

Plan for your best health

Standard Opt Out Plan - Aetna

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2020 Pharmacy Drug Guide Standard Opt Out Plan - Aetna

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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.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty 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's 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. Typically, 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.

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

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 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.

* Check your plan documents for coverage information. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation.

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 you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

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: 1-866-329-2779**
 - 3. Phone: 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 by 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 hard of hearing, 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.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

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 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 prerequisite drug first, you may need to pay full cost for the step-therapy drug.

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 or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

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.

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet*.
- Call the Aetna Pharmacy Precertification Unit: Non-Specialty **1-800-294-5979** or Specialty **1-866-814-5506**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) are utilized to approve safe and clinically effective drug therapies.

The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee’s voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.

Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it 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 generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the “What are generic drugs?” section above for more information.

Commercial 1557 Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, 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 a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also 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).

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowól doo bááh ílínígóó naaltsos bee atah nííígo nanitinígíí bee néého'dólzínígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية.

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնուրույան (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M dyi wuɖu-dù kà kò dò bě dyi móuń nì pídyi ní, nìí, dǎ nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

یۆ دەسپێز اگەشتن بە خزمەتگوزاری زمان بەی تێچوون یۆ تو، پەییوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke ɔɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

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.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

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 Pharmacy Drug Guide (formulary) 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.

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. 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 or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change.

The quantity limits and step therapy drug coverage review programs are not available in all service areas. 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 Guide (formulary), 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, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

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 prescriber 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. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

Coverage Requirements and Limits

AL = Age Limit

IBC = Indication Based Coverage

LGC = Lowest Generic Copay

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

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.

SPC = Select Plan Coverage: Only

available for select plans. Refer

to member plan documents for

coverage.

ST = Step Therapy

STX = Safer and/or more effective

treatments are available

Drug Tier

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.

G = Generic

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

NPB = Non-Preferred Brands

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PSP = Preferred Specialty

lowercase italics = Generic drugs

UPPERCASE = Brand name

drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (90 TABLETS per 25 DAYs)
ADDERALL ORAL TABLET 15 MG, 20 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (60 TABLETS per 25 DAYs)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (30 TABLETS per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG <i>(methylphenidate hcl)</i>	NPB	QL (60 CAPSULES per 25 DAYs)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 55 MG, 70 MG, 85 MG <i>(methylphenidate hcl)</i>	NPB	QL (30 CAPSULES per 25 DAYs)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML <i>(amphetamine)</i>	NPB	QL (450 ML per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG <i>(amphetamine)</i>	NPB	QL (30 TABLETS per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG <i>(amphetamine)</i>	NPB	QL (60 TABLETS per 25 DAYs)
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	G	QL (450 ML per 25 DAYs)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	STX; QL (120 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	G	N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	G	QL (30 TABLETS per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG <i>(methylphenidate hcl)</i>	NPB	QL (60 CAPSULES per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG <i>(methylphenidate hcl)</i>	NPB	QL (30 CAPSULES per 25 DAYs)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	G	QL (120 CAPSULES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 40 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	G	SPC
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NPB	N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	NPB	N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 DAYS)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NPB	SPC
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NPB	QL (60 TABLETS per 25 DAYS)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	QL (30 PATCHES per 25 DAYS)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NPB	QL (150 TABLETS per 25 DAYS)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NPB	QL (120 CAPSULES per 25 DAYS)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	NPB	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	G	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	G	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (120 CAPSULES per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	G	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYS)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	G	SPC
<i>diethylpropion hcl oral tablet 25 mg</i>	G	SPC
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NPB	QL (240 ML per 25 DAYS)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	QL (120 TABLETS per 25 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG (<i>amphetamine sulfate</i>)	NPB	QL (60 TABLETS per 25 days)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	STX; QL (120 TABLETS per 25 DAYS)
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (60 TABLETS per 25 DAYS)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (120 TABLETS per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYS)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYS)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	G	QL (90 TABLETS per 25 DAYS)
<i>methamphetamine hcl oral tablet 5 mg</i>	G	STX; QL (150 TABLETS per 25 DAYS)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (900 ML per 25 DAYS)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (1800 ML per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	G	N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	G	QL (30 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	G	N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	G	QL (30 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (900 ML per 25 DAYs)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	G	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet 20 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG (<i>amphetamine-dextroamphetamine</i>)	PB	QL (60 CAPSULES per 25 DAYs)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	PB	QL (30 CAPSULES per 25 DAYs)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	G	SPC
<i>phendimetrazine tartrate oral tablet 35 mg</i>	G	SPC
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	G	SPC
<i>phentermine hcl oral tablet 37.5 mg</i>	G	SPC
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5MI)	G	QL (1200 ML per 25 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 TABLETS per 25 DAYs)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 TABLETS per 25 DAYs)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (360 ML per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 TABLETS per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NPB	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NPB	QL (90 TABLETS per 25 DAYs)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	PB	SPC
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (<i>atomoxetine hcl</i>)	NPB	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYS)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (60 CAPSULES per 25 DAYS)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (30 CAPSULES per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (60 TABLETS per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (30 TABLETS per 25 DAYS)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NF	
ZENZEDI ORAL TABLET 15 MG, 20 MG (<i>dextroamphetamine sulfate</i>)	G	QL (60 TABLETS per 25 DAYS)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	G	QL (120 TABLETS per 25 DAYS)
ZENZEDI ORAL TABLET 30 MG (<i>dextroamphetamine sulfate</i>)	G	QL (30 TABLETS per 25 DAYS)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PSP	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	PSP	PA; QL (224 ML per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPSP	PA; QL (280 ML per 28 days)
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 DAYs)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	PB	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	PB	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	PB	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 CARTRIDGES per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (3 INJECTIONS per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (6 PENS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 KIT per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 PENS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
<i>ibuprofen</i> (Ibu Oral Tablet 600 Mg)	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NF	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	STX
<i>ketoprofen er capsule extended release 24 hour 200 mg oral 200 mg</i>	G	
<i>ketoprofen er capsule extended release 24 hour 200 mg oral 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 TABLETS per 25 DAYs)
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	

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MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	PB	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (<i>naproxen sodium</i>)	NF	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<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>	G	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG (<i>baricitinib</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
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>)	NF	

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<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
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>)	PSP	PA; QL (4 ML per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; ST; QL (200 MG per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
<i>tolmetin sodium oral capsule 400 mg</i>	G	
<i>tolmetin sodium oral tablet 600 mg</i>	G	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)

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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>)	NPB	QL (96 TABLETS per 25 DAYs)
<i>aspirin 81 oral tablet delayed release 81 mg</i>	CE	N7 (G); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (G); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NF	
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	G	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	G	QL (96 TABLETS per 25 DAYs)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	QL (48 TABLETS per 25 DAYs)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	QL (48 TABLETS per 25 DAYs)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	NPB	QL (48 TABLETS per 25 DAYs)
<i>diflunisal oral tablet 500 mg</i>	G	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	PB	QL (48 TABLETS per 25 DAYs)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	QL (48 CAPSULES per 25 DAYs)
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NPB	QL (48 CAPSULES per 25 days)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	

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<i>butalbital-apap-caffeine</i> (Vanatol Lq Oral Solution 50-325-40 Mg/15MI)	G	QL (720 ML per 25 days)
<i>butalbital-apap-caffeine</i> (Vtol Lq Oral Solution 50-325-40 Mg/15MI)	G	QL (720 ML per 25 DAYs)
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
<i>acetaminophen-codeine</i> #2 oral tablet 300-15 mg	G	QL (400 TABLETS per 25 days)
<i>acetaminophen-codeine</i> #3 oral tablet 300-30 mg	G	QL (360 TABLETS per 25 days)
<i>acetaminophen-codeine</i> #4 oral tablet 300-60 mg	G	QL (180 TABLETS per 25 days)
<i>acetaminophen-codeine</i> oral solution 120-12 mg/5ml	G	QL (2700 ML per 25 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NPB	STX; QL (168 TABLETS per 25 days)
<i>apap-caff-dihydrocodeine</i> oral capsule 320.5-30-16 mg	G	QL (300 CAPSULES per 25 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG (<i>morphine sulfate</i>)	NPB	ST; QL (90 TABLETS per 25 DAYs)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG (<i>morphine sulfate</i>)	NPB	ST
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	ST
<i>benzhydrocodone-acetaminophen</i> oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	G	STX; QL (168 TABLETS per 25 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 FILMS per 25 DAYs)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (60 FILMS per 25 DAYs)
<i>buprenorphine hcl</i> sublingual tablet sublingual 2 mg, 8 mg	CE	N7 (G); QL (90 TABLETS per 25 DAYs)

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<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	G	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (G); QL (90 TABLETS per 25 DAYS)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	ST; QL (4 PATCHES per 25 DAYS)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	G	ST
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	QL (2 BOTTLES per 25 DAYS)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NPB	ST; QL (4 PATCH WEEKLY per 25 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>)	NPB	ST
<i>codeine sulfate oral tablet 30 mg</i>	G	QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NPB	QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NPB	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	ST
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NPB	QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NPB	QL (150 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NPB	QL (60 TABLETS per 25 days)
DOLOPHINE ORAL TABLET 10 MG (<i>methadone hcl</i>)	NPB	ST; QL (60 TABLETS per 25 DAYS)

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DOLOPHINE ORAL TABLET 5 MG (<i>methadone hcl</i>)	NPB	ST; QL (90 TABLETS per 25 DAYs)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NPB	ST
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NPB	ST; QL (10 PATCHES per 25 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NPB	ST; QL (10 PATCHES per 25 DAYs)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NPB	ST
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NPB	ST
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 TABLETS per 25 DAYs)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	G	ST; QL (10 PATCHES per 25 DAYs)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; QL (120 TABLETS per 25 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NPB	QL (48 CAPSULES per 25 DAYs)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NPB	QL (48 CAPSULES per 25 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	G	ST; QL (60 capsules per 25 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	G	ST
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	NPB	QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	G	QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	G	QL (180 TABLETS per 25 DAYs)

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<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	G	QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	G	QL (240 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	G	QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	G	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	QL (600 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	G	QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	QL (150 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	G	QL (60 TABLETS per 25 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	NPB	QL (120 SUPPOSITORY per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG (<i>hydrocodone bitartrate</i>)	PB	ST
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	PB	ST; QL (30 TABLETS per 25 DAYS)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 40 MG (<i>morphine sulfate</i>)	NPB	ST; QL (60 CAPSULES per 25 DAYS)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG (<i>morphine sulfate</i>)	NPB	ST
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG (<i>morphine sulfate</i>)	NPB	ST; QL (60 CAPSULES per 25 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG (<i>morphine sulfate</i>)	NPB	ST; QL (30 CAPSULES per 25 DAYS)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG (<i>morphine sulfate</i>)	NPB	ST; QL (30 CAPSULES per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NPB	QL (2025 ML per 25 days)
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	QL (90 ML per 25 days)
<i>meperidine hcl oral tablet 50 mg</i>	G	QL (18 TABLETS per 25 days)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	ST; QL (60 ML per 25 DAYs)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	QL (30 ML per 25 DAYs)
<i>methadone hcl oral solution 10 mg/5ml</i>	G	ST; QL (300 ML per 25 DAYs)
<i>methadone hcl oral solution 5 mg/5ml</i>	G	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet 5 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble 40 mg</i>	G	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	QL (30 ML per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	G	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	G	ST; QL (60 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	G	ST
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)

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<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	G	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	G	ST; QL (90 TABLETS per 25 DAYS)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	QL (675 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	G	QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	G	QL (90 TABLETS per 25 days)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	QL (180 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 20 mg</i>	G	QL (120 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 30 mg</i>	G	QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NPB	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NPB	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet oral tablet 2.5-300 mg</i>	G	QL (360 TABLETS per 25 days)
NORCO ORAL TABLET 10-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NPB	QL (180 TABLETS per 25 days)
NORCO ORAL TABLET 5-325 MG (<i>hydrocodone-acetaminophen</i>)	NPB	QL (240 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	PB	ST
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	PB	QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	PB	QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	PB	QL (90 TABLETS per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPANA ORAL TABLET 10 MG (<i>oxymorphone hcl</i>)	NPB	QL (90 TABLETS per 25 days)
OXAYDO ORAL TABLET 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	NPB	QL (180 TABLETS per 25 Days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg</i>	G	ST
<i>oxycodone hcl oral capsule 5 mg</i>	G	QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	G	QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	G	QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	G	QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	QL (180 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	G	QL (360 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	QL (240 TABLETS per 25 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	QL (360 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG (<i>oxycodone hcl</i>)	PB	ST; QL (60 TABLETS per 25 DAYs)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	PB	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	G	ST; QL (60 TABLETS per 25 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	G	ST
<i>oxymorphone hcl oral tablet 10 mg</i>	G	QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	QL (180 TABLETS per 25 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	STX; QL (120 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	QL (360 TABLETS per 25 days)
PERCOCET ORAL TABLET 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	QL (240 TABLETS per 25 days)
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE 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>)	NPB	QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NPB	QL (60 TABLETS per 25 days)
ROXICODONE ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NPB	QL (180 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	QL (60 FILMS per 25 DAYS)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	QL (90 FILM per 25 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	PB	PA; QL (120 LIQUID per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG (<i>fentanyl</i>)	PB	PA; QL (240 LIQUID per 25 days)

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<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 DAYs)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	G	ST; QL (30 CAPSULES per 25 days)
<i>tramadol hcl er oral capsule extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 DAYs)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	G	QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	QL (40 TABLETS per 25 days)
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NPB	QL (40 TABLETS per 25 days)
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	PB	QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG (<i>hydrocodone-acetaminophen</i>)	NPB	QL (240 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	NPB	ST; QL (60 CAPSULES per 25 DAYs)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	NPB	ST
ZOXYDOL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (30 TABLETS per 25 DAYs)

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ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (60 TABLETS per 25 DAYS)
ANDROGENS-ANABOLIC - HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	PB	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
<i>methyltestosterone oral capsule 10 mg</i>	G	STX
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	
<i>testosterone cypionate injection solution 200 mg/ml</i>	G	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	PB	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	G	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	G	QL (336 TABLETS per 365 DAYS)
ALBENZA ORAL TABLET 200 MG (<i>albendazole</i>)	NPB	QL (336 TABLETS per 365 DAYS)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NPB	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	PB	QL (12 TABLETS per 365 DAYS)

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<i>ivermectin oral tablet 3 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	QL (24 TABLETS per 365 DAYS)
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	PB	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
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>)	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	
ANTIAXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYS)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	G	QL (90 TABLETS per 25 DAYS)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	PB	QL (150 TABLETS per 25 DAYS)
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	

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<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	QL (360 CAPSULES per 25 DAYs)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	QL (180 TABLETS per 25 days)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	G	QL (240 ML per 25 DAYs)
<i>diazepam oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYs)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYs)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	G	QL (150 ML per 25 DAYs)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NPB	QL (180 TABLETS per 25 days)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	PB	QL (120 TABLETS per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NPB	QL (150 TABLETS per 25 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NPB	QL (150 TABLETS per 25 DAYs)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (<i>alprazolam</i>)	NPB	QL (90 TABLETS per 25 DAYs)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	PB	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (propafenone hcl)	PB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	NPSP	PA; ST
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone-salmeterol)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	PB	
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	G	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (umeclidinium-vilanterol)	PB	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (fluticasone furoate)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (mometasone furoate)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	PB	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	PB	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact</i>	G	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
DALIRESPI ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	PB	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	PB	

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FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcglact, 232-14 mcglact, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcglact</i>	G	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcglact</i>	G	
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	PB	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NPB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	PB	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	

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SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	PB	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</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)	G	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; QL (6 SOLUTION RECONSTITUTED per 28 days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	

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<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	
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>)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<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>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	PB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<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>	G	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	

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<i>carbamazepine oral tablet chewable 100 mg</i>	G	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	QL (300 TABLETS per 25 DAYs)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (300 TABLETS per 25 DAYs)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPSP	QL (360 CAPSULES per 30 DAYs)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPSP	QL (180 CAPSULES per 30 DAYs)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPSP	QL (360 PACKET per 30 DAYs)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPSP	QL (180 PACKET per 30 DAYs)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; QL (800 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	

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KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	NPB	QL (300 TABLETS per 25 DAYS)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	G	
lamotrigine starter kit-blue oral kit 35 x 25 mg	G	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	G	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	G	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	G	
levetiracetam oral solution 100 mg/ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	NPB	QL (10 SOLUTION per 25 DAYS)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	NPB	QL (6 CAPSULES per 1 DAY)
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	NPB	QL (72 ML per 1 DAY)
NEURONTIN ORAL TABLET 600 MG (gabapentin)	NPB	QL (6 TABLETS per 1 DAY)
NEURONTIN ORAL TABLET 800 MG (gabapentin)	NPB	QL (4 TABLETS per 1 DAY)
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (oxcarbazepine)	PB	
phenytoin oral suspension 125 mg/5ml	G	
phenytoin oral tablet chewable 50 mg	G	

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<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKET per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	

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<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	PB	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	G	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	PB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	PB	

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<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	G	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	PB	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	PB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	PB	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	PB	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	LGC
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA

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<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	PB	
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (<i>brexanolone</i>)	NF	
ANTIDIABETICS - HORMONES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	
<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>	G	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
<i>diazoxide oral suspension 50 mg/ml</i>	G	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	

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FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
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>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	LGC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	LGC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	PB	
<i>glucagon emergency injection kit 1 mg</i>	PB	
<i>glucose oral tablet chewable 4 gm</i>	NPB	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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>	PB	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	PB	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	PB	

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INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	
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	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	PB	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	PB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	PB	
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>	G	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	G	

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<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	G	LGC
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	LGC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	LGC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	PB	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	LGC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NPB	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	
<i>tolbutamide oral tablet 500 mg</i>	G	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	PB	
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	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	PB	

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TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	PB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPSP	PA
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NPSP	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	NPSP	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NPSP	PA

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JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPSP	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPSP	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (G)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	QL (4 SPRAYS per 180 DAYs)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 DAYs)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
ANTIEMETICS - DRUGS FOR THE STOMACH		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	PB	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
<i>granisetron hcl oral tablet 1 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	PB	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	

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<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	STX
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	PB	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	PB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	G	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	G	Select OTC
<i>allergy relief oral capsule 10 mg</i>	G	Select OTC
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	G	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	G	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	G	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	G	Select OTC
CLARITIN ORAL SYRUP 5 MG/5ML (<i>loratadine</i>)	G	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	G	Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	G	Select OTC

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CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	G	Select OTC
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	G	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>fexofenadine hcl oral tablet 180 mg</i>	G	Select OTC
<i>gnp loratadine childrens oral tablet chewable 5 mg</i>	G	Select OTC
<i>kp fexofenadine hcl oral tablet 60 mg</i>	G	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	Select OTC
<i>loratadine oral capsule 10 mg</i>	G	Select OTC
<i>loratadine oral tablet 10 mg</i>	G	Select OTC
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	G	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	G	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	G	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	G	Select OTC
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	LGC
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	

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<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>ezetimibe oral tablet 10 mg</i>	G	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	
<i>fenofibrate oral tablet 120 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
<i>gemfibrozil oral tablet 600 mg</i>	G	LGC
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NPSP	PA; QL (28 CAPSULES per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	NF	

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REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	NF	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	G	LGC
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
<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>	G	LGC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	LGC
<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>	G	LGC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	LGC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	LGC
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	LGC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	G	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	PB	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	PB	

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CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	PB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	PB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NPB	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	LGC
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	G	
<i>hydralazine hcl oral tablet 25 mg</i>	G	LGC
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	PB	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	LGC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	PB	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	LGC

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LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	PB	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
<i>metyrosine oral capsule 250 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	LGC
<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>	G	LGC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	LGC
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	G	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	LGC
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	PB	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	PB	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	LGC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	

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<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	LGC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	LGC
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPB	PA
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	PB	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NPB	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NPB	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	PB	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	PB	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPSP	PA; QL (84 ML per 28 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	PB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	PB	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NPB	QL (450 ML per 10 DAYs)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	PB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	

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<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	G	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
VANCOCIN HCL ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	PB	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NPB	QL (450 ML per 10 DAYs)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	PB	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PB	
<i>primaquine phosphate oral tablet 26.3 mg</i>	G	
<i>pyrimethamine oral tablet 25 mg</i>	G	
<i>quinine sulfate oral capsule 324 mg</i>	G	

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ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (240 TABLETS per 30 DAYS)
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	PB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	PB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	G	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NPSP	PA; QL (300 TABLETS per 30 DAYS)
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	PB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)

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AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (NPS); QL (240 CAPSULES per 30 days)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPSP	
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	CE	N7 (PB)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (G); AL (Min 35 Years)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N7 (PB)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N7 (PB)
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	NPSP	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (<i>avapritinib</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPS); QL (84 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPS); QL (56 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPS); QL (28 TABLETS per 28 DAYs)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (G)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 days)

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BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (G)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPS); QL (1 kit per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPS); QL (1 kit per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPS); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; N7 (NPS); QL (63 TABLETS per 21 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (G)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N7 (PB)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)

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ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>etoposide oral capsule 50 mg</i>	CE	N7 (G)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (G); AL (Min 35 Years)
FARYDAK ORAL CAPSULE 10 MG, 20 MG (<i>panobinostat lactate</i>)	CE	N7 (NF)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (<i>fulvestrant</i>)	NPSP	PA
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N7 (PB)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NPSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NPSP	PA
<i>flutamide oral capsule 125 mg</i>	CE	N7 (G)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	PA; N7 (NPS)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPS)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N7 (PB)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (G)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)

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ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (G); QL (90 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (G); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	CE	N7 (NF)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	NPSP	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	NPSP	PA
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)

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KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (NPS); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (G)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (G)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N7 (PB)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (NPS); QL (100 TABLETS per 30 days)

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LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (NPS); QL (80 TABLETS per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (PB)
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (G)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (G)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (G)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (G)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	

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<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N7 (PB)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (G)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N7 (NPS); QL (3 CAPSULES per 28 days)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	N7 (NF)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	PA; N7 (NPS); QL (14 TABLETS per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	N7 (NF)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	N7 (NF)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	N7 (NF)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; N7 (NPS); QL (21 CAPSULES per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPS)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

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RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (NPS); QL (84 TABLETS per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N7 (PB)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 days)
TAGRISO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	PA; ST; N7 (NPS)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	CE	PA; N7 (NPS); QL (240 TABLETS per 30 days)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	PA; ST; N7 (NPS)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (G)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (G)

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TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPSP	PA
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (G)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N7 (PB)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 200 MG (<i>pexidartinib hcl</i>)	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 DAYS)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPS); QL (1 TABLET THERAPY PACK per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPS); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPS); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPS)
XELODA ORAL TABLET 150 MG (<i>capecitabine</i>)	CE	PA; ST; N7 (NPS); QL (120 TABLETS per 30 days)

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XELODA ORAL TABLET 500 MG (<i>capecitabine</i>)	CE	PA; ST; N7 (NPS); QL (300 TABLETS per 30 days)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (20 TABLETS per 28 DAYs)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (8 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (16 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (12 TABLETS per 28 DAYs)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (24 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (16 TABLETS per 28 DAYs)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPS); QL (32 TABLETS per 28 DAYs)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; N7 (NPS); QL (240 TABLETS per 30 days)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	G	

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<i>amantadine hcl oral syrup 50 mg/5ml</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<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>	G	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA
<i>entacapone oral tablet 200 mg</i>	G	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NPSP	PA; QL (300 CAPSULES per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>apomorphine hcl</i>)	NF	
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>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NPSP	
<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>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
<i>selegiline hcl oral capsule 5 mg</i>	G	

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<i>selegiline hcl oral tablet 5 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
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>)	PB	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	PB	

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<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	PB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	PB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	

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<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	G	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NPB	QL (120 CAPSULES per 30 DAYs)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	NPB	QL (285 ML per 28 DAYs)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	G	QL (60 CAPSULES per 30 DAYs)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	PSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (30 TABLETS per 30 DAYs)
<i>cidofovir intravenous solution 75 mg/ml</i>	G	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NPB	QL (60 TABLETS per 30 DAYs)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	

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CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	NPB	QL (450 CAPSULES per 30 DAYS)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	NPB	QL (180 CAPSULES per 30 DAYS)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	NF	
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYS)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	G	QL (30 CAPSULES per 30 DAYS)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	NPB	QL (30 TABLETS per 30 days)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	PB	QL (60 TABLETS per 30 DAYS)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	QL (90 CAPSULES per 30 DAYS)
<i>efavirenz oral tablet 600 mg</i>	G	QL (30 TABLETS per 30 DAYS)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	G	QL (30 TABLETS per 30 DAYS)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	G	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine oral capsule 200 mg</i>	G	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (G); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 DAYS)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	QL (30 CAPSULES per 30 DAYS)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (680 ML per 28 DAYS)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	NF	

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EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NF	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NPB	QL (900 ML per 30 DAYs)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NPB	QL (60 TABLETS per 30 DAYs)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NPB	QL (30 TABLETS per 30 DAYs)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NPB	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	QL (120 TABLETS per 30 DAYs)
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	NPSP	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	G	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYs)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; QL (28 PACKET per 28 DAYs)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NF	
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	NPB	QL (120 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYs)

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ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPB	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NPB	QL (390 ML per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	PB	QL (240 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	PB	QL (120 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 100 mg</i>	G	
<i>lamivudine oral tablet 150 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>lamivudine oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	NPB	QL (1575 ML per 28 DAYs)
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NPB	QL (120 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	QL (390 ML per 30 DAYs)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	G	QL (90 TABLETS per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	G	QL (1200 ML per 30 DAYs)

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<i>nevirapine oral tablet 200 mg</i>	G	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PB	QL (480 ML per 30 DAYs)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PB	QL (360 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYs)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPB	QL (1 TABLET per 1 DAY)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	QL (30 TABLETS per 30 DAYs)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	PB	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NPB	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NPB	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	NPB	QL (30 CAPSULES per 30 days)

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REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NPB	QL (60 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NPB	QL (180 PACKET per 30 days)
<i>ribavirin oral capsule 200 mg</i>	G	PA
<i>ribavirin oral tablet 200 mg</i>	G	PA
<i>rimantadine hcl oral tablet 100 mg</i>	G	
<i>ritonavir oral tablet 100 mg</i>	G	QL (360 TABLETS per 30 DAYs)
<i>rukobia oral tablet extended release 12 hour 600 mg</i>	NF	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NPB	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	NPB	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NPB	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NPB	QL (120 TABLETS per 30 DAYs)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (28 PACKET per 28 DAYs)
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (28 TABLETS per 28 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	G	QL (60 CAPSULES per 30 DAYs)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NF	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NPB	QL (90 CAPSULES per 30 DAYs)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NPB	QL (30 TABLETS per 30 DAYs)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 days)

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TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYS)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYS)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 DAYS)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NPB	QL (60 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	PB	QL (30 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PB	QL (30 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPB	QL (30 TABLETS per 30 DAYS)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NPB	PA; QL (1000 ML per 30 days)
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NPB	PA; QL (102 TABLETS per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	G	PA; QL (102 TABLETS per 30 days)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NF	
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	NPB	QL (300 TABLETS per 30 DAYS)

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VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	NPB	QL (120 TABLETS per 30 DAYS)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NPB	QL (1200 ML per 30 DAYS)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	NPB	QL (30 TABLETS per 30 DAYS)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPB	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPB	QL (30 TABLETS per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
ZERIT ORAL CAPSULE 30 MG, 40 MG (<i>stavudine</i>)	NPB	QL (60 CAPSULES per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NPB	QL (900 ML per 30 DAYS)
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NPB	QL (60 TABLETS per 30 DAYS)
<i>zidovudine oral capsule 100 mg</i>	G	QL (180 CAPSULES per 30 DAYS)
<i>zidovudine oral syrup 50 mg/5ml</i>	G	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYS)
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	PB	

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<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>propranolol hcl oral tablet 60 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate-celecoxib)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	

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<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	PB	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYs)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYs)
<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>	G	LGC

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BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	PB	
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NPB	SPC
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NPB	SPC
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NPB	SPC
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NPB	SPC
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NPB	SPC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
LEVITRA ORAL TABLET 10 MG, 20 MG (<i>vardenafil hcl</i>)	NPB	SPC
MUSE URETHRAL PELLETT 1000 MCG, 125 MCG, 250 MCG, 500 MCG (<i>alprostadil (vasodilator)</i>)	PB	SPC
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NPB	SPC
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NPSP	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	NF	

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REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	PSP	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (224 ML per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	SPC
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; QL (90 TABLETS per 30 days)
STAXYN ORAL TABLET DISPERSIBLE 10 MG (<i>varденаfil hcl</i>)	NPB	SPC
STENDRA ORAL TABLET 100 MG, 50 MG (<i>avanafil</i>)	NF	
STENDRA ORAL TABLET 200 MG (<i>avanafil</i>)	NF	SPC
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NPB	SPC
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NPB	SPC
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NPB	SPC
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	SPC
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NPSP	PA; QL (112 TABLETS per 28 days)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	PA; QL (60 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	SPC
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	G	SPC
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPSP	PA; QL (270 ML per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NPB	SPC
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefдинир oral capsule 300 mg</i>	G	
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	

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<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	PB	
CONTRACEPTIVES - DRUGS FOR WOMEN		
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (G)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (NP); QL (1 RING per 300 DAYs)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	N7 (NPB)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)

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<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (G)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PB	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (PB); QL (4 ML per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N7 (G)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (G)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (G)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NPB)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (G); QL (13 RING per 300 DAYs)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)

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<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (G)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (G); QL (13 RING per 300 DAYS)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	CE	N7 (NPB)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (G)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N7 (PB)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)

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<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
<i>norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N7 (G)
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	PB	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (PB)
<i>norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (G)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (G)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (G)
<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	N7 (G)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (G)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N7 (G)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N7 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NPB	QL (13 RING per 300 days)
ORTHO MICRONOR ORAL TABLET 0.35 MG (<i>norethindrone</i>)	PB	

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PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (NPB)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	CE	N7 (PB)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NPB)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (G)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (<i>norelgestromin-eth estradiol</i>)	CE	N7 (G)
CORTICOSTEROIDS - HORMONES		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
<i>cortisone acetate oral tablet 25 mg</i>	G	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	

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<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
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	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (<i>prednisolone</i>)	NF	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	NF	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	PB	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	G	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	G	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	

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ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	G	Select OTC
<i>benzonatate capsule 150 mg oral 150 mg</i>	G	
<i>benzonatate capsule 150 mg oral 150 mg</i>	NF	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	G	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	G	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	G	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	G	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	G	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	G	Select OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	G	Select OTC
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	G	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	G	
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	PB	
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	G	Select OTC

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ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NPB	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	PB	PA
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phosphoyl perox</i>)	NPB	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	G	
<i>adapalene external cream 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	G	PA; AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>adapalene gel 0.1 % external (otc) 0.1 %</i>	G	Select OTC
<i>adapalene gel 0.1 % external (rx) 0.1 %</i>	G	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	PA; AL (Max 35 Years)
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NPB	QL (120 ML per 25 DAYs)
<i>alclometasone dipropionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>amcinonide external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>amcinonide external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment 0.1 %</i>	NPB	QL (120 GM per 25 DAYs)
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	G	PA
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NPB	QL (120 GM per 25 DAYs)
<i>tretinoin (Avita External Gel 0.025 %)</i>	G	PA; AL (Max 35 Years)
<i>azelaic acid external gel 15 %</i>	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)

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<i>betamethasone dipropionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external foam 0.12 %</i>	G	QL (120 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	PB	QL (120 GM per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene foam 0.005 % external 0.005 %</i>	G	QL (60 grams per 25 days)
<i>calcipotriene foam 0.005 % external 0.005 %</i>	NPB	QL (60 grams per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)	PB	QL (120 ML per 25 days)
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	G	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	PA; AL (Max 35 Years)

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<i>clobetasol propionate e external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	G	QL (120 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (120 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external liquid 0.05 %</i>	G	QL (120 ML per 25 days)
<i>clobetasol propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external shampoo 0.05 %</i>	G	QL (120 ML per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	G	QL (120 ML per 25 days)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 ML per 25 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (120 ML per 25 DAYs)
<i>clocortolone pivalate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NPB	QL (120 GRAMS per 25 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	STX; QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	STX; QL (60 ML per 25 days)
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	PB	
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (<i>flurandrenolide</i>)	NPB	QL (120 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NPB	QL (120 ML per 25 DAYs)
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NPB	QL (1 TAPE per 25 DAYs)

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COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	
<i>dapsone external gel 5 %, 7.5 %</i>	G	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	PB	QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	PB	QL (120 ML per 25 days)
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NPB	QL (120 GRAMS per 25 days)
<i>desonide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>desonide external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>desonide external lotion 0.05 %</i>	G	QL (120 ML per 25 days)
<i>desonide external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	PB	QL (120 GM per 25 DAYs)

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<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	QL (120 GM per 25 DAYs)
<i>desoximetasone external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>desoximetasone external liquid 0.25 %</i>	G	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	G	QL (120 GM per 25 DAYs)
<i>diclofenac epolamine external patch 1.3 %</i>	G	QL (30 PATCHES per 25 Days)
<i>diclofenac sodium external gel 3 %</i>	G	PA; QL (100 GRAMS per 25 DAYs)
<i>diclofenac sodium external solution 1.5 %</i>	G	
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	G	PA; Select OTC; 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>)	NPB	QL (120 GM per 25 DAYs)
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	PB	QL (120 GM per 25 DAYs)
<i>docosanol external cream 10 %</i>	G	Select OTC
<i>doxepin hcl external cream 5 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	G	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 ML per 28 days)
<i>econazole nitrate external cream 1 %</i>	G	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	PB	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
<i>ery external pad 2 %</i>	G	

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<i>erythromycin external solution 2 %</i>	G	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	QL (60 GRAMS per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	QL (60 ML per 25 days)
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	NPB	QL (100 GRAMS per 25 days)
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NPB	QL (30 PATCHES per 25 Days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinolone acetonide external solution 0.01 %</i>	G	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 ML per 25 days)
<i>fluorouracil external cream 0.5 %, 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>flurandrenolide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>flurandrenolide external lotion 0.05 %</i>	G	QL (120 ML per 25 days)
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external ointment 0.005 %</i>	G	QL (120 GM per 25 DAYs)
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>halcinonide external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)

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<i>halobetasol propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam 0.05 %</i>	NPB	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NPB	QL (120 ML per 25 days)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	QL (120 ML per 25 days)
<i>hydrocortisone external cream 2.5 %</i>	G	QL (120 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	G	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	G	QL (120 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	QL (120 GM per 25 DAYs)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NPB	QL (120 GRAMS per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	PA
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	QL (4 ML per 21 days)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NPB	QL (120 GM per 25 DAYs)
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	NF	
<i>ketoconazole external shampoo 2 %</i>	G	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPSP	QL (1 STICK per 25 DAYs)

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LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (120 GM per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NPB	QL (15 PATCHES per 25 Days)
<i>lidocaine external ointment 5 %</i>	G	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	G	QL (90 PATCH per 25 days)
<i>lidocaine hcl external solution 4 %</i>	G	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	G	QL (60 ML per 25 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	QL (30 GM per 25 DAYs)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	PB	QL (90 PATCH per 25 days)
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NPB	QL (120 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NPB	QL (120 GM per 25 DAYs)
<i>luliconazole external cream 1 %</i>	G	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NPB	QL (120 GRAMS per 25 days)
<i>mafenide acetate external packet 5 %</i>	G	
<i>malathion external lotion 0.5 %</i>	G	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>mometasone furoate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	G	
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
<i>naftifine hcl external gel 1 %</i>	G	

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NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	PB	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	PB	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	STX; QL (60 GM per 25 DAYS)
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (120 GRAMS per 25 days)
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NPB	QL (120 GRAMS per 25 days)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphozoyl perox</i>)	PB	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	PB	
<i>oxiconazole nitrate external cream 1 %</i>	G	QL (90 GM per 25 days)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NPB	QL (90 GM per 25 days)
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	QL (90 ML per 25 days)
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NPB	QL (120 GM per 25 DAYS)
<i>permethrin external cream 5 %</i>	G	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	PB	
<i>pimecrolimus external cream 1 %</i>	G	
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
<i>podofilox external solution 0.5 %</i>	G	
<i>prednicarbate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYS)
<i>prednicarbate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYS)
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NPB	QL (90 GRAMS per 25 days)
<i>psorcon external cream 0.05 %</i>	NF	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	PA; AL (Max 35 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	PA; AL (Max 35 Years)
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	STX; QL (120 ML per 25 DAYS)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	PB	
<i>silver sulfadiazine external cream 1 %</i>	G	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 SYRINGES per 84 days)
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NPB	QL (60 GM per 25 days)
<i>spinosad external suspension 0.9 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 days)

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STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 56 days)
<i>sulconazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 days)
<i>sulconazole nitrate external solution 1 %</i>	G	QL (60 ML per 25 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	PB	QL (120 ML per 25 days)
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NPB	QL (2 PATCHES per 25 DAYs)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NPSP	PA
<i>tazarotene external cream 0.1 %</i>	G	PA; AL (Max 35 Years)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL (Max 35 Years)

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TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL (Max 35 Years)
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 GM per 25 DAYs)
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PB	QL (120 ML per 25 days)
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	PB	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 ML per 25 DAYs)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.05 %</i>	G	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %</i>	G	
<i>tretinoin microsphere external gel 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GM per 25 DAYs)
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	PB	QL (120 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (120 ML per 25 DAYs)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; QL (2 GM per 30 days)

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VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NPB	QL (120 GM per 25 DAYs)
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NPB	QL (120 GM per 25 DAYs)
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	PA; AL (Max 35 Years)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	NPB	QL (90 GRAMS per 25 days)
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	NPB	QL (90 PATCH per 25 DAYs)
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	PB	
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)

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CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
<i>eq blood glucose test in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH R-S-G TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 STRIP per 25 DAYs)
<i>kroger test in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
<i>liberty test in vitro strip</i>	NPB	QL (204 STRIP per 25 days)
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 STRIP per 25 days)
OPTIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)

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OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
<i>premium blood glucose test in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
RA TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG (<i>thyrotropin alfa</i>)	NPSP	
<i>true focus blood glucose strip in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)

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ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
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	
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
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	
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	PB	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (120 TABLETS per 30 days)

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<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	G	
<i>spironolactone oral tablet 25 mg</i>	G	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	LGC
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (<i>octreotide acetate</i>)	NPSP	PA; QL (7 PENS per 30 days)
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	NPSP	PA
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PSP	PA; SPC

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<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
<i>clomiphene citrate oral tablet 50 mg</i>	G	SPC
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPSP	PA
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	PB	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	PB	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	PB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	NPSP	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) (<i>leuprolide acetate (6 month)</i>)	NPSP	PA
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	PA; QL (1 ML per 28 days)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	PSP	PA; QL (14 CAPSULES per 28 days)
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	NPSP	PA

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<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	PSP	PA
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>)	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NF	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	PSP	PA
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	G	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	PA
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	NPSP	PA; QL (240 TABLETS per 30 days)
ISTURISA ORAL TABLET 10 MG (<i>osilodrostat phosphate</i>)	NPSP	PA; QL (180 TABLETS per 30 days)
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	NPSP	PA; QL (360 TABLETS per 30 days)
JYNARQUE ORAL TABLET 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 DAYS)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 days)

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KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NPSP	PA
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	NPSP	PA
<i>levocarnitine oral solution 1 gml/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPSP	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPSP	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	NPSP	PA
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	NPSP	PA; SPC
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (<i>vestronidase alfa-vjbk</i>)	NPSP	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	NF	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NPSP	PA; QL (2 CARTRIDGE per 28 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPSP	PA

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NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	G	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	G	PA; QL (225 ML per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	PB	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	PA; SPC
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	G	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	

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<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	G	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	PA; QL (60 ML per 168 days)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (G); AL (Min 35 Years)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	PB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	PB	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	PSP	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	PSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	PSP	PA; QL (120 TABLETS per 30 days)

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SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NPSP	PA; QL (1 SUSPENSION RECONSTITUTED ER per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspargate</i>)	NPSP	PA; QL (60 ML per 30 days)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	G	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; QL (600 GRAMS per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	PSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NPSP	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPB	PA
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NPSP	PA; QL (1 ML per 28 days)
<i>tolvaptan oral tablet 30 mg</i>	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 DAYs)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA

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XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	QL (4 PACKETS per 1 DAY)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	PB	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	PSP	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	NPSP	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (<i>somatropin</i>)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA
ESTROGENS - HORMONES		
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	G	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<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>	G	
<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>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	

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<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	
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-medroxyprogest 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-medroxyprogest ace</i>)	PB	
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	PB	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	PB	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	

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CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; QL (1 KIT per 30 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	G	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	PB	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
OICALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	PB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	PB	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; ST; QL (10 VIALS per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	PB	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	PB	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	PB	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (90 TABLETS per 30 days)
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NPB	QL (90 CAPSULES per 25 days)
<i>finasteride oral tablet 5 mg</i>	G	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	

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PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NPSP	PA
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPSP	PA
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	PB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	PB	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	PB	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral capsule 0.6 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPSP	PA
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	PB	
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>antihemophil factor (rahf-pfm)</i>)	NPSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	NPSP	PA

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AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	PB	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NF	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	PB	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
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>antihem fact (bdd-rfviiiifc)</i>)	NF	

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ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	NF	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NPSP	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	PSP	PA; QL (45 ML per 90 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; QL (45 ML per 90 days)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; QL (30 ML per 90 days)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	PA

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KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	NPSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	PA

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RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihemophilic factor (recomb)</i>)	NPSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NPSP	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 90 days)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 ML per 28 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NPSP	PA; QL (60 TABLETS per 30 DAYS)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (<i>coagulation factor xiii a-sub</i>)	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA
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 (<i>darbepoetin alfa</i>)	PSP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 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
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	NF	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NPSP	PA; QL (180 PACKET per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYS); AL (Max 55 Years)
FA-8 ORAL TABLET 800 MCG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
<i>folate oral tablet 400 mcg</i>	CE	N7 (G); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (G); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NPSP	PA
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	PSP	PA; QL (7 TABLETS per 14 days)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	G	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; QL (2 ML per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; QL (2 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPSP	PA
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NF	
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>)	NF	
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (120 PACKET per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (180 PACKET per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
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
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PSP	PA; QL (2 ML per 28 days)
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPSP	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	
HEMOSTATICS - DRUGS FOR THE BLOOD		
<i>aminocaproic acid oral solution 0.25 g/ml/ml</i>	G	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>tranexamic acid oral tablet 650 mg</i>	G	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	G	STX

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HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<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>	G	
<i>quazepam oral tablet 15 mg</i>	NF	STX
<i>ramelteon oral tablet 8 mg</i>	G	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	PB	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	G	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NF	
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	N7 (NPB); AL (Min 50 Years and Max 74 Years)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	G	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N7 (G); 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)	G	
KRISTALOSE ORAL PACKET 10 GM (<i>lactulose</i>)	NPB	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NPB	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	G	

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<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	G	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (G); AL (Min 50 Years and Max 74 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NPB); 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	N7 (PB); AL (Min 50 Years and Max 74 Years)
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	
<i>alcohol swabs pad</i>	NPB	
ASSURE LANCETS (<i>lancets</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
<i>bullseye mini safety lancets</i>	PB	
BULLSEYE SAFETY LANCETS (<i>lancets</i>)	PB	
CARESENS LANCETS (<i>lancets</i>)	PB	

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CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
COAGUCHEK LANCETS (<i>lancets</i>)	PB	
<i>comfort assured lancets 28g</i>	PB	
<i>comfort assured lancets 33g</i>	PB	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	PB	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	PB	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	PB	

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EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	PB	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	PB	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	PB	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NPB)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NPB); QL (1 DEVICE per 300 days)
FINGERSTIX LANCETS (<i>lancets</i>)	PB	
FREESTYLE LANCETS (<i>lancets</i>)	PB	
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous blood gluc sensor</i>)	PB	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
<i>glucose control in vitro solution</i>	NPB	
<i>lancets</i>	PB	
<i>lancets super thin 28g</i>	PB	
LANCETS ULTRA THIN (<i>lancets</i>)	PB	
<i>lancets ultra thin 30g</i>	PB	
LIFESCAN UNISTIK 2 (<i>lancets</i>)	PB	
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	PB	
<i>lite touch lancets</i>	PB	
LITETOUCH LANCETS (<i>lancets</i>)	PB	
MICROLET LANCETS (<i>lancets</i>)	PB	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NPB	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	PB	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	PB	

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SAFETY LET LANCETS (<i>lancets</i>)	PB	
<i>sapscore twist top lancets</i>	PB	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NPB	
<i>super thin lancets</i>	PB	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	PB	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	

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AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine-caffeine</i>)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	PB	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NPB	QL (8 ML per 25 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	PB	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	PB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	

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<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	G	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	PB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	PB	
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N7 (Not Covered); AL (Max 5 Years)
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (G); AL (Max 5 Years)
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	N7 (G); AL (Max 5 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N7 (Not Covered); AL (Max 5 Years)
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	G	
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	G	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium chloride crys er</i>)	G	
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	G	
<i>potassium chloride (Klor-Con Oral Packet 20 Meq)</i>	G	
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	G	

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<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	G	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	PB	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (G); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (G); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	G	
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	G	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	PB	
<i>azathioprine oral tablet 50 mg</i>	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NF	

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CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NF	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NPSP	
<i>cyclosporine intravenous solution 50 mg/ml</i>	G	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	NF	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NF	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	G	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	PB	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	NPSP	
<i>penicillamine oral capsule 250 mg</i>	PSP	

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<i>penicillamine oral tablet 250 mg</i>	G	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NF	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPSP	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>sodium polystyrene sulfonate oral powder</i>	G	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	G	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60MI)</i>	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NPSP	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
<i>trientine hcl oral capsule 250 mg</i>	G	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	

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XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	NPSP	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NF	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	PB	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	PB	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
MULTIVITAMINS - DRUGS FOR NUTRITION		
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG (<i>prenatal w/o a vit-fe cbn-fa</i>)	G	Select OTC
<i>b-plex oral tablet</i>	G	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	G	Select OTC
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	PB	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	PB	
CITRANATAL DHA ORAL 27-1 & 250 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	PB	

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CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	PB	
CITRANATAL RX ORAL TABLET 27-1 MG (prenat w/o a-fecb-fegl-dss-fa)	PB	
CORVITA ORAL TABLET 1.25 MG (multiple vitamins-minerals-fa)	G	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
folbee plus oral tablet	G	
folic-k oral capsule 1 mg	NF	
GENICIN VITA-Q ORAL TABLET 1 MG (multiple vitamins with fa)	NF	
hylavite oral tablet	NF	
INATAL GT ORAL TABLET (prenatal vit-dss-fe cbn-fa)	G	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (niacinamide-zn-cu-methfo-se-cr)	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
PRENATABS RX ORAL TABLET 29-1 MG (prenatal vit-iron carbonyl-fa)	G	
prenatal + complete multi oral therapy pack 0.267 & 373 mg	G	Select OTC
prenatal adult gummy/dhalfa oral tablet chewable 0.4-25 mg	G	Select OTC
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	G	Select OTC
reno caps oral capsule 1 mg	G	Select OTC
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG (prenatal mv-min-fe fum-fa-dha)	G	Select OTC
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (prenatal-fefum-fa-dha w/o a)	G	Select OTC
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	G	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	
carisoprodol oral tablet 250 mg, 350 mg	G	QL (84 TABLETS per 28 DAYS)

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<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	G	QL (168 TABLETS per 25 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	G	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	PB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	PSP	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	

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<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	NF	
ROBAXIN-750 ORAL TABLET 750 MG (<i>methocarbamol</i>)	PB	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	PB	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NPB	QL (84 TABLETS per 28 DAYS)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan</i>)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	PB	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	G	
<i>budesonide nasal suspension 32 mcg/lact</i>	G	Select OTC
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	PB	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	G	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	G	Select OTC
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	

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<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	G	Select OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	G	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	G	Select OTC
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NPSP	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	NPSP	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
<i>riluzole oral tablet 50 mg</i>	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	NPSP	PA
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	G	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	PB	
<i>atropine sulfate ophthalmic solution 1 %</i>	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	PB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>brolocizumab-dbl</i>)	NF	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	PB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	PB	

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BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	PB	
bimatoprost ophthalmic solution 0.03 %	NF	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	G	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
carteolol hcl ophthalmic solution 1 %	G	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	PB	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	PB	
cromolyn sodium ophthalmic solution 4 %	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	NPSP	PA; QL (4 BOTTLES per 28 DAYs)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	NPSP	PA; QL (4 ML per 28 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
diclofenac sodium ophthalmic solution 0.1 %	G	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	PB	
epinastine hcl ophthalmic solution 0.05 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (aflibercept)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (aflibercept)	PSP	PA
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	NPB	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	PB	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	NF	

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FML OPHTHALMIC OINTMENT 0.1 % (<i>fluorometholone</i>)	PB	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % (<i>gentamicin sulfate</i>)	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PB	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (<i>atropine sulfate</i>)	NPB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	G	Select OTC
LASTACAPT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	PB	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	PB	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	PB	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	PB	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	PB	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	

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OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	NPSP	PA; QL (2 ML per 7 DAYs)
PAZEO OPHTHALMIC SOLUTION 0.7 % (olopatadine hcl)	PB	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	PB	
prednisolone acetate ophthalmic suspension 1 %	G	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	PB	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	PB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	PB	
sulfacetamide sodium ophthalmic ointment 10 %	G	
sulfacetamide sodium ophthalmic solution 10 %	G	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	PB	
tobramycin ophthalmic solution 0.3 %	G	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (travoprost)	PB	

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<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
<i>trifluridine ophthalmic solution 1 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	G	Select OTC
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NPB	
OTIC AGENTS - DRUGS FOR THE EAR		
<i>acetic acid otic solution 2 %</i>	G	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	PB	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	G	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OXYTOCICS - HORMONES		
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	G	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	QL (4 TABLETS per 1 day)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NPSP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NPSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	NPSP	
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>)	NPSP	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NPSP	PA
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>)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
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>)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (<i>immune globulin (human)</i>)	NF	
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NF	

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HYPERHEP B S/D INTRAMUSCULAR SOLUTION (hepatitis b immune globulin)	NPSP	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML (rabies immune globulin)	NPSP	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (rabies immune globulin)	NPSP	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (rho d immune globulin)	NPSP	
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML (tetanus immune globulin)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (immune globulin-hyaluronidase)	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (rabies immune globulin)	NPSP	
kedrab injection solution 1500 unit/10ml, 300 unit/2ml	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (rho d immune globulin)	NPSP	
NABI-HB INTRAMUSCULAR SOLUTION (hepatitis b immune globulin)	NPSP	
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, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (immune globulin (human))	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (immune globulin (human)-ifas)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (immune globulin (human))	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (rho d immune globulin)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (rho d immune globulin)	NPSP	

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SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NPSP	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	
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>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<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>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
PROGESTINS - HORMONES		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; QL (21 ML per 365 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; QL (5 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; QL (21 ML per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (G)
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	G	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	PA; QL (30 TABLETS per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NF	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NPSP	PA; QL (120 capsules per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; QL (14 INJECTIONS per 28 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (G); QL (2 TREATMENT CYCLES per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	N7 (PB); QL (2 treatment cycles per 1 year)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	N7 (PB); QL (2 treatment cycles per 1 year)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	N7 (PB); QL (2 treatment cycles per 1 year)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	

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COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (12 ML per 28 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (G); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N7 (G); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (G); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; QL (14 CAPSULES per 28 DAYS)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYS)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NF	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	NF	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	PSP	PA; QL (30 CAPSULES per 30 days)

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<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	PSP	PA; QL (12 ML per 28 days)
GRALISE ORAL TABLET 300 MG, 600 MG (<i>gabapentin</i> (once-daily))	PB	
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	PB	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (112 TABLETS per 28 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	G	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N7 (NPB); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NPB); QL (168 DAYS OF TREATMENT per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	G	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)

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REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYs)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	PB	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; QL (1 MISCELLANEOUS per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	PSP	PA; QL (14 CAPSULES per 28 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PSP	PA; QL (4 syringes per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPSP	PA; QL (540 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	NPSP	PA; QL (540 ML per 30 DAYS)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	PA; QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (<i>ozanimod hcl</i>)	PSP	PA; QL (1 KIT per 30 days)
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	PSP	PA; QL (270 CAPSULES per 30 days)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	PSP	PA; QL (270 TABLETS per 30 days)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	PSP	PA; QL (90 TABLETS per 30 days)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPSP	PA; QL (1 TABLET per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (112 TABLETS per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA

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PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	NPSP	PA; QL (150 ML per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
TETRACYCLINES - DRUGS FOR INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg, 80 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 200 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
MINOCIN ORAL CAPSULE 100 MG (<i>minocycline hcl</i>)	NF	
<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>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	PB	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	PB	
THYROID AGENTS - HORMONES		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	PB	

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<i>levothyroxine sodium 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>	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
<i>np thyroid oral tablet 120 mg, 15 mg, 60 mg, 90 mg</i>	G	
<i>np thyroid oral tablet 30 mg</i>	G	STX
<i>propylthiouracil oral tablet 50 mg</i>	G	
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>)	PB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	PB	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NPB	QL (90 TABLETS per 365 DAYS)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>rabeprazole sodium</i>)	NPB	QL (90 CAPSULES per 365 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	NPB	QL (90 CAPSULES per 365 DAYS)
<i>amoxicill-clarithro-lansopraz oral</i>	G	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	G	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	G	
<i>cvs omeprazole oral capsule delayed release 20.6 (20 base) mg</i>	G	QL (90 CAPSULES per 365 DAYS)
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	PB	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	PB	QL (90 CAPSULES per 365 DAYS)
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYS)

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<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	G	QL (90 PACKET per 365 days)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NPB	QL (90 CAPSULES per 365 days)
<i>famotidine oral tablet 40 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>lansoprazole oral capsule delayed release 30 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	G	QL (90 TABLETS per 365 DAYs)
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	G	Select OTC; QL (90 CAPSULES per 365 days)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	G	Select OTC; QL (90 TABLETS per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NPB	QL (90 CAPSULES per 365 DAYs)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	QL (90 PACKETS per 365 DAYs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<i>nizatidine oral solution 15 mg/ml</i>	G	
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 DAYs)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	G	QL (90 capsules per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	G	QL (90 CAPSULES 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 packet 40 mg</i>	G	QL (90 packets per 365 days)

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<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	QL (90 TABLETS per 365 days)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	G	Select OTC; QL (90 CAPSULES per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NPB	QL (90 CAPSULES per 365 DAYs)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NPB	QL (90 TABLETS per 365 DAYs)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NPB	QL (90 PACKETS per 365 DAYs)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	NPB	QL (90 tablets per 365 days)
<i>propantheline bromide oral tablet 15 mg</i>	G	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NPB	QL (90 PACKETS per 365 DAYs)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NPB	QL (90 TABLETS per 365 DAYs)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	PB	
<i>ra lansoprazole oral capsule delayed release 15 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	G	QL (90 TABLETS per 365 DAYs)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	QL (90 CAPSULES per 365 DAYs)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	QL (90 TABLETS per 365 DAYs)
<i>sucralfate oral suspension 1 gml/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	G	
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>)	G	Select OTC; QL (90 CAPSULES per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (mirabegron)	PB	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (fesoterodine fumarate)	PB	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	PB	
ENCARE VAGINAL SUPPOSITORY 100 MG (nonoxynol-9)	CE	N7 (NPB)
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	PB	
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
ESTRING VAGINAL RING 2 MG (estradiol)	PB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (NPB)
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	N7 (NPB)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (NPB)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VASOPRESSORS - DRUGS FOR THE HEART		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	QL (4 INJECTIONS per 25 DAYs)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (4 INJECTIONS per 25 DAYs)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYs)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 SOLUTION PREFILLED SYRINGE per 25 DAYs)
VITAMINS - DRUGS FOR NUTRITION		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	PB	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	

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