 30 DAYS)
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)
VUMERITY	5	
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 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 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>dantrolene sodium 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	4	
<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	QL (60 PER 30 DAYS)
<i>pyridostigmine bromide 30 mg tablet, 60 mg/5 ml solution</i>	4	
<i>pyridostigmine bromide 60 mg tablet, 180 mg tablet er</i>	3	
<i>tizanidine hcl 2 mg tablet, 4 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 solution</i>	3	QL (4500 PER 30 DAYS)
<i>acetaminophen with codeine phosphate 300mg-60mg tablet</i>	3	QL (180 PER 30 DAYS)
BELBUCA	4	QL (60 PER 30 DAYS)
<i>buprenorphine</i>	4	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)
<i>butalbital/aspirin/caffeine 50-325-40 capsule</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, 37.5mcg/hr patch, 50mcg/hr patch, 62.5mcg/hr patch, 75mcg/hr patch, 100 mcg/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)
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 2.5, hydrocodone/acetaminophen 5-217mg/10, hydrocodone/acetaminophen 7.5, hydrocodone/acetaminophen 10</i>	3	QL (5550 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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, 8 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/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)
<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, 100 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, 90 mg, 120 mg</i>	3	QL (60 PER 30 DAYS)
<i>morphine sulfate 45 mg, 60 mg, 75 mg</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 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl 10 mg tab er, 20 mg tab er, 40 mg tab er</i>	4	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)
<i>oxycodone hcl 80 mg tab er 12h</i>	4	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>	3	QL (60 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 2 mg-0.5mg film</i>	3	QL (360 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 2 mg-0.5mg tab subl</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 4mg-1mg, /naloxone 8 mg-2 mg</i>	3	QL (90 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 8 mg-2 mg tab subl</i>	2	QL (90 PER 30 DAYS)
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 1.5 % drops</i>	2	QL (300 PER 28 DAYS)
<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>	3	
<i>meloxicam</i>	1	
<i>nabumetone</i>	2	
<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>	3	
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	5	
ABILIFY MAINTENA	5	
<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>	3	
<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>	4	PA
<i>asenapine maleate</i>	4	PA
<i>atomoxetine hcl</i>	4	
AUVELITY	5	QL (60 PER 30 DAYS)
BELSOMRA	4	QL (30 PER 30 DAYS)
<i>bupropion hcl 100 mg tab, 150 mg tab, 200 mg tab</i>	1	
<i>bupropion hcl 75 mg tablet, 100 mg tablet, 150 mg tab er 12h, 150 mg tab er 24h, 300 mg tab er 24h</i>	2	
<i>bupirone hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPLYTA	5	PA, QL (30 PER 30 DAYS)
<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet</i>	4	
<i>citalopram hydrobromide 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	
<i>citalopram hydrobromide 10 mg/5 ml, 20 mg/10ml</i>	3	
<i>clomipramine hcl</i>	4	
<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>	3	
DAYVIGO	4	QL (30 PER 30 DAYS)
<i>desipramine hcl</i>	3	
<i>desvenlafaxine succinate</i>	2	
<i>dexmethylphenidate hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	2	
<i>dexmethylphenidate hcl 5 mg 50, 10 mg 50, 15 mg 50, 20 mg 50, 25 mg 50, 30 mg 50, 35 mg 50, 40 mg 50</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet</i>	2	
<i>dextroamphetamine sulfate 2.5 mg tablet, 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>dextroamphetamine sulfate 5 mg capsule er, 10 mg capsule er, 15 mg capsule er</i>	3	
<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	
EMSAM	5	QL (30 PER 30 DAYS)
<i>ergoloid mesylates</i>	4	
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>escitalopram oxalate 5 mg/5 ml solution</i>	2	
<i>eszopiclone</i>	3	
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 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>	4	
<i>fluphenazine hcl</i>	4	
<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>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<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	
<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 (10 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisdexamfetamine dimesylate</i>	3	
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	
<i>lorazepam 2 mg/ml oral conc</i>	3	
LORAZEPAM INTENSOL	3	
<i>loxapine succinate</i>	2	
<i>lurasidone hcl</i>	2	QL (30 PER 30 DAYS)
LYBALVI	5	QL (30 PER 30 DAYS)
MARPLAN	3	
<i>methylphenidate</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, 10 mg cpbp 50, 10 mg csbp 40, 10 mg tab chew, 10 mg tablet er, 15 mg csbp 40, 20 mg cpbp 50, 20 mg csbp 40, 20 mg tablet er, 30 mg cpbp 50, 30 mg csbp 40, 40 mg cpbp 50, 40 mg csbp 40, 50 mg csbp 40, 60 mg cpbp 50, 60 mg csbp 40</i>	4	
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 5 mg/5 ml solution, 10 mg cpbp 30, 10 mg tablet, 10 mg/5 ml solution, 20 mg cpbp 30, 20 mg tablet, 30 mg cpbp 30, 40 mg cpbp 30, 50 mg cpbp 30, 60 mg cpbp 30</i>	2	
<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>	4	
<i>nefazodone hcl</i>	3	
<i>nortriptyline hcl 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nortriptyline hcl 10 mg/5 ml solution</i>	3	
NUPLAZID	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>	4	QL (30 PER 30 DAYS)
<i>olanzapine/fluoxetine hcl 3 mg-25 mg capsule, 6mg-25mg capsule</i>	4	PA, QL (90 PER 30 DAYS)
<i>olanzapine/fluoxetine hcl 6mg-50mg capsule, 12mg-25mg capsule, 12mg-50mg capsule</i>	4	PA, QL (30 PER 30 DAYS)
<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</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	3	QL (900 ML PER 30 DAYS)
<i>paroxetine hcl 12.5 mg tab er 24h</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl 25 mg tab er, 37.5 mg tab er</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet, 40 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>perphenazine</i>	4	
PERSERIS	5	PA
<i>phenelzine sulfate</i>	2	
<i>pimozide</i>	3	
PROCENTRA	2	
<i>protriptyline hcl</i>	3	
<i>quetiapine fumarate 150 mg tab er, 200 mg tab er</i>	3	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	3	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	QL (30 PER 30 DAYS)
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)
<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>	4	QL (2 PER 28 DAYS)
<i>risperidone microspheres 37.5mg/2ml vial, 50 mg/2 ml vial</i>	5	QL (2 PER 28 DAYS)
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)
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluoperazine hcl</i>	2	
<i>trimipramine maleate</i>	3	
TRINTELLIX	4	PA, QL (30 PER 30 DAYS)
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, QL (540 ML PER 30 DAYS)
<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)
<i>zaleplon</i>	3	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	
<i>zolpidem tartrate 5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase</i>	2	
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	4	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 300 MG VL KIT	5	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VL KIT	5	QL (1 PER 28 DAYS)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
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>	4	
<i>quinidine gluconate</i>	4	
<i>quinidine sulfate</i>	2	
SOTALOL AF	2	
<i>sotalol hcl</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl</i>	2	
<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	
<i>amlodipine besylate/olmesartan medoxomil</i>	1	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	QL (30 PER 30 DAYS)
<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	
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	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	2	
<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	
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>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
NYMALIZE 30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION	5	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<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, 40 mg tablet, 60 mg tablet, 80 mg tablet</i>	1	
<i>propranolol hcl 20 mg/5 ml solution, 40mg/5ml solution, 60 mg cap sa 24h, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h</i>	2	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamterene/hydrochlorothiazide</i>	1	
<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		
<i>digoxin 125 mcg tablet, 250 mcg tablet</i>	2	
<i>digoxin 50 mcg/ml solution, 62.5 mcg tablet</i>	3	
COAGULATION THERAPY		
ALVAIZ	5	PA
<i>aminocaproic acid 250 mg/ml solution, 500 mg tablet, 1000 mg tablet</i>	5	
<i>aspirin/dipyridamole</i>	3	
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 100 mg/ml syringe</i>	4	QL (60 ML PER 30 DAYS)
<i>enoxaparin sodium 150 mg/ml syringe</i>	4	QL (60 ML PER 30 DAYS)
<i>enoxaparin sodium 300 mg/3ml vial, 300mg/3ml vial</i>	4	QL (90 ML PER 30 DAYS)
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	4	QL (18 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	4	QL (24 ML PER 30 DAYS)
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	4	QL (36 ML PER 30 DAYS)
<i>enoxaparin sodium 80mg/0.8ml, 120mg/1.8ml</i>	4	QL (48 ML PER 30 DAYS)
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	5	QL (24 ML PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	5	QL (12 ML PER 30 DAYS)
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	5	QL (18 ML PER 30 DAYS)
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	
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 1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial</i>	3	
JANTOVEN	1	
<i>pentoxifylline</i>	2	
<i>prasugrel hcl</i>	2	
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LA, QL (360 PER 30 DAYS)
PROMACTA 12.5 MG TABLET, 25 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LA, QL (180 PER 30 DAYS)
PROMACTA 50 MG TABLET, 75 MG TABLET	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>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cholestyramine/aspartame</i>	4	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	1	
<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>	4	
<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>	4	
<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)
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR 5 MG TABLET, 7.5 MG TABLET	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CORLANOR 5 MG/5 ML ORAL SOLN	4	QL (450 PER 30 DAYS)
ENTRESTO	3	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
<i>ivabradine hcl</i>	4	QL (60 PER 30 DAYS)
<i>ranolazine</i>	2	
VERQUVO	4	QL (30 PER 30 DAYS)
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	
<i>nitroglycerin 0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24</i>	2	
<i>nitroglycerin 400mcg/spr spray</i>	3	
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), 0.005 % oint. (g)</i>	4	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3	QL (60 PER 30 DAYS)
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
COSENTYX (2 SYRINGES)	5	PA, QL (8 PER 28 DAYS)
COSENTYX SENSOREADY (2 PENS)	5	PA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SENSOREADY PEN	5	PA, QL (8 PER 28 DAYS)
COSENTYX SYRINGE 150 MG/ML	5	PA, QL (8 PER 28 DAYS)
COSENTYX SYRINGE 75 MG/0.5 ML	5	PA, QL (2 PER 28 DAYS)
COSENTYX UNOREADY PEN	5	PA, QL (8 PER 28 DAYS)
DUPIXENT PEN 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
DUPIXENT SYRINGE 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
ILUMYA	5	PA, QL (2 PER 28 DAYS)
<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 (1 PER 28 DAYS)
TALTZ AUTOINJECTOR (2 PACK)	5	PA, QL (1 PER 28 DAYS)
TALTZ AUTOINJECTOR (3 PACK)	5	PA, QL (1 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 (1 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium 3 % gel (gram)</i>	4	PA, QL (100 PER 30 DAYS)
<i>doxepin hcl 5 % cream (g)</i>	4	PA
<i>fluorouracil 2 % solution, 5 % cream (g), 5 % solution</i>	3	
HYFTOR	5	PA
<i>imiquimod 5 % cream pack</i>	3	
LITFULO	5	PA, QL (28 PER 28 DAYS)
<i>methoxsalen</i>	5	
PANRETIN	5	PA
<i>pimecrolimus</i>	4	QL (100 G PER 30 DAYS)
<i>podofilox 0.5 % solution</i>	2	
<i>tacrolimus 0.03 % (g), 0.1 % (g)</i>	4	QL (100 G PER 30 DAYS)
VALCHLOR	5	PA, QL (60 G PER 30 DAYS)
THERAPY FOR ACNE		
AC CUTANE	4	
<i>adapalene 0.1 % cream (g)</i>	4	PA, QL (45 G PER 30 DAYS)
<i>adapalene 0.3 % gel (gram)</i>	4	PA, QL (45 G PER 30 DAYS)
AKLIEF	4	PA
AMNESTEEM	4	
<i>azelaic acid</i>	3	QL (50 G PER 30 DAYS)
<i>brimonidine tartrate 0.33 % gel w/pump</i>	4	PA
CLARAVIS	4	
<i>clindamycin phosphate 1 % gel (gram)</i>	2	QL (75 G PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	2	QL (60 G PER 30 DAYS)
<i>clindamycin phosphate 1 % med. swab, 1 % solution</i>	2	QL (60 PER 30 DAYS)
<i>clindamycin phosphate/benzoyl peroxide phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2(1) %-5% gel (gram)</i>	4	
<i>dapsone 5 % gel (gram), 7.5 % gel w/pump</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERY	2	
ERYGEL	2	
<i>erythromycin base in ethanol</i>	2	
<i>erythromycin base/benzoyl peroxide</i>	3	
<i>ivermectin 1 % cream (g)</i>	4	
<i>metronidazole 0.75 % cream (g), 0.75 % gel (gram)</i>	2	
<i>metronidazole 0.75 % lotion, 1 % gel (gram)</i>	3	
<i>tazarotene 0.1 % cream (g)</i>	4	PA, QL (120 G PER 30 DAYS)
<i>tazarotene 0.1 % gel (gram)</i>	4	PA, QL (45 G PER 30 DAYS)
<i>tretinoin 0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g)</i>	4	PA, QL (45 G PER 30 DAYS)
<i>tretinoin microspheres</i>	4	PA
ZENATANE	4	
TOPICAL ANESTHETICS		
GLYDO	2	
<i>lidocaine 5 % adh. patch</i>	2	
<i>lidocaine 5 % oint. (g)</i>	3	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>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin sulfate 0.1 % cream (g), 0.1 % oint. (g)</i>	3	QL (90 G PER 30 DAYS)
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	3	
NEO-SYNALAR -0.5%-0.025% CREAM	4	
<i>silver sulfadiazine</i>	2	
SSD	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfacetamide sodium 10 % suspension</i>	2	QL (118 PER 30 DAYS)
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
<i>ciclopirox 0.77 % gel (gram)</i>	3	QL (100 G PER 30 DAYS)
<i>ciclopirox 1 % shampoo, 8 % solution</i>	2	
<i>ciclopirox olamine 0.77 % cream (g)</i>	2	
<i>ciclopirox olamine 0.77 % suspension</i>	3	QL (60 PER 30 DAYS)
<i>clotrimazole 1 % cream (g), 1 % solution</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	3	QL (90 G PER 30 DAYS)
<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	
<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>betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate/propylene glycol</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	4	QL (100 PER 30 DAYS)
TRIDERM	2	
TOPICAL ENZYMES		
SANTYL	4	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	
<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 ML PER 28 DAYS)
WEGOVY 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN	5	PA, QL (3 ML PER 28 DAYS)
MISCELLANEOUS AGENTS		
<i>0.9 % sodium chloride</i>	4	
<i>acamprosate calcium</i>	3	
<i>anagrelide hcl</i>	2	
ARALAST NP	5	PA, LA
<i>caffeine citrate 60 mg/3 ml solution</i>	2	
<i>carglumic acid</i>	5	PA, LA
<i>cevimeline hcl</i>	3	
CHEMET	5	
CLINIMIX 4.25%-5% SOLUTION	4	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

2025 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX E 2.75%-5% SOLUTION	4	B VS D
<i>deferasirox 90 mg gran pack, 180 mg gran pack, 250 mg tab disper, 360 mg gran pack, 500 mg tab disper</i>	5	PA
<i>deferasirox 90 mg tablet, 125 mg tab disper, 180 mg tablet, 360 mg tablet</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	
<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>	3	
<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)
ENDARI	5	PA
GLASSIA	5	PA, LA
<i>glutamine</i>	5	PA
INCRELEX	5	LA
ISTURISA 1 MG TABLET, 5 MG TABLET	5	PA, LA
KIONEX	2	
<i>levocarnitine (with sugar)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine 100 mg/ml solution, 330 mg tablet</i>	2	
LITHOSTAT	4	
LOKELMA	4	QL (90 PER 30 DAYS)
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	PA
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	2	
PROLASTIN C	5	PA, LA
<i>riluzole</i>	3	
<i>risedronate sodium 30 mg tablet</i>	3	QL (30 PER 30 DAYS)
<i>sodium chloride irrigating solution</i>	4	
<i>sodium phenylbutyrate</i>	5	PA
<i>sodium polystyrene sulfonate powder</i>	3	
SPS	3	
TAVNEOS	5	PA, LA, QL (180 PER 30 DAYS)
TEGLUTIK	5	PA
TIGLUTIK	5	PA
<i>tiopronin</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	QL (240 PER 30 DAYS)
VELTASSA	5	QL (30 PER 30 DAYS)
<i>water for irrigation, sterile</i>	2	
ZEMAIRA	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
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	1	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
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 fluoride/potassium nitrate</i>	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid 2 % solution</i>	2	
FLAC OTIC OIL	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone/acetic acid</i>	3	
<i>ofloxacin 0.3 % drops</i>	3	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin hcl/dexamethasone</i>	4	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i>	3	
<i>neomycin/polymyxin b/hydrocort 3.5--1 drops susp, neomycin/polymyxin b/hydrocort 3.5--1 solution</i>		
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone 5 mg tab, 10 mg tab</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	
PREDNISON INTENSOL	4	
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
<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)
APIDRA	4	PA, \$35
APIDRA SOLOSTAR	4	PA, \$35
BAQSIMI	4	
BASAGLAR KWIKPEN U-100	4	PA, \$35
BASAGLAR TEMPO PEN U-100	4	PA, \$35
BYDUREON BCISE	3	PA, QL (3.4 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>diazoxide</i>	4	
FARXIGA 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)
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	PA
<i>gauze pads & dressings - pads 2 x 2</i>	3	PA
<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	QL (0.4 ML PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	4	QL (0.4 ML PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	4	QL (0.2 ML PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	4	QL (0.4 ML PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	4	QL (0.2 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	4	QL (0.4 ML PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	4	QL (0.4 ML PER 30 DAYS)
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 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
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-yfjn</i>	3	\$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	PA
<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	3	PA, QL (1 PER 720 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
<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	PA
<i>insulin syringe (disp) u-100 1 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	PA
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)
JENTADUETO XR 5 MG-1,000 MG TB	3	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 15.

2025 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	PA
<i>needles, insulin disposable 31gx1/4", 31gx5/16"</i>	3	PA
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
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)
<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	PA
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
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)
SYMLINPEN 120	5	QL (10.8 PER 30 DAYS)
SYMLINPEN 60	5	QL (6 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	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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 g x1/2" 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</i>	3	PA
<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	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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, 0.3 ml 31gx5/16" 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	PA
<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	PA
<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	PA
<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	PA
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	3	PA
TOUJEO MAX SOLOSTAR	3	\$35
TOUJEO SOLOSTAR	3	\$35
TRADJENTA	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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
MISCELLANEOUS HORMONES		
<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	
<i>desmopressin acetate 0.1 mg tablet, 0.2 mg tablet</i>	2	
<i>desmopressin acetate 10/spray spray/pump</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxercalciferol 0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule</i>	4	
ELELYSO	5	PA
<i>mifepristone 300 mg tablet</i>	5	<p>Hyperglycemia secondary to hypercortisolism:</p> <p>1.Initial – Approve if the patient meets all of the following (a, b, c and d):</p> <p>a.Patient must have endogenous Cushing’s syndrome, requiring control of hyperglycemia secondary to hypercortisolism,</p> <p>b.Patient has type 2 diabetes mellitus or glucose intolerance,</p> <p>c.Patient has failed surgery or is not a candidate for surgery,</p> <p>d.Patient must not be pregnant as evidenced by a documented negative pregnancy test prior to the initiation of treatment and must use adequate measures such as non-hormonal contraceptive methods to prevent pregnancy.</p> <p>2.Continuation: Approve if the patient meets all of the following (a and b):</p> <p>a.If patient is new to plan, must have met initial criteria at time of starting the medication,</p> <p>b.Patient must have experienced a beneficial response from therapy (e.g. improvement in fasting glucose, oral glucose tolerance or hemoglobin A1c results), QL (120 PER 30 DAYS)</p>
<i>miglustat</i>	5	PA, LA
MYALEPT	5	PA, LA
<i>paricalcitol 1 mcg capsule</i>	2	QL (30 PER 30 DAYS)
<i>paricalcitol 2 mcg capsule</i>	4	QL (30 PER 30 DAYS)
<i>paricalcitol 4 mcg capsule</i>	2	QL (12 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5	PA
SOMAVERT	5	PA
STRENSIQ	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
VPRIV	5	PA
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	
UNITHROID	2	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet</i>	3	
<i>diphenoxylate hcl/atropine sulfate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron hcl 0.5 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>aprepitant 125mg-80mg cap ds pk</i>	4	QL (6 PER 28 DAYS), B VS D
<i>aprepitant 40 mg capsule, 125 mg capsule</i>	4	QL (2 PER 28 DAYS), B VS D
<i>aprepitant 80 mg capsule</i>	4	QL (4 PER 28 DAYS), B VS D
<i>balsalazide disodium</i>	4	
<i>betaine</i>	5	
<i>budesonide 2 mg foam/appl, 3 mg capdr - er</i>	4	
<i>budesonide 9 mg tabdr - er</i>	5	QL (30 PER 30 DAYS)
CHENODAL	5	PA, LA
CIMZIA 2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT	5	PA, QL (2 PER 28 DAYS)
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
ENTYVIO PEN	5	PA, QL (1.36 PER 28 DAYS)
ENULOSE	2	
GATTEX	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
<i>granisetron hcl 1 mg tablet</i>	3	QL (28 PER 28 DAYS), B VS D
<i>hydrocortisone 1 % crml/pe, 2.5 % crml/pe</i>	2	
<i>hydrocortisone 100mg/60ml enema</i>	3	
<i>lactulose 10 g/15 ml, 20 g/30 ml</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	3	QL (60 PER 30 DAYS)
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	2	
<i>mesalamine</i>	4	
<i>mesalamine with cleansing wipes</i>	4	
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution</i>	2	
MOTEGRITY	4	PA, QL (30 PER 30 DAYS)
MOVANTIK	4	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4% (w/w) oint. (g)</i>	3	
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>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTO-MED HC	2	
PROCTOSOL-HC	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCTOZONE-HC	2	
<i>scopolamine</i>	4	QL (10 PER 30 DAYS)
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	
SYMPROIC	4	
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	3	
VELSIPITY	5	PA, QL (30 PER 30 DAYS)
VOWST	5	PA, LA
ULCER THERAPY		
<i>cimetidine</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>misoprostol</i>	2	
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	2	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sucralfate 1 g tablet</i>	2	
<i>sucralfate 1 g/10 ml oral susp</i>	4	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/ML VIAL	4	PA
ARANESP 60 MCG/0.3 ML SYRINGE, 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
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
GRANIX	5	PA
NYVEPRIA	5	PA
PEGASYS	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLEGRIDY	5	
PLEGRIDY PEN	5	
PROLEUKIN	5	B VS D
REBIF	5	
REBIF REBIDOSE	5	
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL	4	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA
STIMUFEND	5	PA
ZARXIO	5	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	QL (1 PER 1 DAYS), \$0
ACTHIB	3	
ADACEL TDAP	3	QL (0.5 ML PER 1 DAYS), \$0
ALYGLO	5	PA
AREXVY	3	QL (1 PER 1 DAYS), \$0
<i>bcg live</i>	3	B VS D
<i>bcg vaccine, live/pf</i>	3	\$0
BEXSERO	3	\$0
BOOSTRIX TDAP	3	QL (0.5 ML PER 1 DAYS), \$0
CUVITRU	5	PA
DAPTACEL DTAP	3	
DENGVAXIA	3	
ENGERIX-B ADULT	3	QL (1 ML PER 1 DAYS), B VS D, \$0
ENGERIX-B PEDIATRIC- ADOLESCENT	3	QL (0.5 ML PER 1 DAYS), B VS D, \$0
FLEBOGAMMA DIF 5% VIAL	5	PA
GAMMAGARD LIQUID	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD S-D	5	PA
GAMUNEX-C	5	PA
GARDASIL 9	3	
HAVRIX 1,440 UNIT/ML SYRINGE	3	\$0
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEPLISAV-B	3	QL (0.5 ML PER 1 DAYS), 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
KINRIX	3	
M-M-R II VACCINE	3	\$0
MENACTRA	3	\$0
MENQUADFI	3	\$0
MENVEO A-C-Y-W-135-DIP	3	\$0
MRESVIA	3	\$0
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	\$0
PENTACEL	3	
PREHEVBRIO	3	QL (1 ML PER 1 DAYS), B VS D, \$0

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

2025 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIORIX	3	\$0
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	\$0
RECOMBIVAX HB 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL	3	QL (1 ML PER 1 DAYS), B VS D, \$0
RECOMBIVAX HB 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL	3	QL (0.5 ML PER 1 DAYS), B VS D, \$0
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (1 PER 1 DAYS), \$0
STAMARIL	3	\$0
TENIVAC	3	QL (0.5 ML PER 1 DAYS), \$0
<i>tetanus and diphtheria toxoids, adult</i>	3	QL (0.5 ML PER 1 DAYS), \$0
<i>tetanus, diphtheria toxoid ped/pf</i>	3	
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
VAXCHORA VACCINE	3	\$0
XEMBIFY	5	PA, LA
YF-VAX	3	\$0

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol 100 mg tablet, 300 mg tablet</i>	1	
<i>colchicine 0.6 mg tablet</i>	3	
COLCRYS	3	
<i>febuxostat</i>	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
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>	3	QL (300 PER 28 DAYS)
FORTEO	5	PA, QL (2.4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 28 DAYS)
PROLIA	4	QL (1 PER 180 DAYS)
<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 (4 PER 28 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)
OTHER RHEUMATOLOGICALS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS)
ACTEMRA ACTPEN	5	PA, QL (3.6 PER 28 DAYS)
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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) 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)
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)

You can find information on what the symbols and abbreviations
on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 20 MG TABLET, 30 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>penicillamine 250 mg capsule</i>	3	
<i>penicillamine 250 mg tablet</i>	5	
RINVOQ ER 15 MG TABLET, ER 30 MG TABLET	5	PA, QL (30 PER 30 DAYS)
RINVOQ ER 45 MG TABLET	5	PA, QL (168 PER 365 DAYS)
SAVELLA	3	
SIMLANDI(CF) AUTOINJECTOR	5	PA, QL (6 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)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ANGELIQ	4	
CAMILA	2	
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE	4	PA
DEBLITANE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
DOTTI	3	
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, 1.25 g gel md pmp, 1.25/1.25g gel packet, 10 mcg tablet</i>	3	
<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 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
ESTRING	4	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
IMVEXXY 4 MCG PACK, 10 MCG PACK	4	
IMVEXXY 4 MCG PACK, 10 MCG PAK	4	QL (8 PER 28 DAYS)
INCASSIA	2	
JENCYCLA	2	
JINTELI	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYLEQ	2	
LYLLANA	3	
LYZA	2	
<i>medroxyprogesterone acetate</i>	2	
MENEST	3	
MENOSTAR	4	
MIMVEY	2	
NORA-BE	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norethindrone acetate-ethinyl estradiol - 0.5mg-2.5 tablet, -1mg-5mcg tablet</i>	2	
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	3	
MISCELLANEOUS OB/GYN		
CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin phosphate 2 % cream/appl</i>	3	
ELURYNG	2	
ENILLORING	2	
<i>etonogestrellethinyl estradiol</i>	2	
GYNAZOLE 1	4	
HALOETTE	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTRAROSA	4	PA
LILETTA	3	
<i>metronidazole 0.75 % gel w/appl</i>	2	
<i>miconazole nitrate</i>	2	
MYFEMBREE	5	
NEXPLANON	3	
<i>norelgestromin/ethinyl estradiol</i>	4	QL (3 PER 28 DAYS)
ORIAHNN	5	
ORLISSA	5	
<i>terconazole 0.4 % cream/appl, 0.8 % cream/appl</i>	2	
<i>terconazole 80 mg supp. vag</i>	3	
<i>tranexamic acid 650 mg tablet</i>	3	
VANDAZOLE	2	
VEOZAH	4	PA
XULANE	3	QL (3 PER 28 DAYS)
ZAFEMY	3	QL (3 PER 28 DAYS)
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFIRMELLE	2	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
CRYSSELLE	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAILEY	2	
HAILEY 24 FE	2	
HAILEY FE	2	
ISIBLOOM	2	
JAIMIESS	2	
JASMIEL	2	
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	
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	
LUTERA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
PORTIA	2	
RECLIPSEN	2	
SETLAKIN	2	
SIMLIYA	2	
SIMPESSE	2	
SPRINTEC	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARINA FE	2	
TARINA FE 1-20 EQ	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	
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	

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate 0.3 % drops</i>	2	
<i>levofloxacin 0.5 % drops, 1.5 % drops</i>	3	
<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>	3	
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 % -gel, 0.5 % -gel</i>	3	
<i>timolol maleate 0.25 % drops, 0.5 % drops</i>	1	
<i>timolol maleate 0.5 % drop daily</i>	2	
<i>timolol maleate/pf</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	4	
CEQUA	4	
<i>cromolyn sodium 4 % drops</i>	2	
<i>cyclosporine 0.05 % droperette</i>	3	QL (60 PER 30 DAYS)
CYSTARAN	5	
<i>epinastine hcl</i>	2	
LACRISERT	4	
MIEBO	4	
<i>olopatadine hcl 0.1 % drops, 0.2 % drops</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
TYRVAYA	4	QL (8.4 PER 30 DAYS)
VEVYE	4	
XDEMVI	5	PA, QL (10 ML PER 42 DAYS)
XIIDRA	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac sodium</i>	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost 0.03 % drops</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hcl/timolol maleate/pf</i> <i>dorzolamide/timolol/pf 2 %-0.5 %</i> <i>droperette</i>	3	
<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>	3	PA
VYZULTA	4	PA
STEROID-ANTIBIOTIC COMBINATIONS		
NEO-POLYCIN HC	2	
<i>neomycin sulfate/bacitracin</i> <i>zinc/polymyxin b/hydrocortisone</i>	2	
<i>neomycin sulfate/polymyxin b</i> <i>sulfate/hydrocortisone</i> <i>neomycin/polymyxin b/hydrocort 3.5-</i> <i>10k-10 drops susp</i>	3	
<i>neomycin/polymyxin b</i> <i>sulfate/dexamethasone</i>	2	
TOBRADEX EYE OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate 0.1 % drops</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
LOTEMAX 0.5% EYE OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate 1 % drops</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium 10 % drops, 10 % oint. (g)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate 0.1 % drops, 0.15 % drops</i>	3	
<i>brimonidine tartrate 0.2 % drops</i>	2	
IOPIDINE	4	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>promethazine hcl 6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet</i>	3	PA
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	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>	4	QL (120 PER 30 DAYS), B VS D
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	4	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>	3	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)
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 250 mcg blst w/dev</i>	3	QL (240 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</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
<i>formoterol fumarate</i>	4	QL (120 ML PER 30 DAYS), B VS D
HAEGARDA	5	PA, LA
<i>icatibant acetate</i>	5	PA, QL (18 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
KALYDECO	5	PA, QL (60 PER 30 DAYS)
<i>levalbuterol hcl</i>	4	B VS D
<i>levalbuterol tartrate</i>	3	QL (30 PER 30 DAYS)
<i>mometasone furoate 50 mcg spray/pump</i>	3	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 (0.4 ML PER 28 DAYS)
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)
<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)
PULMOZYME	5	QL (150 PER 30 DAYS), B VS D
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
<i>roflumilast</i>	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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, QL (90 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)
SYMDEKO	5	PA, QL (56 PER 28 DAYS)
<i>tadalafil 20 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tablet, 5 mg tablet</i>	3	
TEZSPIRE	5	PA, QL (1.91 ML 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 (84 PER 28 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)
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)
<i>zafirlukast</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate</i>	2	QL (30 PER 30 DAYS)
<i>flavoxate hcl</i>	2	
<i>mirabegron</i>	3	
MYRBETRIQ	3	
<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	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tablet, 2 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate 2 mg cap er, 4 mg cap er</i>	4	QL (30 PER 30 DAYS)
<i>tropium chloride 20 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>tropium chloride 60 mg cap er 24h</i>	3	QL (30 PER 30 DAYS)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride/tamsulosin hcl</i>	3	
<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	QL (90 PER 30 DAYS)
K-PHOS NO.2	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	2	
RENACIDIN	3	
<i>tadalafil 2.5 mg tablet, 5 mg tablet</i>	3	PA, QL (30 PER 30 DAYS)

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

EFFER-K	2	
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	
<i>potassium chloride 20meq/15ml, 40meq/15ml</i>	3	
<i>potassium chloride 8 capsule er, 8 tablet er, 10 capsule er, 10 tab er prt, 10 tablet er, 15 tab er prt, 20 tab er prt, 20 tablet er</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 chlorid/d5-0.2%nacl 20 meq/l iv soln</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride</i>	4	
<i>potassium chloride in lactated ringers and 5 % dextrose lr-d5 20 meq/l iv soln</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	
<i>ringer's solution iv soln</i>	4	
<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>	3	
<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
PREMASOL	4	B VS D
PROSOL	4	B VS D
TRAVASOL	4	B VS D
TROPHAMINE	4	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 15.

Alphabetical Listing

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 ABILIFY MAINTENA 53
 abiraterone acetate 27
 ABRYSVO 95
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 ACCUTANE 70
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 acetaminophen with codeine phosphate 49
 acetazolamide 110
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 ACTEMRA ACTPEN 98
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2025 Part D Formulary

As an enrollee of our plan, you can get a long-term supply (up to 100-days for Tier 1 drugs or up to 90-days for drugs on Tiers 2-4) shipped to your home using our plan's in-network mail order delivery program. Usually, you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts Customer Service at 800-316-3107 (TTY 800-899-2114), 24 hours a day, seven days a week.

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

Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

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

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available

at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-378-5234 (TTY: 800-947-3529) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 800-947-3529) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبيه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو 800-378-5234 (800-947-3529) اتصل على الرقم تحدث إلى مقدم الخدمة.

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-378-5234（文本电话：800-947-3529）或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-378-5234 (TTY : 800-947-3529) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-378-5234 (TTY : 800-947-3529) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध 800-378-5234 (TTY : 800-947-3529) पर कॉल करें या अपने प्रदाता से बात करें।

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 ntauv 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. ໂທຫາຕີ 800-378-5234 (TTY : 800-947-3529) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege 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.