

2019 Aetna Pharmacy Drug Guide

Aetna Value Plus – California

Visit www.aetna.com/formulary for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

The Medical plan names to which this document applies to in the state of California are listed below:

Plan Name

Aetna Value Network HMO	AWH Sharp OA Managed Choice® POS
Aetna Value Network HMO HDHP	AWH Sharp OA Managed Choice® POS HDHP
AHF OA Managed Choice® POS	AWH Southern California HMO
AHF Savings Plus OA Managed Choice® POS	HMO
AWH MemorialCare OA Elect Choice® EPO	HMO Basic
AWH MemorialCare OA Managed Choice® POS	HMO Basic HDHP
AWH MemorialCare OA Managed Choice® POS HDHP	HMO Deductible
AWH PrimeCare HMO	HMO Deductible HDHP
AWH PrimeCare OA Elect Choice® EPO	HMO HDHP
AWH PrimeCare OA Managed Choice® POS	OA Managed Choice POS
AWH PrimeCare OA Managed Choice® POS HDHP	OA Managed Choice POS HDHP
AWH Providence OA Elect Choice® EPO	Open Choice PPO
AWH Providence OA Managed Choice® POS	Open Choice PPO HDHP
AWH Providence OA Managed Choice® POS HDHP	Savings Plus OA Managed Choice® POS
AWH Sharp OA Elect Choice® EPO	Savings Plus OA Managed Choice® POS HDHP



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2019 Aetna Pharmacy Drug Guide - Aetna Value Plus Plan CA

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Definitions

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Refer to the Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG, *carvedilol*)
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol*, *Azurette*)
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Preferred Generic – PG (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand and generic – NP (tier 3):** a higher cost share
- **Preferred Specialty – PSP (tier 4):** lower cost share for specialty drugs
- **Non-preferred specialty – NPS (tier 5):** higher cost share for non-preferred specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay, for example your copayments and maximum dollar amounts.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to our mailbox.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription,** just call us toll-free at **1-866-353-1892**.
- **For a new prescription,** your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-FAX-ASRX (1-866-329-2779)**
 - 3. Phone: 1-866-782-ASRX (1-866-782-2779),** option 2

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form".

CVS Caremark Mail Service Pharmacy®

You can have maintenance drugs sent right to your home or anywhere else you choose with CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the deaf, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs are equally effective, have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate alternative drug first, you may need to pay full cost for the brand-name version.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a drug that's not covered in your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. If you ask for your request to be expedited based on exigent circumstances, a coverage determination will be made within 24 hours of receiving it.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

How is the formulary (drug list) developed?

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to our Formulary Exclusions List and no longer be covered.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the "what are generic drugs?" section above for more information.

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at **www.aetna.com**.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-802-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 24030, Fresno, CA 93779
1-800-648-7817, TTY: 711, Fax: 860-262-7705
CRCoordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at www.insurance.ca.gov, or at: Consumer Services Division, 300 Spring Street South Tower, Los Angeles CA 90013, or at 1-800-927-HELP (4357), TDD: 1-800-482-4TDD (4833).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። :
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguâhi ni dibåtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄎᄂᄃᄄ ᄆᄇᄈᄉ ᄊᄋᄌᄍᄎ ᄏᄐᄑᄒ ᄓᄔᄕᄖᄗᄘ ᄙᄚ, ᄛᄜᄝᄞᄟ ᄠᄡᄢ ᄣᄤᄥᄇ ᄈᄉᄐᄑᄒ ᄓᄔᄕᄖᄗᄘ ᄙᄚᄛᄜᄝᄞᄟ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilibili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێڕاگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōņean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo búáh ílínígóó naaltsoos bee atah níljigo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac të në ID kard duɔn de tīt de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܘܡܐ ܙܐ ܠܘܒܗܐ ܡܠܝܦܐ ܟܘܟܘܟܐ, ܦܝܒܐ ܢܡܒܪܐ ܝܠܝܘ ܟܘܨܢܝܘܟܐ ܕܝܟܘܢܝܘܟܐ ܕܝܟܘܢܝܘܟܐ ܕܝܟܘܢܝܘܟܐ ܕܝܟܘܢܝܘܟܐ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פאר יי פון אפצאל, רופט דעם נומער אויף אײער ID קארטל.
Yoruba	Látí ráyèsí àwọn ìṣẹ̀ èdè fún ọ lófèṣé, pe nọmbà tó wà lóri káàdì ìdánimọ̀ rẹ.

Remember to visit the website on your member ID card.
Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Drug List may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, step therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug (formulary) Guide, Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured Commercial California health maintenance organization (HMO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. Aetna and CVS Caremark Mail Service Pharmacy are part of the CVS Health family of companies.



List of Abbreviations

CE: Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

NF: Non-formulary, not covered unless exception request granted

NP: Non-Preferred Brand and Generic

NPS: Non-Preferred Specialty

PB: Preferred Brand

PG: Preferred Generic

PSP: Preferred Specialty

: Step Therapy does not apply to members residing in Massachusetts.

: PG tier applies to members residing in Massachusetts.

: Prior Authorization does not apply to members residing in Pennsylvania.

#: Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.

AL: Age Limit

LCG: Lowest Generic Copay

N1: Refer to member plan documents for erectile dysfunction use/coverage

N2: Drug tier when CE does not apply

NPL: (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.

PA: Prior Authorization

QL: Quantity Limit

2019 Aetna Pharmacy Drug Guide - Aetna Value Plus Plan

The formulary is updated the first week of each month

12/01/2019

CE=Copay Exception | PG=Preferred Generic | PB=Preferred Brand | NP=Non-Preferred Brand and Generic | PSP=Preferred Specialty | NPS= Non-Preferred Specialty | NF=Non-Formulary | PA=Prior Authorization | ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | N1=Refer to member plan documents for coverage | LGC=Lowest Generic Copay | MST=ST does not apply to MA residents | MPG=PG applies to MA Residents | PPA=PA does not apply to PA residents | NPL=National | Precertification | #=Generic coming to market | SP=Specialty Network; 30 day supply | N2=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription.

Select OTC: Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.

SP: You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

ST: Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

2019 Aetna Pharmacy Drug Guide - Aetna Value Plus Plan

The formulary is updated the first week of each month

12/01/2019

CE=Copay Exception | PG=Preferred Generic | PB=Preferred Brand | NP=Non-Preferred Brand and Generic | PSP=Preferred Specialty | NPS= Non-Preferred Specialty | NF=Non-Formulary | PA=Prior Authorization |ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | N1=Refer to member plan documents for coverage | LGC=Lowest Generic Copay |MST=ST does not apply to MA residents | MPG=PG applies to MA Residents | PPA=PA does not apply to PA residents | NPL=National |Precertification |#=Generic coming to market | SP=Specialty Network; 30 day supply | N2=Drug tier when CE does not apply |Select OTC=You may have coverage for products noted with a doctor's prescription.

2019 Aetna Pharmacy Drug Guide - Aetna Value Plus Plan CA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*5-Ht4 Receptor Agonists*** - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NP	PA; ST; QL (1 tablet per 1 day)
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant - Drugs For The Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NP	ST; QL (4 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NF	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NP	PA; ST; QL (15 ML per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NP	PA; ST; QL (1 tablet per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	QL (4 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NP	PA; ST; #; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	PG	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	PG	QL (1 capsule per 1 day)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	PG	PA; QL (4 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (4 tablets per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NP	PA; ST; QL (1 tablet per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NP	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NP	PA; ST; QL (4 tabs per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (3 caps per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	QL (3 caps per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	PA; QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (4 tabs per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NP	PA; ST; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	

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EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (4 tablets per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (2 capsules per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	PA; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NP	PA; ST; QL (1 tab per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NP	PA; ST; QL (4 tabs per 1 day)
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (3 tabs per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	PA; QL (4 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	ST; QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	ST; QL (60 ML per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	PG	QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	PG	QL (1 cap per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	PG	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	PG	QL (1 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	PG	QL (3 tablets per 1 Day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	PG	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	PG	QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (6 tablets per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (2 tabs per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NP	PA; ST; #; QL (1 capsule per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	NP	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	NP	PA; QL (2 tablets per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	NP	PA; ST; QL (40 ML per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NP	PA; QL (2 tabs per 1 day)

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QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (1 tablet per 1 Day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (2 tablets per 1 Day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	NP	PA; ST; #; QL (1 bottle per 1 fill)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NP	QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (1 cap per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (2 capsules per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (6 tablets per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (<i>atomoxetine hcl</i>)	NP	QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 80 MG (<i>atomoxetine hcl</i>)	NP	QL (1 capsule per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 capsules per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	PG	QL (4 tabs per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NF	
*Agents For Narcotic Withdrawal*** - Drugs For Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NP	QL (192 tablets per 3 courses in 1 years)

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*Agents For Opioid Withdrawal*** - Drugs For Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NP	QL (192 tablets per 3 courses in 1 years)
Amebicides - Drugs For Infections		
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
*Amino Acids*** - Drugs For Nutrition		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NP	PA; ST; QL (6 packets per 1 day)
Aminoglycosides - Drugs For Infections		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPS	PA; SP
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NPS	SP; QL (224 ml per 1 fill)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPS	SP; QL (10 ml per 1 day)
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPS	SP; QL (10 ml per 1 day)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	PSP	SP; QL (1 box per 28 dayss)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	SP; QL (10 ml per 1 day)
*Aminomethylcyclines*** - Drugs For Infections		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NP	PA; QL (2 tablets per 1 day)
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NPS	PA; ST; NPL; SP; QL (4 pens per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NPS	PA; ST; NPL; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NPS	PA; ST; NPL; SP; QL (1 syringe per 1 month)
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NF	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NP	QL (1 tab per 1 day)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPS	PA; SP
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NP	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NP	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	NP	QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NP	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PG	LCG
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (4 syringes per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (8 syringes per 1 month)

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ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (8 syringes per 1 month)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NP	
<i>fenoprofen calcium oral capsule 200 mg</i>	NF	
<i>fenoprofen calcium oral capsule 400 mg</i>	PG	
<i>fenoprofen calcium oral tablet 600 mg</i>	PG	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 injections per 28 days)

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HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 injections per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; NPL; SP; QL (6 injections per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	LCG
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPS	PA; NPL; SP
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	PG	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	QL (3 capsule per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	PG	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NPS	PA; ST; NPL; SP; QL (2 injections per 1 month)

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KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NPS	PA; ST; NPL; SP; QL (2 injections per 1 month)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NPS	PA; ST; NPL; SP; QL (1 syringe per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	QL (1 tab per 1 day)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NP	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	QL (30 capsules per 7 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	LCG
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NP	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL TABLET 250 MG (<i>naproxen</i>)	NP	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	PG	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	LCG
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	NPS	PA; ST; NPL; SP; QL (1 tablet per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	NPS	PA; ST; NPL; SP; QL (4 syringes per 1 month)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NPS	PA; ST; NPL; SP

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ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	NPS	PA; ST; NPL; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NPS	PA; ST; NPL; SP; QL (4 syringes per 1 month)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NPS	ST; SP
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
PONSTEL ORAL CAPSULE 250 MG (<i>mefenamic acid</i>)	NP	QL (30 capsules per 7 days)
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	NPS	ST; SP
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	NP	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; ST; NPL; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	PSP	PA; ST; NPL; SP; QL (1 syringe per 1 month)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	PSP	PA; ST; NPL; SP; QL (1 syringe per 1 month)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	#
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (<i>indomethacin</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	PG	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	PG	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NF	#
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; NPL; SP; QL (2 tablets per 1 day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; NPL; SP; QL (60 tablets per 1 month)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; NPL; SP; QL (30 tablets per 1 month)
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
Analgesics - Nonnarcotic - Drugs For Pain And Fever		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	PG	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	PG	
<i>diflunisal oral tablet 500 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 69 Years)
<i>eq aspirin low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 69 Years)
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	PG	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NP	
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NP	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPS	SP
<i>salsalate oral tablet 500 mg</i>	PG	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	NF	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	PG	
Analgesics - Opioid - Drugs For Pain And Fever		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NP	PA; ST; #; QL (120 tablet per 30 days)
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NP	PA; ST; QL (120 lozenge per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	PA; QL (10 capsules per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (3 tablets per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (2 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	PG	PA; QL (6 capsules per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NP	PA; QL (2 films per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	PG	PA; QL (12 tablets daily per 7 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	PG	QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	QL (3 films per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	PG	QL (3 tabs per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcglhr, 15 mcglhr, 20 mcglhr, 5 mcglhr, 7.5 mcglhr</i>	PG	PA; QL (4 patches per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	PA; QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NP	PA; QL (4 patches per 28 days)
<i>codeine sulfate oral tablet 30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	PG	PA; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NP	PA; QL (22 MLS per 1 day)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	PA; QL (11 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	PA; QL (5 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	PA; QL (2 tablets per 1 day)
DOLOPHINE ORAL TABLET 10 MG (<i>methadone hcl</i>)	NP	PA; QL (3 tablets per 1 day)
DOLOPHINE ORAL TABLET 5 MG (<i>methadone hcl</i>)	NP	PA; QL (6 tablets per 1 day)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	PB	PA; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	PB	PA; QL (2 capsules per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	PG	PA; QL (8 tablets per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; ST; QL (120 lozenge per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NP	PA; ST; QL (120 tablets per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NP	PA; QL (6 capsules per 1 day)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NP	PA; QL (6 capsules per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	NP	PA; QL (180 MLS per 1 day)

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<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	NP	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	PA; QL (22 MLS per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	PG	PA; QL (4 suppositories per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	PB	PA; #; QL (1 tablet per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Oral Tablet 5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)

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LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (135 MLS per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>	PG	PA; QL (90 MLS per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>	PG	PA; QL (9 tablets per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	PG	PA; QL (18 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	NP	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	PA; QL (15 MLS per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	PA; QL (30 MLS per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	PA; QL (4 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	PA; QL (3 MLS per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	PA; QL (4 tablets per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	PA; QL (3 MLS per 1 day)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (3 tablets per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	PG	PA; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	PA; QL (45 MLS per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	PG	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (3 tablets per 1 day)
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NORCO ORAL TABLET 10-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (9 tablets per 1 day)
NORCO ORAL TABLET 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (12 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (3 tablets per 1 day)
OPANA ORAL TABLET 10 MG (<i>oxymorphone hcl</i>)	NP	PA; QL (3 tablets per 1 day)
OPANA ORAL TABLET 5 MG (<i>oxymorphone hcl</i>)	NP	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	PB	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG (<i>oxycodone hcl</i>)	PB	PA; QL (8 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	PA; QL (60 MLS per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	PG	PA; QL (12 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	PB	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	PA; QL (5 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	PA; QL (4 tablets per 1 day)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	PA; QL (2 tablets per 1 day)
ROXICODONE ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NP	PA; QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NF	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NF	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl oral tablet 50 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NP	PA; QL (10 capsules per 1 day)
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NP	PA; QL (12 tablets per 1 day)
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (<i>acetaminophen-codeine</i>)	NP	PA; QL (10 tablets per 1 day)
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NP	PA; QL (8 tablets per 1 day)
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NP	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	PG	PA; QL (9 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (12 tablets per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NP	PA; ST; QL (2 tablets per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NP	PA; ST; #; QL (2 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; #; QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; #; QL (3 tabs per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; #; QL (1 tablet per 1 day)

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ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; #; QL (2 tablets per 1 day)
Androgens-Anabolic - Hormones		
ANADROL-50 ORAL TABLET 50 MG (<i>oxymetholone</i>)	NP	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NF	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	NP	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NP	
<i>methyltestosterone oral capsule 10 mg</i>	PG	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NF	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	NP	
STRIANT BUCCAL 30 MG (<i>testosterone</i>)	NF	#
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	PG	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	PG	PA; QL (4 grams per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA; QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	PG	PA; QL (2.5 grams per 1 day)
<i>testosterone transdermal solution 30 mg/lact</i>	NP	PA; QL (6 ml per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NP	PA; ST; QL (4 injections per 1 month)
Anorectal Agents - Rectal Preparations		
ANALPRAM-HC RECTAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
ANALPRAM-HC RECTAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NP	
ANUSOL-HC RECTAL CREAM 2.5 % (<i>hydrocortisone</i>)	NP	
CORTIFOAM RECTAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NF	
<i>hydrocortisone rectal cream 2.5 %</i>	PG	
PROCTOCORT RECTAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
<i>hydrocortisone (Procto-Pak Rectal Cream 1 %)</i>	PG	
<i>hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %)</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NP	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NP	PA; #; QL (4 canisters per 42 months)
Anthelmintics - Drugs For Infections		
<i>albendazole oral tablet 200 mg</i>	NP	QL (4 tablets per 1 day)
ALBENZA ORAL TABLET 200 MG (<i>albendazole</i>)	NP	QL (120 tablets per 30 days)
<i>benznidazole oral tablet 100 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>benznidazole oral tablet 12.5 mg</i>	NP	PA; QL (6 tablets per 1 day)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (6 tablets per 3 days)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	NP	
Antianginal Agents - Drugs For The Heart		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	NP	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NP	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	NP	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NP	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NP	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NP	ST
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	QL (2 tablets per 1 day)
Antianxiety Agents - Drugs For The Nervous System		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	QL (2 tabs per 1 day); AL (Min 18 Years)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NP	AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	AL (Min 18 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	AL (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	QL (2 tabs per 1 day); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	NF	
buspirone hcl oral tablet 10 mg, 5 mg	PG	LCG
buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	PG	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PG	AL (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG	AL (Min 9 Years)
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	
diazepam oral concentrate 5 mg/ml	PG	
diazepam oral solution 5 mg/5ml	PG	
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG	
hydroxyzine hcl oral syrup 10 mg/5ml	PG	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	PG	
lorazepam oral concentrate 2 mg/ml	PG	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	
meprobamate oral tablet 200 mg, 400 mg	PG	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PG	AL (Min 6 Years)
TRANXENE-T ORAL TABLET 7.5 MG (clorazepate dipotassium)	NP	AL (Max 8 Years)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	NP	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	NP	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmics - Drugs For The Heart		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PG	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	PG	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NP	QL (2 tabs per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NP	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NP	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	SP; QL (2 capsules per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	PG	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NP	QL (2 caps per 1 day)
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NP	
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	NP	QL (2 tablets per 1 day)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	PB	QL (1 kit per 1 fill)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (<i>indacaterol maleate</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NP	QL (1 blister per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	#; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	#; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	PB	#; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	#; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	PB	#; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NP	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NP	PA; ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blisters per 1 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blisters per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NP	PA; ST; QL (4 ml per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PG	PA; QL (4 ml per 1 day); AL (Max 4 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	PB	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NP	PA; ST; #; QL (1 tablet per 1 day)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	PB	#; QL (2 inhalers per 1 month)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	NP	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	NP	#; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NP	#; QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	PG	QL (2 inhalations per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	PG	QL (1 inhaler per 1 month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NP	PA; ST; QL (1 kit per 1 month)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NP	PA; ST; QL (1 kit per 1 year)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	PG	
<i>montelukast sodium oral packet 4 mg</i>	PG	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	PA; ST; QL (60 vials (120ml) per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	NP	PA; ST; #; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NP	PA; QL (4 ml per 1 day); AL (Max 4 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NP	PA; ST; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	NF	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	PB	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>theophylline</i>)	PG	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	PG	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (2 blisters per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NP	PA; ST; QL (1 inhaler per 1 fill)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NP	PA; ST; QL (2 capsules per 1 day)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	PG	QL (2 inhalations per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NP	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NP	ST; QL (2 inhalers per 1 fill)
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NP	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	NP	PA; ST; QL (1 vial per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NP	QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NP	QL (4 tablets per 1 day)
Anticoagulants - Drugs For The Blood		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NP	QL (30 injections per 30 days)
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin sodium</i>)	NF	
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	PB	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (75 tablets per 30 days)
ELIQUIS STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	QL (2 syringes per 1 day)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NP	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NF	

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<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	PG	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL (2 syringes per 1 day)
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL (2 syringes per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NP	QL (2 capsules per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NP	ST; QL (1 tablet per 1 day)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LCG
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	PB	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	PB	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	QL (1 pack per 365 days)
Anticonvulsants - Drugs For The Nervous System		
APTIOM ORAL TABLET 200 MG (<i>eslicarbazepine acetate</i>)	NP	QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG (<i>eslicarbazepine acetate</i>)	NP	QL (3 tablets per 1 day)
APTIOM ORAL TABLET 600 MG (<i>eslicarbazepine acetate</i>)	NP	QL (2 tablets per 1 day)
APTIOM ORAL TABLET 800 MG (<i>eslicarbazepine acetate</i>)	NP	QL (1 tablet per 1 day)
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NP	QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NP	PA; QL (20 ML per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NP	PA; QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	

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<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	PB	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	PB	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NP	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NP	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NP	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NPS	PA; SP; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NPS	PA; SP; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	QL (1 pack per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	PB	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	PB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	PB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPS	PA; ST; SP; QL (20 ml per 1 day)
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NP	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NP	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	NP	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	NP	QL (1 tab per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 caps per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	QL (6 tabs per 1 day)
GABITRIL ORAL TABLET 12 MG, 4 MG (<i>tiagabine hcl</i>)	NP	QL (4 tabs per 1 day)
GABITRIL ORAL TABLET 16 MG (<i>tiagabine hcl</i>)	NP	QL (3 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GABITRIL ORAL TABLET 2 MG (<i>tiagabine hcl</i>)	NP	QL (1 tab per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NP	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NP	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>levetiracetam</i>)	NP	QL (6 tabs per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<i>levetiracetam</i>)	NP	QL (4 tabs per 1 day)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NP	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PG	QL (1 tab per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	PG	QL (3 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	NP	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	NP	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	NP	QL (3 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	PG	QL (6 tabs per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	PG	QL (4 tabs per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	#
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NP	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NF	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NP	QL (6 caps per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NP	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NP	QL (6 tabs per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	NP	ST; QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	NP	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	NP	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	PB	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	
<i>pregabalin oral solution 20 mg/ml</i>	PG	
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	NP	ST; QL (1 capsule per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (<i>topiramate</i>)	NP	ST; QL (2 tablets per 1 day)
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	PB	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	PB	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	PG	QL (4 tablets per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	PG	QL (3 tablets per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	PG	QL (1 tablet per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NP	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NP	QL (4 caps per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	QL (4 caps per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NP	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NP	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	NP	ST; #; QL (1 cap per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>topiramate</i>)	NP	ST; #; QL (2 capsules per 1 day)
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; SP; QL (6 packets per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; SP; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; SP; QL (6 packets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NP	#; QL (40 ml per 1 day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NP	#; QL (2 tabs per 1 day)
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NP	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NP	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NP	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
*Antidementia Agent Combinations*** - Drugs For The Nervous System		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL (Min 40 Years)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL (Min 40 Years and Max 999 Years)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL (Min 40 Years)
Antidepressants - Drugs For The Nervous System		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	LCG
<i>amitriptyline hcl oral tablet 150 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NP	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	QL (2 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NP	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	QL (6 tabs per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NP	QL (1 tab per 1 day)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	PG	LCG; QL (1 tab per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	PG	LCG; QL (1 tabs per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (<i>duloxetine hcl</i>)	NP	QL (2 caps per 1 Day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (<i>duloxetine hcl</i>)	NP	QL (1 capsule per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (<i>duloxetine hcl</i>)	NP	QL (1 caps per 1 day)
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	PG	QL (2 tabs per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	PG	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	PG	QL (1 tabs per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	NP	QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NP	QL (1 cap per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NP	#; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg</i>	PG	QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NP	PA; ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NP	PA; ST; QL (1 cap per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	PG	LCG; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	PG	LCG; QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PG	LCG; QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	QL (4 caps per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	PG	QL (4 tabs per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	PG	QL (1 tab per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	QL (2 caps per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvoxamine maleate oral tablet 100 mg</i>	PG	QL (3 tabs per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	PG	QL (1 tab per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	NP	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NP	PA; ST; QL (1 tab per 1 day)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>maprotiline hcl oral tablet 25 mg</i>	PG	QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	PG	QL (2 tablet per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	PG	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NP	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	QL (1 tablet per 1 day)
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NP	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	PG	LCG
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NP	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PG	QL (2 tabs per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	PG	LCG; QL (1 tab per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	PG	LCG; QL (2 tabs per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NP	QL (2 tabs per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NP	QL (30 ml per 1 day)
PAXIL ORAL TABLET 10 MG, 20 MG (<i>paroxetine hcl</i>)	NP	QL (1 tab per 1 day)
PAXIL ORAL TABLET 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL (2 tabs per 1 day)
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NP	QL (1 tablet per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NP	QL (1 tablet per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg</i>	PG	LCG; QL (2 tabs per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	PG	LCG; QL (1 tab per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	PG	LCG; QL (1.5 tag per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	LCG

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trazodone hcl oral tablet 300 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	NP	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NP	PA; ST; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	PG	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	PG	QL (1 cap per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	NP	QL (2 tab per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	NP	QL (1 tab per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	PG	QL (3 tabs per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	PG	QL (4 tabs per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	PG	QL (6 tabs per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	PG	QL (5 tabs per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NP	ST; #; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NP	#
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	NP	QL (2 tabs per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG (<i>sertraline hcl</i>)	NP	QL (2 tabs per 1 day)
ZOLOFT ORAL TABLET 25 MG (<i>sertraline hcl</i>)	NP	QL (1 tab per 1 day)
ZOLOFT ORAL TABLET 50 MG (<i>sertraline hcl</i>)	NP	QL (1.5 tag per 1 day)
Antidiabetics - Hormones		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL (2 tabs per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NP	QL (1 tab per 1 day)
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NP	PA
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	PG	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	PG	QL (2 tablets per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5- 45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	PG	QL (1 tablet per 1 day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NP	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	NP	QL (1 tablet per 1 day)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	NF	
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (<i>exenatide</i>)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	NF	#
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NF	#
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NP	QL (6 tabs per 1 day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NP	QL (1 tab per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	QL (1 tablet per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LCG
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	PG	LCG

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LCG
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	PB	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY INJECTION KIT 1 MG (<i>glucagon (rdna)</i>)	PB	QL (2 kits per 1 month)
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (<i>metformin hcl</i>)	NP	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>metformin hcl</i>)	NP	
<i>glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	PG	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NP	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NP	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LCG
<i>glyburide oral tablet 1.25 mg</i>	PG	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	PG	LCG
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NP	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	PG	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	PG	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	PB	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (1 tab per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	NF	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPS	PA; SP; QL (4 tablets per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LCG
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PG	LCG
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nateglinide oral tablet 120 mg, 60 mg</i>	NP	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NP	ST
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NP	ST
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NF	#
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	#
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	#

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	NF	#
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NF	#
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NF	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin-pioglitazone</i>)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	PA; ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	PA; ST; QL (2 pens per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	QL (2 tabs per 1 day)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NP	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NP	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	NP	QL (2 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NP	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	NP	PA; #; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	NP	PA; #

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolbutamide oral tablet 500 mg</i>	NP	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; ST; QL (4 injections per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	PA; ST; QL (3 pens per 30 days)
Antidiarrheals - Drugs For The Stomach		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NP	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NP	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NP	PA; ST; QL (2 tablet per 1 day)
Antidotes And Specific Antagonists - Drugs For Overdose Or Poisoning		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPS	SP
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NP	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	SP; QL (20 packs per 1 fill)
Antidotes - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NP	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA; SP
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPS	SP
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	NF	#
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NPS	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NPS	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	NPS	PA; #; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPS	PA; #; SP
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPS	PA; #; SP
<i>naltrexone hcl oral tablet 50 mg</i>	PG	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	#; QL (4 sprays per 30 days and a 30 day supply per fills)
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NP	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	SP; QL (20 packs per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NP	
Antiemetics - Drugs For The Stomach		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NP	PA; ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	NP	QL (10 tabs per 1 fill)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	PG	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	QL (9 capsules per 30 dayss)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NP	PA; ST; QL (2 tablets per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NF	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (2 caps per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (<i>aprepitant</i>)	NP	QL (5 capsules per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG (<i>aprepitant</i>)	PB	#
<i>granisetron hcl oral tablet 1 mg</i>	NP	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	NP	PA; QL (2 caps per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	NP	QL (1 patch per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NP	PA; #; QL (4 bottles per 1 month)
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NP	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NP	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	NP	QL (4 tablets per 28 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NP	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NF	
Antifungals - Drugs For Infections		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NF	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NP	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NP	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NP	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	NP	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	QL (1 capsule per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	NP	
<i>ketoconazole oral tablet 200 mg</i>	PG	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NP	QL (1 capsule per 1 day)
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NF	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NP	QL (1 capsule per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	NP	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	NP	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPS	PA; NPL; SP
Antihistamines - Drugs For The Lungs		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy relief oral tablet 5 mg</i>	PG	Select OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	PG	Select OTC
<i>childrens loratadine oral syrup 5 mg/5ml</i>	PG	Select OTC
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NP	QL (1 tab per 1 day)
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL SYRUP 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	NP	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	NP	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	NP	
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	Select OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NP	ST
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC; QL (1 tablet per 1 day)
<i>loratadine childrens oral syrup 5 mg/5ml</i>	PG	Select OTC
<i>loratadine childrens oral tablet chewable 5 mg</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 12.5 Mg)	PG	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 25 Mg, 50 Mg)	PG	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NF	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC; QL (1 tablet per 1 day)
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML (<i>cetirizine hcl</i>)	PG	Select OTC
Antihyperlipidemics - Drugs For The Heart		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NP	ST; #; QL (2 tabs per 1 day)
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NP	#; QL (1 capsule per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); QL (1 tab per 1 day); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	QL (1 tab per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NP	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	NF	
ezetimibe oral tablet 10 mg	PG	QL (1 tablet per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	PG	QL (1 tablet per 1 day)
fenofibrate micronized oral capsule 130 mg, 43 mg	NP	QL (1 capsule per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	PG	QL (1 cap per 1 day)
fenofibrate oral capsule 150 mg, 50 mg	NP	QL (1 capsule per 1 day)
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	PG	QL (1 tab per 1 day)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	PG	QL (1 capsule per 1 day)
fenofibric acid oral tablet 105 mg	NP	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	NP	QL (1 tablet per 1 day)
fluvastatin sodium oral capsule 20 mg, 40 mg	PG	QL (2 caps per 1 day)
gemfibrozil oral tablet 600 mg	PG	LCG
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (lomitapide mesylate)	NPS	PA; ST; SP; QL (1 capsule per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (fluvastatin sodium)	NP	ST; QL (1 tab per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin calcium)	NF	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	NP	QL (1 cap per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NP	ST; QL (1 tab per 1 day)
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NP	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LCG; QL (2 tabs per 1 day)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NP	QL (4 cap per 1 Day)
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NP	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NP	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NP	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	QL (4 tabs per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG (<i>pravastatin sodium</i>)	NP	ST; QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	QL (1 tab per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	PG	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	PG	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NP	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NP	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	NP	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	QL (1 tablets per 1 day)
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	LCG; N2 (PG); QL (1 tab per 1 day); AL (Min 40 Years and Max 75 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 20 mg, 40 mg</i>	CE	N2 (PG); QL (1 tab per 1 day); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	LCG; QL (1 tab per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NP	QL (1 tab per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	NP	QL (1 cap per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	PB	QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	PB	QL (4 caps per 1 Day)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG (<i>ezetimibe-simvastatin</i>)	NP	ST; QL (1 tab per 1 day)
VYTORIN ORAL TABLET 10-80 MG (<i>ezetimibe-simvastatin</i>)	NP	ST; QL (1 tab per 1 Day)
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	NF	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	NF	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NP	ST; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (<i>simvastatin</i>)	NP	ST; QL (1 tab per 1 day)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
Antihypertensives - Drugs For The Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	NP	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	NP	QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	QL (1 tablet per 1 day)
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NP	ST; QL (1 tab per 1 Day)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NP	ST; QL (1 tab per 1 day)
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	NP	ST; QL (1 tab per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NP	ST; QL (1 tablet per 1 day)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LCG
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NP	ST; QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NP	ST; QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LCG
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	QL (1 tab per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NP	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	NP	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NP	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NP	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NP	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LCG
COZAAR ORAL TABLET 100 MG (<i>losartan potassium</i>)	NP	ST
COZAAR ORAL TABLET 25 MG, 50 MG (<i>losartan potassium</i>)	NP	ST; QL (2 tablets per 1 day)
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPS	ST; SP
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NPS	ST; QL (12 capsules per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NP	ST; QL (1 tab per 1 day)
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NP	ST; QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP	ST; QL (1 tab per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NP	ST; QL (1 tab per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LCG
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LCG
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NP	PA; #; QL (1 bottle per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
<i>eprosartan mesylate oral tablet 600 mg</i>	NP	QL (1 tab per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NP	ST; QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NP	ST; QL (1 tablet per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LCG
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NP	ST
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NP	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	QL (1 tab per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	QL (1 tab per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LCG
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LCG
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	NP	
<i>losartan potassium oral tablet 100 mg</i>	PG	LCG
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	PG	LCG; QL (2 tablets per 1 day)
<i>losartan potassium-hetz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LCG
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NP	
MAVIK ORAL TABLET 4 MG (<i>trandolapril</i>)	NP	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	PG	
<i>metoprolol-hetz er oral tablet extended release 24 hour 100-12.5 mg, 50-12.5 mg</i>	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hetz</i>)	NP	ST; QL (1 tab per 1 day)
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NP	ST; QL (1 tab per 1 day)
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NP	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	QL (1 tablet per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	QL (1 tablet per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	QL (12 capsules per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NP	#
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>lisinopril</i>)	NP	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	PG	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NP	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NP	
TEKTRUNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	NP	ST; QL (1 tablet per 1 day)
TEKTRUNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NF	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	QL (1 tab per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	ST; QL (1 tab per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NP	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NP	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LCG
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	NP	ST; QL (1 tab per 1 day)
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NP	ST; QL (1 tab per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	QL (1 tab per 1 day)
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NP	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPS	PA; ST; SP; QL (2 tabs per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NP	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NP	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Infective Agents - Misc. - Drugs For Infections		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	NP	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NP	#; QL (180 ML per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NP	#; QL (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NP	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NP	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NP	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PSP	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	NPS	SP
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NP	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NP	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	NP	PA; QL (3 capsules per 1 day)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	QL (150 ml per 1 fill)
<i>linezolid oral tablet 600 mg</i>	PG	QL (28 tablets per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	NP	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	PB	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	QL (6 tabs per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	LCG
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	LCG
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
<i>trimethoprim oral tablet 100 mg</i>	PG	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NP	QL (9 tabs per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA; QL (3 tablets per 1 day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NP	QL (28 tabs per 1 fill)
Antimalarials - Drugs For Infections		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NP	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NP	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	PB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NP	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NP	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NP	
<i>primaquine phosphate oral tablet 26.3 mg</i>	PG	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NP	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
Antimyasthenic Agents - Drugs For Nerves And Muscles		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPS	PA; SP; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	PG	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPS	PA; SP; QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guanidine hcl oral tablet 125 mg</i>	PG	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
Antimycobacterial Agents - Drugs For Infections		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	NP	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	NP	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	NP	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NP	
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (<i>rifampin</i>)	NP	
RIFAMATE ORAL CAPSULE 150-300 MG (<i>isoniazid-rifampin</i>)	NP	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIFATER ORAL TABLET 50-120-300 MG (<i>isoniazid-rifamp-pyrazinamide</i>)	NP	
SIRTURO ORAL TABLET 100 MG (<i>bedaquiline fumarate</i>)	NPS	PA; SP; QL (188 tabs per 365 days)
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	NP	
*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (40 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (8 tablets per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (1 pack per 28 days)
*Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (10 ml per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (20 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (12 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (32 tablets per 28 days)
Antineoplastics And Adjunctive Therapies - Drugs For Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP; N2 (PSP); QL (4 tablets per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPS	PA; SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (1 tablet per 1 day)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPS	SP
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	CE	ST; N2 (NP)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)

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ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (PG)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (NP)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (NP)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP; N2 (PSP)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (PG); QL (1 tab per 1 day)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; ST; SP; N2 (NPS); QL (1 tablet per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP; N2 (PG)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (NP); QL (1 tab per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (2 kits per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (1 kit per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (3 kits per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; SP; N2 (NPS); QL (63 tablets per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (PG)
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA; SP
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPS	PA; SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPS	PA; SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; SP
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (PB)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; SP; N2 (PSP); QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	CE	N2 (PG)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (PG)
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	N2 (NF)

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FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	CE	PA; SP; N2 (NPS); QL (12 capsules per 30 days)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (<i>fulvestrant</i>)	NF	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (NP)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (<i>degarelix acetate</i>)	NPS	PA; SP
<i>flutamide oral capsule 125 mg</i>	CE	N2 (PG)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	SP; N2 (NF)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (NP)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP; N2 (NPS)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (NP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (PG)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP; N2 (PG); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP; N2 (PG); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; N2 (NPS); QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N2 (NF)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	NPS	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	NPS	PA; SP
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>roxolitinib phosphate</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsules per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)

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LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (PG)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N2 (PB)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PG	PA; SP
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP; N2 (NPS); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP; N2 (NPS); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; #; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA; #; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPS	PA; #; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPS	PA; #; SP
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (PB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N2 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (PG)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (PG)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPS); QL (3 tabs per 1 Day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPS); QL (1 tab per 1 Day)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (PG)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (PG)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (PB)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (PG)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N2 (PB)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (NP)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (PG)

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NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N2 (NPS); QL (3 capsules per 28 days)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	N2 (NF)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N2 (NPS); QL (1 capsule per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (21 capsules per 1 month)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; SP; N2 (NPS)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (NP)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG (<i>dasatinib</i>)	CE	PA; ST; SP; N2 (NPS); QL (1 tablet per 1 day)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; ST; SP; N2 (NPS); QL (3 tablets per 1 day)
SPRYCEL ORAL TABLET 50 MG, 70 MG (<i>dasatinib</i>)	CE	PA; ST; SP; N2 (NPS); QL (2 tablets per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP; N2 (NPS); QL (84 tablets per 1 month)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	CE	PA; SP; N2 (PSP); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG (<i>sunitinib malate</i>)	CE	PA; SP; N2 (PSP); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; SP; N2 (PSP); QL (1 capsule per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	NPS	PA; SP; QL (4 injections per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (PB)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (4 caps per 1 Day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	SP; N2 (NF)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 capsules per 1 day)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	N2 (NF)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP; N2 (PG)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPS	PA; #; SP
<i>tretinoin oral capsule 10 mg</i>	CE	SP; N2 (PG)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (NP)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; #; SP; N2 (NPS); QL (6 tablets per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (NP)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	N2 (NF)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 capsules per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 tablets per 1 day)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP; N2 (NPS); QL (8 tablets per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; SP; N2 (PSP); QL (2 tablets per 1 day)
Antiparkinson Agents - Drugs For The Nervous System		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NP	QL (1 tablet per 1 day)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LCG

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPS	PA; ST
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NPS	PA; ST; SP; QL (10 capsules per 1 day)
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	NP	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NP	QL (1 tab per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>pramipexole dihydrochloride</i>)	NP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	NP	#; QL (1 patch per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	NF	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	NP	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	QL (1 tablet per 1 day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>ropinirole hcl</i>)	NP	QL (1 tab per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	NP	QL (2 tabs per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	QL (1 tab per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NP	#
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (<i>carbidopa-levodopa</i>)	NP	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (<i>carbidopa-levodopa</i>)	NP	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	PG	LCG
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	PG	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
Antipsychotics/Antimanic Agents - Drugs For The Nervous System		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	NP	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	NP	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NP	ST; QL (1 tab per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	PG	QL (30 ml per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NP	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	PG	QL (1 tab per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	PG	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	PG	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	PG	QL (3 tabs per 1 day)
CLOZARIL ORAL TABLET 100 MG (<i>clozapine</i>)	NP	PA; ST; QL (9 tabs per 1 day)
CLOZARIL ORAL TABLET 25 MG (<i>clozapine</i>)	NP	PA; ST; QL (3 tabs per 1 day)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NP	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NP	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NP	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FAZACLO ORAL TABLET DISPERSIBLE 100 MG (clozapine)	NP	PA; ST; QL (9 tabs per 1 day)
FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG (clozapine)	NP	PA; ST; QL (1 tab per 1 day)
FAZACLO ORAL TABLET DISPERSIBLE 150 MG (clozapine)	NP	PA; ST; QL (6 tabs per 1 day)
FAZACLO ORAL TABLET DISPERSIBLE 200 MG (clozapine)	NP	PA; ST; QL (4 tabs per 1 day)
FAZACLO ORAL TABLET DISPERSIBLE 25 MG (clozapine)	NP	PA; ST; QL (3 tabs per 1 day)
fluphenazine decanoate injection solution 25 mg/ml	PG	
fluphenazine hcl injection solution 2.5 mg/ml	PG	
fluphenazine hcl oral concentrate 5 mg/ml	PG	
fluphenazine hcl oral elixir 2.5 mg/5ml	PG	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (ziprasidone mesylate)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	NP	PA; ST; QL (2 caps per 1 day)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (haloperidol decanoate)	NP	
HALDOL INJECTION SOLUTION 5 MG/ML (haloperidol lactate)	NP	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	PG	
haloperidol lactate injection solution 5 mg/ml	PG	
haloperidol lactate oral concentrate 2 mg/ml	PG	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (<i>paliperidone</i>)	NP	PA; ST; QL (1 tablet per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	NP	PA; ST; QL (2 tabs per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NP	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 40 MG (<i>lurasidone hcl</i>)	NP	ST; #; QL (1 tab per 1 day)
LATUDA ORAL TABLET 20 MG (<i>lurasidone hcl</i>)	NP	ST; #; QL (1 tab per 1 Day)
LATUDA ORAL TABLET 60 MG (<i>lurasidone hcl</i>)	NP	ST; #
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	NP	ST; #; QL (2 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NP	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPS	PA; SP; QL (1 capsule per 1 day)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPS	PA; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	QL (1 tab per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	PG	QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	NP	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	NP	QL (1 tablets per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NF	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	NP	QL (1 tablet per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	NP	QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	PG	QL (6 tabs per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	PG	QL (2 tabs per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	PA; ST; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NP	PA; ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>risperidone</i>)	NP	PA; ST; QL (2 tabs per 1 day)
RISPERDAL ORAL TABLET 3 MG (<i>risperidone</i>)	NP	PA; ST; QL (2 tablets per 1 day)
RISPERDAL ORAL TABLET 4 MG (<i>risperidone</i>)	NP	PA; ST; QL (4 tabs per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	PG	QL (4 tabs per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	PG	QL (4 tabs per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	PA; ST; #; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 50 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (3 tabs per 1 day)
SEROQUEL ORAL TABLET 200 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (4 tabs per 1 day)
SEROQUEL ORAL TABLET 25 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (6 EA per 1 day)
SEROQUEL ORAL TABLET 300 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (2 EA per 1 day)
SEROQUEL ORAL TABLET 400 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (2 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	ST; QL (1 tab per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	ST; QL (2 tabs per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (<i>quetiapine fumarate</i>)	NP	ST; QL (2 tablets per 1 day)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NP	PA; ST
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	NP	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	NP	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	NP	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	NP	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	QL (2 caps per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	NP	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NP	PA; ST; QL (1 tab per 1 day)
ZYPREXA ORAL TABLET 2.5 MG (<i>olanzapine</i>)	NP	PA; ST; QL (2 tablets per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NP	PA; ST; QL (1 tab per 1 day)
*Antiretrovirals Adjuvants*** - Drugs That Alter Metabolism		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NP	QL (1 tablet per 1 day)
*Antisense Oligonucleotide (Aso) Inhibitor Agents*** - Hormones		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	NPS	PA; NPL; SP; QL (4 injections per 1 month)
Antivirals - Drugs For Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	QL (2 tablets per 1 day)
<i>acyclovir oral capsule 200 mg</i>	PG	LCG
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg</i>	PG	LCG
<i>acyclovir oral tablet 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	SP; QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	PB	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	PB	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	PB	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPS	SP
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (1 tablet per 1 day)
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	SP
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NP	QL (1 tablet per 1 day)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NP	QL (2 tablets per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab- rilpivir-tenofovir</i>)	PB	QL (1 tablet per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	NP	QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	NP	QL (6 capsules per 1 day)
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>ganciclovir sodium</i>)	NPS	SP
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	NP	PA; ST; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	NP	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	QL (1 capsule per 1 day)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	NP	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NP	QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (1 tablet per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (4 bottles per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	SP; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	NP	#
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (4 bottles per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (1 tablet per 1 day)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NP	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NP	QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 500 mg</i>	PG	QL (21 tabs per 1 fill)
<i>famciclovir oral tablet 250 mg</i>	PG	QL (2 tablets per 1 day)
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	NP	
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (4 tablets per 1 day)
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	NPS	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	NPS	PA; #; SP; QL (2 vials per 1 day)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PG	SP
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	NP	PA; ST; QL (1 tablet per 1 day)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NPS	SP; QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	NP	QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	NP	QL (2 tablets per 1 day)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	NP	QL (4 tablets per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (6 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	ST; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NP	QL (3 bottles per 30 days)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	PB	#: QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	PB	#: QL (4 tablets per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>lamivudine oral tablet 150 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (2 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	PB	#: QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NP	QL (4 tablets per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (3 bottles per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (5 bottles per 30 days)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (2 tablets per 1 day)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PB	#: QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NP	QL (12 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	NP	QL (1 tablet per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	QL (20 capsules per 365 days)

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<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (480 mls per 365 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NPS	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NPS	PA; SP
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NP	QL (1 tablet per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPS	PA; SP; QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	PB	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir ethanolate</i>)	PB	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	QL (1 tablet per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	NP	QL (20 inhalations per 1 fill)
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	NP	#: QL (15 tablets per 1 day)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (8 bottles per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	QL (1 capsule per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NP	QL (2 capsules per 1 day)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	PB	#: QL (6 packets per 1 day)
<i>ribavirin oral capsule 200 mg</i>	PG	SP
<i>ribavirin oral tablet 200 mg</i>	PG	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
<i>ritonavir oral tablet 100 mg</i>	PG	QL (12 tablets per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NP	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	NP	QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NP	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NP	QL (4 tablets per 1 day)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	PSP	PA; NPL; SP; QL (1 tab per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NP	PA; ST; QL (1 tablet per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NP	QL (3 capsules per 1 day)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NP	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	#; QL (1 tablet per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	#; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	NP	PA; ST; QL (1 tablet per 1 day)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NF	
TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NP	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tabs per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NP	QL (2 tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	PB	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PB	#; QL (1 tablet per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NPS	PA; SP; QL (1000 mls per 30 days)
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NPS	PA; SP; QL (102 tablets per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; SP; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; SP; QL (102 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NP	ST
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NPS	PA; ST; SP; QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG (<i>didanosine</i>)	NP	QL (1 capsule per 1 day)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM (<i>didanosine</i>)	PB	QL (12 bottles per 30 days)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	NP	QL (10 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	NP	QL (4 tablets per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NP	SP; QL (5 bottles per 30 days)
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NP	QL (2 tablets per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	NP	QL (1 tab per 1 day)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (4 bottles per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (1 tablet per 1 day)
ZERIT ORAL CAPSULE 30 MG, 40 MG (<i>stavudine</i>)	NP	QL (2 capsules per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (4 bottles per 30 days)
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NP	QL (2 tablets per 1 day)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (6 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (8 bottles per 30 days)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
ZOVIRAX ORAL CAPSULE 200 MG (<i>acyclovir</i>)	NP	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NP	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (<i>acyclovir</i>)	NP	
*Anti-Von Willebrand Factor Agents*** - Drugs For The Blood		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NPS	PA; NPL; SP; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
Assorted Classes - Vitamins And Minerals		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG (<i>tacrolimus</i>)	NPS	#; SP; QL (1 cap per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG (<i>tacrolimus</i>)	NPS	#; SP; QL (4 capsule per 1 day)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (<i>tacrolimus</i>)	NPS	#; SP
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NPS	SP
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPS	PA; ST; NPL; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPS	PA; ST; NPL; SP; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPS	PA; ST; NPL; SP; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPS	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPS	SP
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPS	SP
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
<i>cyclosporine intravenous solution 50 mg/ml</i>	PG	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPS	PA; SP
<i>d-penammine oral tablet 125 mg</i>	NPS	PA; SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPS	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NP	PA; ST
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	SP
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	SP
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	SP
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	SP
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPS	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPS	SP
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPS	SP
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	NPS	SP
<i>penicillamine oral capsule 250 mg</i>	PSP	PA; SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPS	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPS	SP
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPS	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPS	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NPS	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	NPS	PA; #; SP; QL (1 capsule per 1 day)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPS	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPS	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPS	SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NPS	SP
<i>sirolimus oral solution 1 mg/ml</i>	PSP	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	SP
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60MI)</i>	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NPS	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	SP
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	NPS	PA; #; SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NPS	SP
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA; SP
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NP	PA; ST; QL (1 packet per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	PSP	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPS	#; SP
*Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Lungs		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	NPS	PA; NPL; SP; QL (2 injections per 1 month)
Beta Blockers - Drugs For The Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LCG
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NP	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NP	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	NP	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	NP	PA; ST; QL (1 tab per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	NP	PA; ST; QL (2 tabs per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LCG
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	QL (1 tablet per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NP	QL (1 cap per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NP	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (<i>propranolol hcl sr beads</i>)	NP	QL (2 capsules per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (<i>propranolol hcl sr beads</i>)	NP	QL (1 cap per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (<i>propranolol hcl sr beads</i>)	NP	QL (2 caps per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NP	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	PG	QL (1.5 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	PG	QL (2 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	PG	QL (1 tab per 1 Day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LCG
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LCG

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LCG
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LCG
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
<i>sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg</i>	PG	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NP	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NP	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
*Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPS	PA
Biologicals Misc - Biological Agents		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA; ST; QL (1 tablet per 1 day)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag*** - Drugs For The Nervous System		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	PA; ST; QL (1 injection per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	NF	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
Calcium Channel Blockers - Drugs For The Heart		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL (1 tab per 1 day)
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>nifedipine</i>)	NP	QL (2 tabs per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	PG	QL (1 tab per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	PG	QL (2 tabs per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LCG
CALAN ORAL TABLET 120 MG (<i>verapamil hcl</i>)	NP	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NP	QL (1 tab per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL (2 tabs per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 420 MG (<i>diltiazem hcl coated beads</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NP	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 tablet per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 Capsules per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	NP	QL (1 tab per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	NP	QL (2 tab per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	NP	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LCG
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	NP	QL (1 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	NP	QL (2 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	NP	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	QL (1 tab per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	PG	QL (2 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NP	
NYMALIZE ORAL SOLUTION 60 MG/20ML (<i>nimodipine</i>)	NP	#; QL (135.2 ml per 1 day)
PROCARDIA ORAL CAPSULE 10 MG (<i>nifedipine</i>)	NP	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL (1 tab per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>nifedipine</i>)	NP	QL (2 tabs per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	NP	QL (1 tab per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 caps per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	NP	QL (1 cap per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl er beads</i>)	NP	QL (2 caps per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	PG	QL (1 cap per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	PG	QL (2 caps per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LCG
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LCG
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 300 MG (<i>verapamil hcl</i>)	NP	QL (1 cap per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>verapamil hcl</i>)	NP	QL (2 caps per 1 day)
Cardiotonics - Drugs For The Heart		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	NP	
Cardiovascular Agents - Misc. - Drugs For The Heart		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NPS	PA; ST; NPL; SP; QL (2 tablets per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	NPS	PA; ST; NPL; SP; QL (3 tabs per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; NPL; SP
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NF	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NP	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; NPL; SP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	NF	
<i>cardioplegic perfusion solution</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PG	PA; NPL; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPS	PA; NPL; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	PSP	PA; NPL; SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	NPS	PA; NPL; SP
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	NPS	PA; NPL; SP
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NPS	PA; ST; NPL; #; SP
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NPS	PA; ST; NPL; SP; QL (3 tabs per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; NPL; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	NPL
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	PSP	PA; NPL; SP
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA; NPL; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPS	PA; NPL; SP; QL (1 amp per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPS	PA; NPL; SP; QL (1 amp per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPS	PA; NPL; SP; QL (1 amp per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPS	PA; NPL; #; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPS	PA; NPL; SP
Cephalosporins - Drugs For Infections		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	PG	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	NP	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	LCG
<i>cephalexin oral capsule 750 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NP	
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NP	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	NP	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	NP	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	NP	#
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For The Stomach		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	PB	QL (1 tablet per 1 day)
Contraceptives - Drugs For Women		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i>	CE	N2 (NP)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (PG); QL (1 ring per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Aprli Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NP	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 - 0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Cryselles-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)

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<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NP	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NP	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	NP	#
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5), 0.15-30 mg-mcg	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (NP)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)

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<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (<i>norethindron-ethinyl estrad-fe</i>)	NP	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N2 (PG)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	NP	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (<i>norethin-eth estradiol-fe</i>)	NP	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)

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<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (NP)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (PG)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (PG)

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<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (NP)
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphase</i>)	NP	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NP	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NP	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	NP	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	NP	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (PG)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	NP	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#; N2 (NP)
<i>norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Mononessa Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	NP	
<i>norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (PG)

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<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (NP)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (PG)
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	CE	#; N2 (PB)

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<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
OGESTREL ORAL TABLET 0.5-50 MG-MCG (<i>norgestrel-ethinyl estradiol</i>)	CE	N2 (PG)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
ORTHO MICRONOR ORAL TABLET 0.35 MG (<i>norethindrone</i>)	NP	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NF	
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	NP	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NP	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (NP)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	PG	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)

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<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (NP)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (PG)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (NP)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NP	#
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)

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<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (PG)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (<i>norelgestromin-eth estradiol</i>)	CE	N2 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
Corticosteroids - Hormones		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NP	
<i>cortisone acetate oral tablet 25 mg</i>	PG	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NP	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NP	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NP	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	NP	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NP	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LCG
<i>prednisone oral tablet 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NP	ST; QL (1 tab per 1 day)
Cough/Cold/Allergy - Drugs For The Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NF	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NP	QL (2 tabs per 1 day)
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	PA; QL (60 ml per day over 5 days per 30 day periods)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	NP	QL (120 ML per 1 fill)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	PG	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NP	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	PG	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
SEMPREX-D ORAL CAPSULE 8-60 MG (<i>acrivastine-pseudoephedrine</i>)	NP	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide</i> (<i>expectorant</i>))	NP	
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (<i>hydrocod polst-chlorphen polst</i>)	NP	PA; QL (2 capsules per day, max 20 per 30 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NP	PA; QL (2 tablets per 1 day max 20 tablets per 30 day)
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	PG	Select OTC
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP; N2 (NPS); QL (21 capsules per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
*Cystic Fibrosis Agent - Combinations*** - Drugs For The Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPS	PA; SP; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPS	PA; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPS	PA; SP; QL (2 tablets per 1 day)
Dermatologicals - Drugs For The Skin		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	Select OTC
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	#
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>acitretin oral capsule 10 mg, 25 mg</i>	PG	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	PG	QL (2 capsules per 1 day)

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<i>acyclovir external cream 5 %</i>	NP	
<i>acyclovir external ointment 5 %</i>	NP	
ACZONE EXTERNAL GEL 5 % (<i>dapsone</i>)	NP	ST; QL (60 grams per 30 days)
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NP	ST; #; QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	NP	PA; AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NP	PA; QL (2 ml per 1 day); AL (Max 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	PA; AL (Max 35 Years)
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NP	QL (2 packets per 1 day)
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NP	QL (1 packet per 1 day)
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NP	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>amcinonide external cream 0.1 %</i>	NP	ST
<i>amcinonide external lotion 0.1 %</i>	NP	ST
<i>amcinonide external ointment 0.1 %</i>	NP	ST
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NP	#
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin</i> (Avita External Cream 0.025 %)	PG	PA; AL (Max 35 Years)
<i>tretinoin</i> (Avita External Gel 0.025 %)	PG	PA; AL (Max 35 Years)
<i>azelaic acid external gel 15 %</i>	NP	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NP	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NP	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate external ointment 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone valerate external cream 0.1 %</i>	NP	ST
<i>betamethasone valerate external foam 0.12 %</i>	NP	
<i>betamethasone valerate external lotion 0.1 %</i>	NP	ST
<i>betamethasone valerate external ointment 0.1 %</i>	NP	ST; QL (120 grams per 1 month)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NP	ST; QL (60 grams per 1 month)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST
<i>calcipotriene external solution 0.005 %</i>	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	NP	ST
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NF	
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NP	QL (60 grams per 30 days)
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	PG	
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>isotretinoin (Claravis Oral Capsule 10 Mg)</i>	NP	PA; QL (2 Capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NP	ST
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NP	ST
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NP	ST
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	NF	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NP	ST
<i>clindamycin phosphate external lotion 1 %</i>	NP	ST
<i>clindamycin phosphate external solution 1 %</i>	NP	ST; QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	PG	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; AL (Max 35 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol prop emollient base external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NP	QL (125 ml per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	NP	ST; QL (236 ml per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (236 ml per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	ST; QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NP	ST; QL (236 ml per 30 days)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NP	QL (236 ml per 30 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NP	QL (125 ml per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	NP	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NP	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	QL (45 grams per 1 month)
<i>coal tar external solution 20 %</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NP	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NP	QL (4 grams per 1 day)
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NP	QL (4 grams per 1 day)
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NP	#: QL (1 roll per 1 fill)
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	PB	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	NPS	PA; ST; NPL; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	NPS	PA; ST; NPL; SP
<i>crotamiton</i> (Crotan External Lotion 10 %)	PG	
CUTIVATE EXTERNAL LOTION 0.05 % (<i>fluticasone propionate</i>)	NP	
<i>dapsone external gel 5 %</i>	PG	QL (60 grams per 30 days)
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	#
DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	
DERMA-SMOOTHIE/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NP	#
<i>desonide external cream 0.05 %</i>	NP	ST
<i>desonide external lotion 0.05 %</i>	NP	ST
<i>desonide external ointment 0.05 %</i>	NP	ST
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NP	ST
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desoximetasone external gel 0.05 %</i>	NP	ST
<i>desoximetasone external liquid 0.25 %</i>	NF	
<i>desoximetasone external ointment 0.05 %</i>	NP	ST
<i>desoximetasone external ointment 0.25 %</i>	NP	ST; QL (120 grams per 1 month)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	PG	QL (2 patches per 1 day)
<i>diclofenac sodium transdermal gel 1 %</i>	PG	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	NF	
<i>diclofenac sodium transdermal solution 1.5 %</i>	NF	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NP	PA; AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	PG	PA; Select OTC; AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NP	PA; ST; AL (Max 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NP	PA; ST; AL (Max 35 Years)
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	QL (100 grams per 30 days)
<i>docosanol external cream 10 %</i>	PG	Select OTC
DOVONEX EXTERNAL CREAM 0.005 % (<i>calcipotriene</i>)	NP	ST; QL (120 grams per 1 month)
<i>doxepin hcl external cream 5 %</i>	NP	QL (45 grams per 30 days)
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
DUAC EXTERNAL GEL 1.2-5 % (<i>clindamycin-benzoyl per (refr)</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NP	QL (1 tube per 1 month)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	NF	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NP	
ELOCON EXTERNAL CREAM 0.1 % (<i>mometasone furoate</i>)	NP	ST
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	QL (60 grams per 30 days)
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; #; AL (Max 35 Years)
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external pad 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	
EURAX EXTERNAL CREAM 10 % (<i>crotamiton</i>)	NP	
EURAX EXTERNAL LOTION 10 % (<i>crotamiton</i>)	NP	
EVOCLIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	NP	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NF	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NF	
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	NF	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NP	PA; ST; AL (Max 35 Years)
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	NP	

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FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	PG	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	ST
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	PG	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 grams per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % (<i>fluorouracil</i>)	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>flurandrenolide external cream 0.05 %</i>	NP	QL (60 grams per 30 days)
<i>flurandrenolide external lotion 0.05 %</i>	NP	QL (4 grams per 1 day)
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	ST
<i>fluticasone propionate external lotion 0.05 %</i>	NP	
<i>fluticasone propionate external ointment 0.005 %</i>	PG	
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide external cream 0.1 %</i>	NP	
<i>halobetasol propionate external cream 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NP	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NP	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	PG	
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NP	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	
<i>hydrocortisone external cream 2.5 %</i>	PG	
<i>hydrocortisone external lotion 2.5 %</i>	PG	
<i>hydrocortisone external ointment 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NPS	PA; ST; NPL; SP; QL (1 syringe per 84 days)
<i>imiquimod external cream 5 %</i>	PG	QL (1 packet per 1 day)
<i>imiquimod pump external cream 3.75 %</i>	NF	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA; QL (2 capsules per 1 day)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
<i>ketoconazole external cream 2 %</i>	PG	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	NF	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NP	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
<i>lidocaine external ointment 5 %</i>	NP	PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	NP	PA; ST; QL (3 patches per 1 day)
<i>lidocaine hcl external solution 4 %</i>	PG	PA; QL (50 ml per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	PA; QL (30 GM per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NF	
<i>lindane external shampoo 1 %</i>	PG	
LOCOID EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyrate</i>)	NP	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NP	
LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NP	
LOTRISONE EXTERNAL CREAM 1-0.05 % (<i>clotrimazole-betamethasone</i>)	NP	QL (45 grams per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>luliconazole external cream 1 %</i>	NF	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NP	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>malathion external lotion 0.5 %</i>	PG	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NP	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NP	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NP	
<i>metronidazole external cream 0.75 %</i>	PG	
<i>metronidazole external gel 0.75 %</i>	PG	
<i>metronidazole external gel 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NP	
MICORT-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NF	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	NP	ST
<i>mometasone furoate external ointment 0.1 %</i>	NP	ST
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (60 grams per 30 days)
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Myorisan Oral Capsule 30 Mg)	NP	PA; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naftifine hcl external cream 1 %</i>	NP	
<i>naftifine hcl external cream 2 %</i>	NF	
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NF	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	NF	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NF	#
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NP	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NP	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	NF	
<i>flurandrenolide</i> (Nolix External Lotion 0.05 %)	NP	QL (4 grams per 1 day)
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NP	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NP	QL (100 grams per 30 days)
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NP	QL (100 grams per 30 days)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	NF	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NF	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NP	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXSORALEN ULTRA ORAL CAPSULE 10 MG (methoxsalen rapid)	NP	
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	NP	
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	PB	
PENLAC EXTERNAL SOLUTION 8 % (ciclopirox)	NP	PA; ST
PENNSAID TRANSDERMAL SOLUTION 2 % (diclofenac sodium)	NF	
permethrin external cream 5 %	PG	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (ingenol mebutate)	NF	
pimecrolimus external cream 1 %	NP	PA; ST
PLIAGLIS EXTERNAL CREAM 7-7 % (lidocaine-tetracaine)	NF	
podofilox external solution 0.5 %	PG	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	NP	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	NP	
prednicarbate external cream 0.1 %	NP	
prednicarbate external ointment 0.1 %	NP	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (tacrolimus)	NF	
PRUDOXIN EXTERNAL CREAM 5 % (doxepin hcl (antipruritic))	NP	QL (45 grams per 30 days)
psorcon external cream 0.05 %	NF	
QBREXZA EXTERNAL PAD 2.4 % (glycopyrronium tosylate)	NP	PA; ST; QL (1 pad per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NP	PA; QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; ST; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; ST; AL (Max 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; ST; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; ST; AL (Max 35 Years)
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NP	QL (4 tubes per 1 year)
<i>metronidazole</i> (Rosadan External Cream 0.75 %)	PG	
<i>metronidazole</i> (Rosadan External Gel 0.75 %)	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	QL (60 grams per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	PG	
SELRX EXTERNAL SHAMPOO 2.3 % (<i>selenium sulfide</i>)	NF	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NPS	PA; ST; NPL; SP; QL (2 injections per 1 month)
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine external cream 1 %</i>	PG	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	NP	#
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NP	ST; #
SORIATANE ORAL CAPSULE 10 MG (<i>acitretin</i>)	NP	QL (2 caps per 1 Day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SORIATANE ORAL CAPSULE 25 MG (<i>acitretin</i>)	NP	QL (2 caps per 1 day)
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>spinosad external suspension 0.9 %</i>	PG	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; NPL; SP; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; NPL; SP; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; ST; NPL; SP; QL (2 syringes per 60 days)
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NP	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	NP	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	ST
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	ST
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NP	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NP	PA; QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	#; QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA; ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NPS	PA; ST; NPL; SP; QL (1 syringe per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	NPS	PA; ST; NPL; SP; QL (1 syringe per 1 month)
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	PSP	SP
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL (Max 35 Years)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NP	PA; ST; AL (Max 35 Years)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NP	PA; ST; AL (Max 35 Years)
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NP	ST; QL (120 grams per 30 days)
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NP	ST; QL (120 grams per 30 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PB	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	PB	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	ST
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NP	ST
TOPICORT EXTERNAL OINTMENT 0.05 % (<i>desoximetasone</i>)	NP	ST
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NP	ST; QL (120 grams per 1 month)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NF	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; NPL; SP; QL (1 injection per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; NPL; SP; QL (1 injections per 2 months)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL (Max 35 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin external gel 0.05 %</i>	NP	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	PG	LCG
<i>triamcinolone acetonide external cream 0.1 %</i>	PG	LCG; QL (60 grams per 1 month)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	PG	LCG
<i>triamcinolone acetonide external ointment 0.1 %</i>	PG	LCG; QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	PG	LCG; QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NP	ST
ULESFIA EXTERNAL LOTION 5 % (<i>benzyl alcohol</i>)	NP	#; QL (3 bottles per 1 fill)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NP	#; QL (120 grams per 30 days)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPS	PA; #; SP; QL (4 grams per 1 day)
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
<i>benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)</i>	NP	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NP	PA; ST; AL (Max 35 Years)
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NF	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NP	

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VOLTAREN TRANSDERMAL GEL 1 % (<i>diclofenac sodium</i>)	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>micronazole-zinc oxide-petrolat</i>)	NF	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NP	QL (1 tube per 1 month)
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Zenatane Oral Capsule 30 Mg)	NP	PA; QL (2 capsules per 1 day)
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NP	PA; ST; AL (Max 35 Years)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	NP	QL (45 grams per 30 days)
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
Diagnostic Products		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	NF	
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIOSCANNER GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHEK TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP <i>(glucose blood)</i>	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DUO-CARE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASY STEP TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
EASY TOUCH TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYGLUCO PLUS IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYMAX 15 TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYMAX TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	

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<i>easyplus blood glucose test in vitro strip</i>	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENSTRIP 50 IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ketone test in vitro strip</i>	PG	
<i>kroger blood glucose test in vitro strip</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kroger test in vitro strip</i>	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
<i>meijer blood glucose test in vitro strip</i>	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRA BLUE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PTS PANELS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RA TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMART SENSE VALUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SURE EDGE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG (<i>thyrotropin alfa</i>)	PSP	SP
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
Digestive Aids - Drugs For The Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPS	SP
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tabs per 1 Day)
Diuretics - Drugs For The Heart		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NF	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG (<i>spironolactone-hctz</i>)	NP	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NP	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LCG
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NP	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NP	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NP	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	NP	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral solution 10 mg/ml</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LCG
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LCG

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LCG
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPS	PA; QL (4 tablets per 1 day)
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	NP	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	NP	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	NP	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LCG
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	NP	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LCG
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LCG
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For The Nervous System		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	NF	
Endocrine And Metabolic Agents - Misc. - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPS	PA; NPL; SP
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 tablet per 28 days)
ACTONEL ORAL TABLET 30 MG, 5 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 tablets per 28 months)
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPS	PA; NPL; SP
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg</i>	PG	QL (1 tablets per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	PG	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 40 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>alendronate sodium oral tablet 70 mg</i>	PG	LCG; QL (4 tabs per 1 month)
AMMONUL INTRAVENOUS SOLUTION 10-10 % (<i>sod benz-sod phenylacet</i>)	NPS	SP
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 tablets per 1 day)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NF	
BONIVA INTRAVENOUS SOLUTION 3 MG/3ML (<i>ibandronate sodium</i>)	NPS	SP
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NP	ST; QL (1 tab per 1 month)
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NPS	PA; SP
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NPS	PA; SP; QL (40 tablets per 1 day)
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	NPS	PA; #; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NP	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NP	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPS	PA; SP
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NP	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NP	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	QL (1 capsule per 1 day)
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	PSP	PA; NPL; SP
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	NP	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	NP	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	NPS	PA; NPL; SP
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	NPS	PA; ST; NPL; #; SP
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	QL (4 tablets per 1 month)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST; #; QL (4 tabs per 1 month)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPS	PA; SP; QL (14 capsules per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	SP
<i>ibandronate sodium oral tablet 150 mg</i>	NP	ST; QL (1 tab per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	PSP	PA; NPL; SP
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	PSP	PA; SP
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NPS	PA; #; SP
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	NPS	PA; #; SP
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPS	PA; NPL; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; #; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	NPS	PA; #; SP
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NP	ST; QL (1 bottle per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPS	PA; NPL; SP
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NPS	PA; NPL; SP; QL (2 cartridges per 28 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPS	PA; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NP	PA; QL (1 tablet per 1 day)
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	NP	QL (1 bottle per 30 days); AL (Min 50 Years)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA; NPL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	PSP	PA; NPL; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPS	PA; SP
ORFADIN ORAL CAPSULE 20 MG (<i>nitisinone</i>)	NPS	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	NPS	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	NPS	PA; SP; QL (1 tab/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	NPS	PA; SP; QL (2 tabs/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NP	QL (1 tablet per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NPS	PA; ST; SP; QL (1 syringe per 1 day)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	PG	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	PG	SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	QL (1 capsule per 1 day)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (PG)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NPS	PA; ST; SP; QL (20 bottles per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	PA; ST; QL (1 capsule per 1 day)
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPS	SP
<i>risedronate sodium oral tablet 150 mg</i>	NP	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	NP	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	NP	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	QL (4 tablets per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NP	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NP	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; ST; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	PSP	PA; #; SP; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	PSP	PA; #; SP; QL (2 tablets per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPS	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NPS	PA; #; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NP	PA; QL (2 tablets per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; NPL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NPS	PA; SP; QL (1 vial per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPS	PA; SP; QL (2 amps per 1 day)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; SP; QL (40 tablets per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	NPS	PA; #; SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NPS	PA; #; SP
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPS	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPS	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; ST; NPL; SP; QL (2 pens per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPS	PA; ST; NPL; SP
ZEMPLAR ORAL CAPSULE 1 MCG (<i>paricalcitol</i>)	NP	ST; QL (1 capsule per 1 day)
ZEMPLAR ORAL CAPSULE 2 MCG (<i>paricalcitol</i>)	NP	ST; QL (1 cap per 1 day)
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	SP
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	PG	SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NPS	PA; ST; NPL; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; NPL; SP
Estrogens - Hormones		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NP	QL (1 tab per 1 day)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	QL (8 patches per 28 days)
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	PG	QL (1 tab per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NP	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NP	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	NP	#; QL (4 patches per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	QL (4 patches per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NP	QL (8 patch per 1 month)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	NP	QL (1 packet per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NP	QL (52 gm per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NP	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LCG
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	PG	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	PG	QL (1 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NP	QL (50 grams per 1 fill)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NP	QL (2 bottles per 1 month)
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (<i>norethindrone-eth estradiol</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	PG	QL (1 tablet per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG (<i>esterified estrogens</i>)	PB	
MENEST ORAL TABLET 1.25 MG (<i>esterified estrogens</i>)	NP	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NP	#; QL (4 patches per 1 month)
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	PG	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	QL (1 tab per 1 day)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PG	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NP	QL (1 tab per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogesterone ace</i>)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogesterone ace</i>)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Estrogen-Selective Estrogen Receptor Modulator Comb*** - Hormones		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	QL (1 tab per 1 day)
*Farnesoid X Receptor (Fxr) Agonists*** - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPS	PA; ST; SP; QL (1 tablet per 1 day)
Fluoroquinolones - Drugs For Infections		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NP	PA; QL (28 tablets per 1 fill)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NP	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	PG	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	PG	LCG
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	PG	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NP	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
<i>ofloxacin oral tablet 300 mg</i>	PG	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	PG	
Gastrointestinal Agents - Misc. - Drugs For The Stomach		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NP	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NP	ST; #; QL (2 caps per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NP	ST; #; QL (4 capsules per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NP	ST; QL (6 tabs per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NP	ST; QL (8 tabs per 1 day)
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NP	ST; QL (8 tabs per 1 day)
<i>balsalazide disodium oral capsule 750 mg</i>	PG	QL (9 capsules per 1 day)
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NP	QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NP	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NPS	PA; ST; NPL; SP; QL (1 kit per 1 month)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NPS	PA; ST; NPL; SP; QL (1 kit per 1 month)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NPS	PA; ST; NPL; SP; QL (1 kit per 1 month)
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NP	ST; QL (9 capsules per 1 day)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	PG	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NP	ST; QL (4 caps per 1 day)
<i>enulose oral solution 10 gm/15ml</i>	PG	LCG
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NP	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPS	PA; NPL; SP; QL (1 kit per 1 month)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	PSP	PA; ST; NPL; SP
<i>lactulose encephalopathy oral solution 10 gml/15ml</i>	PG	LCG
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NP	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	PB	QL (1 cap per 1 day)
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	PB	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NP	PA; ST
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	QL (12 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	PG	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	PG	QL (6 tablets per 1 day)
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	PG	LCG
<i>metoclopramide hcl oral tablet 10 mg</i>	PG	LCG
<i>metoclopramide hcl oral tablet 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	QL (1 tablet per 1 day)

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12/01/2019

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	PB	QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	PB	QL (8 caps per 1 day)
PHOSLO ORAL CAPSULE 667 MG (<i>calcium acetate (phos binder)</i>)	NP	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NP	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NP	PA; #; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.4 ML per 1 day)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; ST; NPL; SP
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NF	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	PSP	PA; ST; NPL; SP
RENVELA ORAL PACKET 0.8 GM (<i>sevelamer carbonate</i>)	NP	
RENVELA ORAL PACKET 2.4 GM (<i>sevelamer carbonate</i>)	PB	
RENVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NP	
<i>sulfasalazine oral tablet 500 mg</i>	PG	QL (8 tabs per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	QL (8 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine</i> (Sulfazine Oral Tablet 500 Mg)	PG	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NP	PA; ST; QL (1 tablet per 1 day)
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NP	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NP	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NP	#
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	QL (1 tab per 1 day)
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NP	ST; QL (1 capsule per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NP	QL (1 tab per 1 day)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	NP	PA; SP
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (<i>pot & sod cit-cit ac</i>)	PG	
<i>cytra-k oral solution 1100-334 mg/5ml</i>	PG	
<i>dutasteride oral capsule 0.5 mg</i>	PG	QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	PB	QL (90 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	PG	PA
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NP	

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JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NP	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	PB	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG (<i>cysteamine bitartrate</i>)	NPS	PA; ST; SP; QL (240 caps per 30 monthss)
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG (<i>cysteamine bitartrate</i>)	NPS	PA; ST; SP; QL (750 caps per 30 monthss)
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	PA; ST
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	PB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	LCG
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NPS	PA; SP
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPS	PA; SP
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	PG	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NP	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NP	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NP	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NP	QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Glycopeptides*** - Drugs For Infections		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (<i>vancomycin hcl</i>)	NP	
VANCOCIN HCL ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	
VANCOCIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>)	NP	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	
Gout Agents - Drugs For Pain And Fever		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	LCG
<i>colchicine oral capsule 0.6 mg</i>	PG	QL (2 tablets per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	NP	ST; QL (1 tablet per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPS	PA; ST; NPL; SP
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	QL (2 capsules per 1 day)
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NF	
Hematological Agents - Misc. - Drugs For The Blood		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-pfm</i>)	PSP	PA; NPL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	NPS	PA; NPL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 3000 UNIT, 750 UNIT	NPS	PA; NPL; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	NPS	PA; NPL; SP
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (<i>aspirin-dipyridamole</i>)	NP	
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NP	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPS	PA; NPL; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPS	PA; NPL; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NPS	PA; NPL; SP
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg</i>	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	PSP	PA; NPL; SP
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPS	PA; ST; NPL; SP; QL (1 vial per 1 month)
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tabs per 1 Day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPS	PA; ST; NPL; SP; QL (17 vials per 30 days)
<i>clopidogrel bisulfate oral tablet 300 mg</i>	PG	QL (1 tab per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PG	QL (1 tab per 1 day)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPS	PA; NPL
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPS	PA; NPL; SP
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NP	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NP	PA; QL (1 tab per 1 day)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihemophilic factor rfviiiifc</i>)	NPS	PA; NPL; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	PSP	PA; NPL; SP
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	PSP	PA; ST; NPL; SP; QL (16 kits per 1 month)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPS	PA; NPL; SP
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; NPL; SP; QL (6 syringes per 1 month)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPS	PA; NPL; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPS	PA; NPL; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor recomb peg-auct</i>)	NPS	PA; NPL; SP
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPS	PA; ST; NPL; SP; QL (12 vials per 1 month)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPS	PA; NPL
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA; NPL; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA; NPL; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; NPL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	PSP	PA; NPL; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; NPL; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA; NPL; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact (bdd-rfviii)</i>)	NPS	PA; NPL; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact (bdd-rfviii)</i>)	NPS	PA; NPL; SP
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL (1 tab per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	PA; QL (1 tablet per 1 day)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPS	PA; NPL; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>factor ix complex</i>)	NPS	PA; NPL
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPS	PA; NPL; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	NPS	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (antihemophilic factor (recomb))	NPS	PA; NPL; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	PSP	PA; NPL; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	NPS	PA; NPL; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	NPS	PA; NPL; SP; QL (8 vials per 1 month)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (coagulation factor xiii a-sub)	NPS	PA; NPL; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (von willebrand factor (recomb))	NPS	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (antihemophilic factor-vwf)	NPS	PA; NPL; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor rahf-paf)	NPS	PA; NPL; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophilic factor rahf-paf)	NPS	PA; NPL; SP
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (aspirin-omeprazole)	NF	
Hematopoietic Agents - Drugs For Nutrition		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	PSP	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA; NPL; SP
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; SP; QL (1 capsule per 2 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; NPL; SP
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	NPS	PA; SP; QL (3 /day for 5 days per 30 days)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NPS	PA; NPL; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NPS	PA; ST; NPL; SP
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	NPS	SP
<i>folic acid oral capsule 20 mg</i>	PG	
<i>folic acid oral tablet 1 mg</i>	CE	LCG; N2 (Not Covered)
<i>folic acid oral tablet 400 mcg</i>	PG	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PSP	PA; NPL; SP
<i>gnp folic acid oral tablet 400 mcg</i>	PG	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NPS	PA; ST; NPL; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NPS	PA; ST; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm folic acid oral tablet 400 mcg</i>	PG	
<i>kp folic acid oral tablet 800 mcg</i>	CE	N2 (Not Covered)
<i>miglustat oral capsule 100 mg</i>	PSP	PA; SP; QL (3 capsules per 1 day)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPS	PA; NPL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPS	PA; NPL; SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPS	PA; SP; QL (1 /day for 7 days per 30 days)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PSP	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NPS	PA; ST; NPL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NPS	PA; ST; NPL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NPS	PA; ST; NPL; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NPS	PA; ST; NPL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPS	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NPS	PA; ST; NPL; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (1 packet per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (1 tablet per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (1 tab per 1 day)
<i>px folic acid oral tablet 400 mcg</i>	PG	
<i>ra folic acid oral tablet 400 mcg</i>	PG	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA; NPL; SP
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	NP	PA
<i>sm folic acid oral tablet 400 mcg</i>	PG	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PSP	PA; NPL; SP
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPS	SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	PSP	PA; NPL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	PSP	PA; NPL
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPS	PA; SP; QL (3 capsules per 1 day)
Hemostatics - Drugs For The Blood		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMICAR ORAL TABLET 1000 MG, 500 MG (<i>aminocaproic acid</i>)	PB	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NP	QL (30 tabs per 1 fill)
<i>tranexamic acid oral tablet 650 mg</i>	NP	QL (30 tablets per 1 fill)
*Hepatitis C Agent - Combinations*** - Drugs For Infections		
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	PSP	PA; NPL; SP; QL (3 tablets per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritonavir-dasabuvir</i>)	NPS	PA; ST; NPL; SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NPS	PA; NPL; SP; QL (1 tablet per 1 day)
*Hereditary Orotic Aciduria Treatment - Agents** - Drugs That Alter Metabolism		
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	PSP	PA; SP; QL (4 packets per 1 day)
Hypnotics - Drugs For The Nervous System		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (1 tab per 1 day); AL (Min 18 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (2 tabs per 1 day); AL (Min 18 Years)
BUTISOL SODIUM ORAL TABLET 30 MG (<i>butabarbital sodium</i>)	NP	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NP	AL (Min 15 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	AL (Min 18 Years)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (1 tablet per 1 day); AL (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	AL (Min 15 Years)
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NP	AL (Min 18 Years)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPS	PA; SP
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	NF	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NP	ST; QL (1 tab per 1 day); AL (Min 18 Years)
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral solution 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>quazepam oral tablet 15 mg</i>	NP	AL (Min 15 Years)
<i>ramelteon oral tablet 8 mg</i>	NF	
RESTORIL ORAL CAPSULE 15 MG, 30 MG (<i>temazepam</i>)	NP	AL (Min 18 Years)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (1 cap per 1 day); AL (Min 18 Years)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	#

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 cap per 1 day); AL (Min 18 Years)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	AL (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (1 capsule per 1 day); AL (Min 18 Years)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (1 tablet per 1 day); AL (Min 18 Years and Max 999 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (2 tabs per 1 day); AL (Min 18 Years)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
*Hypophosphatasia (Hpp) Agents*** - Drugs For Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPS	PA; NPL; SP
*Ibs Agent - 5-Ht4 Receptor Partial Agonists*** - Drugs For The Stomach		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NF	
*Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For The Stomach		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA; QL (2 tablets per 1 day)
*Insulin-Incretin Mimetic Combinations*** - Hormones		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST; QL (5 pens per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST; QL (5 pens per 1 month)
*Integrin Receptor Antagonists*** - Drugs For The Stomach		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	PSP	PA; ST; NPL; SP
*Interleukin Antagonists*** - Drugs For The Stomach		
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	PSP	PA; ST; NPL; SP
*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For The Lungs		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	NF	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	NF	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NPS	PA; NPL; SP; QL (1 injection per 28 days)
*Interleukin-5 Antagonists (Igg4 Kappa)*** - Drugs For The Lungs		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	NPS	PA; NPL; SP
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxatives - Drugs For The Stomach		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N2 (NP); AL (Min 50 Years and Max 74 Years)
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	CE	N2 (NP); AL (Min 50 Years and Max 74 Years)
<i>gavilax oral packet</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C Oral Solution Reconstituted 240 Gm)	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	CE	N2 (NP); AL (Min 50 Years and Max 74 Years)
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	NP	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	NP	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml</i>	PG	LCG
<i>lactulose oral solution 20 gm/30ml</i>	PG	
MIRALAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
MIRALAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	#; N2 (NP); AL (Min 50 Years and Max 74 Years)
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	CE	N2 (NP); AL (Min 50 Years and Max 74 Years)
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	CE	#; N2 (NP); AL (Min 50 Years and Max 74 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg 3350 oral packet</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
<i>peg 3350 oral powder</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
<i>bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep Oral Kit 5-210 Mg-Gm)</i>	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (NP); AL (Min 50 Years and Max 74 Years)
<i>polyethylene glycol 3350 oral packet</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
<i>polyethylene glycol 3350 oral powder</i>	CE	N2 (Not Covered); AL (Min 50 Years and Max 74 Years)
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sod picosulfate-mag ox-cit acid</i>)	CE	#; N2 (NP); AL (Min 50 Years and Max 74 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	N2 (PB); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted 420 Gm)</i>	CE	N2 (PG); AL (Min 50 Years and Max 74 Years)
*Leptin Analogues*** - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	PSP	PA; NPL; SP; QL (15 vials per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Lhrh/Gnrh Agonist Analog Combinations*** - Hormones		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPS	PA; SP
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** - Drugs For The Eye		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
*Lysosomal Acid Lipase (Lal) Deficiency - Agents*** - Drugs For Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	PSP	PA; NPL; SP
Macrolides - Drugs For Infections		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	NP	QL (20 tabs per 1 fill)
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	NP	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NP	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<i>erythromycin stearate oral tablet 250 mg</i>	PG	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NP	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NP	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (<i>azithromycin</i>)	NP	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NP	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NP	
Medical Devices - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	NP	
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	NP	
ACCU-CHEK SOFT TOUCH LANCETS (<i>lancets</i>)	NP	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	NP	
<i>alcohol swabs pad</i>	PG	
ASSURE LANCETS (<i>lancets</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	NP	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	NP	
BD MICROTAINER LANCETS (<i>lancets</i>)	NP	
BD PEN (<i>injection device for insulin</i>)	PB	
BD PEN MINI (<i>injection device for insulin</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
<i>bullseye mini safety lancets</i>	NP	
BULLSEYE SAFETY LANCETS (<i>lancets</i>)	NP	
COAGUCHEK LANCETS (<i>lancets</i>)	NP	
<i>comfort assured lancets 28g</i>	NP	
<i>comfort assured lancets 33g</i>	NP	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 26G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NP	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	NP	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	NP	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (NP)
FINGERSTIX LANCETS (<i>lancets</i>)	NP	
FREESTYLE LANCETS (<i>lancets</i>)	NP	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	NP	
<i>glucose control in vitro solution</i>	NP	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	PG	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	PG	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	PG	
<i>lancets</i>	PG	
<i>lancets super thin 28g</i>	NP	
LANCETS ULTRA THIN (<i>lancets</i>)	NP	
<i>lancets ultra thin 30g</i>	NP	
LIFESCAN UNISTIK 2 (<i>lancets</i>)	NP	
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	NP	
<i>lite touch lancets</i>	NP	
LITETOUCH LANCETS (<i>lancets</i>)	NP	
MICROLET LANCETS (<i>lancets</i>)	NP	
MICROTAINER SAFETY FLOW LANCET (<i>lancets</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	NP	
ONETOUCH COMBO PACK (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCETS FINE (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NP	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	NP	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	NP	
<i>pen needles 1/2" 29g x 12mm</i>	PG	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	PG	
<i>pen needles 3/16" 31g x 5 mm</i>	PG	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	PG	
SAFETY LET LANCETS (<i>lancets</i>)	NP	
<i>sapsicare twist top lancets</i>	NP	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NP	
<i>super thin lancets</i>	NP	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	NP	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	NP	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	NP	
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 1 year)
*Melanocortin Receptor Agonists*** - Drugs For The Nervous System		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
Migraine Products - Drugs For The Nervous System		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NP	QL (9 tablets per 30 days)
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine-caffeine</i>)	NP	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium</i>)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NP	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NP	ST; QL (8 ml per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (6 tablets per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NP	ST; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NP	QL (6 sprays per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NP	QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL (10 cart/30 days per 48 max in 365 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL (10 cart/30 days per 48 max in 365 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL (10 vials/30 days per 48 max in 365 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NP	QL (12 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NP	QL (12 tablets per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NP	ST; QL (1 kit per 30 days)
RELPAZ ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NP	ST; QL (6 tablets per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	PG	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 cart/30 day per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 cart/30 day per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (8 syringes/1 month per 48 max in 365 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL (6 tablets per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL (6 tablets per 30 days)
Minerals & Electrolytes - Drugs For Nutrition		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	PB	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (PB); AL (Min 6 Months and Max 16 Years)
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (PG); AL (Min 6 Months and Max 16 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (NP); AL (Min 6 Months and Max 16 Years)
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	NP	
<i>iodine strong oral solution 5 %</i>	PG	
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	PG	
<i>potassium chloride (Klor-Con Oral Packet 20 Meq)</i>	NP	QL (5 packs per 1 day)
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	PB	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	NP	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	NP	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	PG	LCG
<i>potassium chloride er oral capsule extended release 10 meq</i>	PG	LCG
<i>potassium chloride er oral capsule extended release 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 8 meq</i>	PG	LCG
<i>potassium chloride oral packet 20 meq</i>	NP	QL (5 packs per 1 day)
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (PG); AL (Min 6 Months and Max 16 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (PG); AL (Min 6 Months and Max 16 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (PG); AL (Min 6 Months and Max 16 Years)
*Mixed Allergenic Extracts*** - Biological Agents		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
ORALAIR ADULT SAMPLE KIT SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
ORALAIR CHILDRENS SAMPLE KIT SUBLINGUAL THERAPY PACK 3 X 100 IR & 6 X 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST; QL (1 tablet per 1 day)
*Monobactams*** - Drugs For Infections		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPS	SP; QL (84 mls per 56 days)
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream 1.1 %)	CE	N2 (Not Covered); AL (Min 6 Months and Max 16 Years)
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NP	QL (3 capsules per 1 day)
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML (<i>sodium fluoride-phosphoric acid</i>)	CE	N2 (Not Covered); AL (Min 6 Months and Max 16 Years)
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 % (<i>sodium fluoride</i>)	CE	N2 (Not Covered); AL (Min 6 Months and Max 16 Years)
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 % (<i>sodium fluoride</i>)	CE	N2 (Not Covered); AL (Min 6 Months and Max 16 Years)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 tabs per 1 fill)
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution 0.12 %)	PG	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	CE	N2 (Not Covered); AL (Min 6 Months and Max 16 Years)
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NP	
<i>sf 5000 plus dental cream 1.1 %</i>	CE	N2 (Not Covered); AL (Min 6 Months and Max 16 Years)
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
*Mucopolysaccharidosis Iv (Mps Iv) - Agents*** - Drugs For Metabolic Disease		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	PSP	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Multiple Sclerosis Agents - Antimetabolites*** - Drugs For The Nervous System		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*** - Drugs For Nutrition		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NP	
Multivitamins - Drugs For Nutrition		
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (<i>prenatal mv & min w/fa-dha</i>)	PG	Select OTC
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG (<i>prenatal w/o a vit-fe cbn-fa</i>)	PG	Select OTC
<i>azesco oral tablet 13-1 mg</i>	NF	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	PG	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NP	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	NF	
CITRANATAL DHA ORAL 27-1 & 250 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NP	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	NP	
CORVITA ORAL TABLET 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	PG	
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	PG	Select OTC
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLET ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methyl-dss-dha w/o a</i>)	NF	
<i>multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg</i>	NP	
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
MYNATAL ORAL TABLET 90-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>mynatal plus oral tablet</i>	PG	
<i>mynatal-z oral tablet</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NF	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (<i>prenat w/o a-fe fum-fa-omega 3</i>)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NP	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NP	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (<i>prenat-fefum-doc-fa-dha w/o a</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NP	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
OCUVEL ORAL CAPSULE 0.5 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NP	
POLY-VI-FLOR FS ORAL STRIP 1 MG (<i>pediatric multivitamins-fl</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	PB	
<i>pregenna oral tablet 20-1 mg</i>	NF	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	PG	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	PG	Select OTC
PRENATAL + DHA ORAL THERAPY PACK 27-1 & 250 MG (<i>prenatal-fefum-fa-dha wlo a</i>)	NF	
<i>prenatal adult gummy/dhalfa oral tablet chewable 0.4-25 mg</i>	PG	Select OTC
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	PG	Select OTC
<i>prenatal plus iron oral tablet 29-1 mg</i>	NP	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha wlo a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha wlo a</i>)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha wlo a</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NP	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	NP	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NP	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SYNAGEX ORAL CAPSULE 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
SYNATEK ORAL CAPSULE 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NP	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (<i>prenatal-fefum-fa-dha wlo a</i>)	PG	Select OTC
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	NP	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
<i>trinaz oral tablet 12-1 mg</i>	NF	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat wlo a-febn-meth-fa-dha</i>)	NF	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	NP	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-ferum-methf-omegas</i>)	NP	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NP	
VITAFOL FE+ ORAL CAPSULE THERAPY PACK 90-1-200 & 50 MG (<i>prenat-fepoly-metf-fa-dha-dss</i>)	NP	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NP	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa wlo a</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha wloa</i>)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (<i>prenat-fechel-fa-dha wlo vit a</i>)	NP	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NP	
<i>vol-tab rx oral tablet 29-1 mg</i>	NP	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (<i>prenat w/o a-fe-methf-fa-omega</i>)	NP	
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral tablet 10 mg</i>	PG	LCG
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	NP	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NP	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	LCG
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	PG	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA; NPL; SP
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NPS	PA; ST; NPL; SP
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NPS	PA; ST; NPL; SP
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	NF	
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	PSP	PA; NPL; SP
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	PSP	PA; NPL; SP
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NP	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NF	
SOMA ORAL TABLET 250 MG (<i>carisoprodol</i>)	NF	
SOMA ORAL TABLET 350 MG (<i>carisoprodol</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan</i>)	NPS	PA; ST; NPL; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan</i>)	NPS	PA; ST; NPL; SP
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NF	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	NF	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NP	
Nasal Agents - Systemic And Topical - Drugs For The Nose		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	PB	
ASTEPRO NASAL SOLUTION 0.15 % (<i>azelastine hcl</i>)	NP	
<i>azelastine hcl nasal solution 0.1 %</i>	PG	
<i>azelastine hcl nasal solution 0.15 %</i>	NP	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NP	ST
<i>budesonide nasal suspension 32 mcg/act</i>	PG	Select OTC
<i>cvs budesonide nasal suspension 32 mcg/act</i>	PG	Select OTC
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	PB	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	Select OTC
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	PG	Select OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	PG	
NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	PG	Select OTC; QL (1 bottle per 1 month)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	PG	Select OTC; QL (1 bottle per 1 month)
<i>nasal allergy 24 hour nasal aerosol 55 mcg/lact</i>	PG	Select OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	NP	ST
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NP	ST; #
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NP	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NP	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NP	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (<i>budesonide</i>)	PG	Select OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	PG	Select OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NF	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NP	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For The Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	PA; QL (2 tablets per 1 day)
*Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For The Heart		
NORTHERA ORAL CAPSULE 100 MG, 200 MG (<i>droxidopa</i>)	NPS	PA; ST; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 300 MG (<i>droxidopa</i>)	NPS	PA; ST; SP; QL (6 capsules per 1 day)
Neuromuscular Agents - Drugs For Nerves And Muscles		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	PSP	PA; ST; NPL; SP
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	NPS	PA; NPL; SP
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NP	PA
<i>riluzole oral tablet 50 mg</i>	PG	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NP	PA; QL (20 ml per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	NPS	PA; NPL; SP
Nutrients - Drugs For Nutrition		
<i>glucose oral liquid</i>	NP	
Ophthalmic Agents - Drugs For The Eye		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NP	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NP	
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ALAWAY OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
<i>allergy eye drops ophthalmic solution 0.025 %</i>	PG	Select OTC
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NP	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NP	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	NP	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
<i>atropine sulfate ophthalmic ointment 1 %</i>	PG	
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NP	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	PB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NP	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NP	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NP	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NP	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NP	PA; ST
BLEPH-10 OPHTHALMIC SOLUTION 10 % (<i>sulfacetamide sodium</i>)	NP	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NP	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NP	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	PG	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NP	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NP	ST
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NP	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (<i>ciprofloxacin hcl</i>)	NP	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	PB	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NP	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	NP	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	NP	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	PG	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPS	PA; #; SP; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	PB	#
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	
<i>eye itch relief ophthalmic solution 0.025 %</i>	PG	Select OTC
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NPS	PA; NPL; SP
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NP	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	NP	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	PB	
gatifloxacin ophthalmic solution 0.5 %	NP	
GENTAK OPHTHALMIC OINTMENT 0.3 % (gentamicin sulfate)	NP	
gentamicin sulfate ophthalmic solution 0.3 %	PG	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	NP	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	NP	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	NP	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (pilocarpine hcl)	NP	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	NP	
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML (ocriplasmin)	NPS	PA; SP
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	NP	
ketotifen fumarate ophthalmic solution 0.025 %	PG	Select OTC
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	NP	
LASTACFT OPHTHALMIC SOLUTION 0.25 % (alcaftadine)	NP	
latanoprost ophthalmic solution 0.005 %	PG	
levobunolol hcl ophthalmic solution 0.5 %	PG	
levofloxacin ophthalmic solution 0.5 %	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	PB	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	PB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	PB	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NPS	PA; NPL; SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NP	PA; ST
MACUGEN INTRAOCULAR SOLUTION 0.3 MG (<i>pegaptanib sodium</i>)	NPS	PA; NPL; SP
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NP	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NP	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NP	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NP	#
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NP	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NP	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NP	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NP	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NP	
PAZEO OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	NP	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NP	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NP	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NP	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NP	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	#
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	NP	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic suspension 10-0.2 %</i>	PB	
<i>tetracaine hcl</i> (Tetravisc Ophthalmic Solution 0.5 %)	PG	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NP	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NP	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 % (<i>timolol maleate</i>)	NP	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NP	
TOBREX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NP	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	PB	#
<i>trifluridine ophthalmic solution 1 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	NP	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NP	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NP	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPS	PA; #; SP
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NP	PA; ST
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NP	PA; ST
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NP	PA; ST
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	NP	PA; ST
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NP	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NP	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Ophthalmic Kinase Inhibitors - Combinations*** - Drugs For The Eye		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	NP	ST
*Ophthalmic Nerve Growth Factors*** - Drugs For The Eye		
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	NPS	PA; SP; QL (2 mls per 1 day and 112 mls per lifetime)
*Ophthalmic Rho Kinase Inhibitors*** - Drugs For The Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	NP	ST
*Orexin Receptor Antagonists*** - Drugs For The Nervous System		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	NP	ST; QL (1 tablet per 1 day); AL (Min 18 Years)
Otic Agents - Drugs For The Ear		
hydrocortisone-acetic acid (Acetasol Hc Otic Solution 2-1 %)	PG	
acetic acid otic solution 2 %	PG	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	NP	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	NP	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	PB	#
ciprofloxacin hcl otic solution 0.2 %	NP	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	NP	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	NP	
FLOXIN OTIC OTIC SOLUTION 0.3 % (ofloxacin)	NP	
fluocinolone acetonide otic oil 0.01 %	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NP	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NP	
*Oxaborole-Related Antifungals - Topical*** - Drugs For The Skin		
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NP	PA; ST
Oxytocics - Hormones		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NP	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	NP	
*Pa Endonuclease Inhibitors*** - Drugs For Infections		
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 365 days)
*Passive Immunizing Agents - Combinations*** - Biological Agents		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NPS	PA; ST; NPL; SP
Passive Immunizing Agents - Biological Agents		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NF	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NF	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	PSP	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NPS	SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL; SP
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	PSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	NPS	SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	NPS	SP
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (<i>rabies immune globulin</i>)	NPS	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	NPS	SP
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML (<i>tetanus immune globulin</i>)	PSP	SP
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (<i>rabies immune globulin</i>)	PSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPS	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPS	SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	NPS	SP

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OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NPS	PA; ST; NPL; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; ST; NPL; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPS	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	PSP	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	PSP	PA; NPL; SP
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPS	SP
*Pcsk9 Inhibitors*** - Drugs For The Heart		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	PA; ST; QL (2 syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	PSP	PA; ST; NPL; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PSP	PA; ST; NPL; QL (2 injections per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	PA; ST; NPL; QL (2 injections per 28 days)
*Pediatric Multiple Vitamins W/Fluoride-Iron-Zinc*** - Drugs For Nutrition		
TEXAVITE LQ ORAL LIQUID 0.25-7-3 MG/ML (<i>ped multivitamins-fl-iron-zinc</i>)	NP	
Penicillins - Drugs For Infections		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	LCG
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	LCG
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	PB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NP	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	NP	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml</i>	PG	LCG
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg</i>	PG	LCG
<i>penicillin v potassium oral tablet 500 mg</i>	PG	
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NF	
*Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Pain And Fever		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; ST; NPL; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; ST; NPL; SP; QL (1 pack per 1 year)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NPS	PA; NPL; SP; QL (2 vials per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** - Drugs For The Nervous System		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (3 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 pack per 1 fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	QL (3 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	QL (2 tablets per 1 day)
*Potassium Removing Agents*** - Drugs For Nutrition		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NP	PA; ST
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	PG	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NP	PA; ST; QL (1 packet per 1 day)
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron*** - Drugs For Nutrition		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	PG	Select OTC
*Prenatal Mv & Minerals W/Fa Without Iron*** - Drugs For Nutrition		
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (<i>prenatal mv & min w/fa-dha</i>)	PG	Select OTC
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	PG	Select OTC
<i>prenatal adult gummy/dha/fa oral tablet chewable 0.4-25 mg</i>	PG	Select OTC
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	PG	Select OTC
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progestins - Hormones		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NP	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; NPL; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NF	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPS	PA; ST; NPL; SP; QL (21 syringes per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LCG
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	PG	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone micronized</i>)	NP	QL (2 capsules per 1 day)
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NP	
*Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NP	PA; QL (1 tab per 1 day)
Psychotherapeutic And Neurological Agents - Misc. - Drugs For The Nervous System		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	QL (6 tabs per 1 day)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NF	
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NP	
ARICEPT ORAL TABLET 10 MG, 5 MG (<i>donepezil hcl</i>)	NP	PA; AL (Min 40 Years)
ARICEPT ORAL TABLET 23 MG (<i>donepezil hcl</i>)	NP	PA; AL (Min 40 Years and Max 999 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NPS	PA; ST; SP; QL (4 tablets per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; NPL; SP; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (PG); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
<i>donepezil hcl oral tablet 10 mg</i>	PG	PA; AL (Min 40 Years)
<i>donepezil hcl oral tablet 23 mg</i>	NP	PA; AL (Min 40 Years and Max 999 Years)
<i>donepezil hcl oral tablet 5 mg</i>	PG	PA; AL (Min 40 Years and Max 999 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	PA; AL (Min 40 Years)
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NP	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NPS	PA; ST; NPL; SP; QL (1 kit per 1 month)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	PA; AL (Min 39 Years)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	PA; AL (Min 39 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	PA; AL (Min 39 Years)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	PSP	PA; NPL; #; SP; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (<i>gabapentin enacarbil</i>)	NP	PA; ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (<i>gabapentin enacarbil</i>)	NP	PA; ST; QL (1 tablet per 2 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	NPS	PA; SP; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NPS	PA; SP; QL (1 capsule per 1 day)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	PSP	PA; NPL; SP; QL (6 ml (5 vials) per 365 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	QL (3 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	QL (2 tablets per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod fumarate</i>)	NF	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	NF	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA; AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	PG	PA; AL (Min 40 Years)
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NP	PA
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NF	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	NF	#
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	PA; QL (2 capsules per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	QL (1 tablet per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NP	PA; QL (1 capsule per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>	PG	
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NP	AL (Min 40 Years and Max 999 Years)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NP	PA; AL (Min 40 Years)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA

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SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NP	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST; QL (2 tabs per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST; QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	QL (1 cap per 1 day)
SYMBYAX ORAL CAPSULE 3-25 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; #; SP; QL (2 caps per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; #; SP; QL (2 caps per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; SP; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; SP; QL (4 tablets per 1 day)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	NPS	PA; ST; NPL; SP; QL (1 vial per 1 month)
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	NPS	PA; ST; SP; QL (8 tablets per 1 day)
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	NPS	PA; ST; SP; QL (4 tablets per 1 day)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPS	PA; SP
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For Cancer		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NPS	PA; SP; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Pulmonary Fibrosis Agents*** - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NPS	PA; SP; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	NPS	PA; SP; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	NPS	PA; SP; QL (3 tablets per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For The Heart		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	NPS	PA; NPL; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	NPS	PA; NPL; SP
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	NPS	PA; NPL; SP
Respiratory Agents - Misc. - Drugs For The Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPS	PA; SP; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPS	PA; SP; QL (2 tablets per 1 day)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	PSP	PA; SP; QL (2 ampules per 1 day)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
*Sclerostin Inhibitors*** - Hormones		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
*Serotonin Modulators*** - Drugs For The Nervous System		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	LCG
<i>trazodone hcl oral tablet 300 mg</i>	PG	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NP	PA; ST; QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NP	ST; #; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NP	#
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Hormones		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; #; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
*Sinus Node Inhibitors** - Drugs For The Heart		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Hormones		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
*Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NPS	PA; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	NP	
Tetracyclines - Drugs For Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NF	
<i>avidoxy oral tablet 100 mg</i>	NF	
<i>minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)</i>	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NF	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	NP	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NP	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NF	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
MORGIDOX COMBINATION KIT 1 X 100 MG, 1 X 50 MG, 2 X 100 MG (<i>doxycycline hyclate-cleanser</i>)	NF	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg)</i>	PG	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NF	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NP	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NP	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
Thyroid Agents - Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	PG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	LCG
<i>levothyroxine sodium oral tablet 300 mcg</i>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	NP	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NP	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NP	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NP	#

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NP	#
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NP	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 32.5 MG, 65 MG (<i>thyroid</i>)	NP	
*Transthyretin Stabilizers*** - Hormones		
VYND AQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
*Tryptophan Hydroxylase Inhibitors*** - Drugs For The Stomach		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPS	PA; SP; QL (3 tablets per 1 day)
Ulcer Drugs - Drugs For The Stomach		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>rabeprazole sodium</i>)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	NF	#
<i>amoxicill-clarithro-lansopraz oral</i>	PG	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NP	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NP	#
<i>cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NP	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NF	#
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	LCG
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	LCG
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>famotidine oral tablet 10 mg</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	LCG
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
<i>heartburn treatment 24 hour oral capsule delayed release 15 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	Select OTC; QL (1 tablet per 1 day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NP	PA; ST; #; QL (1 packet per day, 90 day supply per 365 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	NP	
<i>omeprazole-sodium bicarbonate</i> (Omeppi Oral Capsule 40-1100 Mg)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	Select OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	NP	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	PG	Select OTC
<i>propantheline bromide oral tablet 15 mg</i>	PG	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NP	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	PA; ST; N2 (PG); QL (1 capsule per day, 90 day supply per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	PG	
<i>ranitidine hcl oral tablet 300 mg</i>	PG	LCG
<i>sucralfate oral suspension 1 gm/10ml</i>	PG	
<i>sucralfate oral tablet 1 gm</i>	PG	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
Urinary Anti-Infectives - Drugs For The Urinary System		
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NP	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	NP	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	
Urinary Antispasmodics - Drugs For The Urinary System		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NP	ST; QL (1 cap per 1 day)
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NP	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>oxybutynin chloride</i>)	NP	ST; QL (2 tabs per 1 day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>oxybutynin chloride</i>)	NP	ST; QL (1 tabs per 1 day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NP	ST; QL (1 tablet per 1 day)
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NP	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NP	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	LCG; QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	PG	#; Select OTC; QL (8 patches per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	NP	QL (1 cap per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NP	ST; #; QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	QL (1 cap per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	PG	QL (2 tabs per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NP	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
Vaginal Products - Drugs For Women		
AVC VAGINAL VAGINAL CREAM 15 % (<i>sulfanilamide</i>)	NP	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NP	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NP	
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NP	
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	NP	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NP	#
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	NP	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NP	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NP	#; QL (1 ring per 90 days)
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NP	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NP	ST
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NP	ST
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NP	QL (1 insert per 1 day)
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NP	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
TERAZOL 7 VAGINAL CREAM 0.4 % (<i>terconazole</i>)	NP	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NP	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	PG	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
<i>estradiol (Yuvaferm Vaginal Tablet 10 Mcg)</i>	NP	
Vasopressors - Drugs For The Heart		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 injections per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	SP
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML (<i>epinephrine</i>)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 syringes per 30 days)
Vitamins - Drugs For Nutrition		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	NP	
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NP	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	NP	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 tablets per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	

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