

Plan for your best health

Aetna Small Group ACA Formulary: Banner | Aetna

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

2021 Small Group ACA Banner

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	15
ANTI - INFECTIVES.....	28
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	28
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	47
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	60
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	60
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	79
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	113
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	150
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	162
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	166
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	173
MEDICAL DEVICES.....	182
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	205
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	220
OTHER.....	226
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	226
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	240

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.

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand and generic:** 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:** via E-Prescribe to Banner Family Pharmacy – Chandler
 - 2. Fax: 1-602-747-2170**
 - 3. Phone: 1-844-747-6442**, option 2
 - 4. Mail:** Banner Family pharmacy
7300 W Detroit Street
Chandler, AZ 85226

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 www.availity.com.
- Call the Aetna Pharmacy Precertification Unit:
Non-Specialty **1-800-294-5979** or
Non-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

Banner|Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide 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,
1-800-648-7817, TTY: 711,
Fax: 859-425-3379, 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).

Banner|Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Health benefits and health insurance plans are offered and/or underwritten by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna). Each insurer has sole financial responsibility for its own products. Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. are affiliates of Banner Health and, of Aetna and its affiliates (Aetna). Aetna provides certain management services to Banner|Aetna.

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' dólzinígíí 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 ինքնուրույն (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.

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.

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 drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs 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.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

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

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

AL = Age Limit

IBC = Indication Based Coverage

LGC = Lowest Generic Copay Applies

MPG = PG tier applies to members residing in Massachusetts.

N2 = Drug tier when CE does not apply

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

OTC = Covered OTC

PA = Prior Authorization

QL = Quantity Limit

SP Pharmacy = You may pay higher out of pocket costs and may be required to get these

products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy.

Specialty products are limited to a 30 day supply.

ST = Step Therapy

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.

NC = Not Covered

NP = Non Preferred

NPSP = Non Preferred Specialty

PB = Preferred Brand

PG = Preferred Generic

PSP = Preferred Specialty

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois
UF9 = PSP tier with Prior Authorization applies to members residing in Colorado.
UN6 = Prior Authorization does not apply to members residing in Pennsylvania and Washington

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NC	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	NP	
<i>celecoxib oral capsule 400 mg</i>	NP	ST; QL (2 capsules per 1 day)
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	LGC
<i>colchicine oral capsule 0.6 mg</i>	NC	
<i>colchicine oral tablet 0.6 mg</i>	NP	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NC	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad-allopurinol</i>)	NC	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NC	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NC	
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NC	
ZURAMPIC ORAL TABLET 200 MG (<i>lesinurad</i>)	NC	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NC	
MISCELLANEOUS		
<i>duraxin oral capsule 300-200-20 mg</i>	NP	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NC	
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	PG	QL (48 tablets per 25 days)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NP	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NC	
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	NC	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	NP	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NP	QL (48 capsules per 1 month)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	QL (48 tablets per 1 month)
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	PG	QL (48 capsules per 1 month)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	NP	
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	NP	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NC	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NC	
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NC	
<i>tencon oral tablet 50-325 mg</i>	NC	
<i>butalbital-apap-caffeine</i> (Vanatol Lq Oral Solution 50-325-40 Mg/15ML)	PG	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Vanatol S Oral Solution 50-325-40 Mg/15ML)	PG	QL (90 ML per 1 day)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	NC	
<i>zebutal oral capsule 50-325-40 mg</i>	NP	
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NC	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NC	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac oral capsule 35 mg</i>	NC	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PG	LGC
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	NC	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NC	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NP	
<i>fenoprofen calcium oral tablet 600 mg</i>	NP	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	NC	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	PG	LGC
<i>ibuprofen oral suspension 100 mg/5ml</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	LGC
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NP	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NP	
<i>indomethacin er oral capsule extended release 75 mg</i>	NP	
<i>indomethacin oral capsule 20 mg</i>	NC	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NC	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	PG	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NC	
<i>ketorolac tromethamine oral tablet 10 mg</i>	NP	QL (20 tablets per 5 days)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NC	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	LGC
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NC	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NC	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NC	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	NC	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	NC	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	LGC
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NC	
<i>naproxen sodium oral tablet 275 mg</i>	PG	
<i>naproxen sodium oral tablet 550 mg</i>	PG	LGC
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
PONSTEL ORAL CAPSULE 250 MG (<i>mefenamic acid</i>)	NC	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NC	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NC	
<i>nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)</i>	NC	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NC	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (<i>indomethacin</i>)	NC	
<i>tolmetin sodium oral capsule 400 mg</i>	PG	
<i>tolmetin sodium oral tablet 200 mg</i>	NP	
<i>tolmetin sodium oral tablet 600 mg</i>	PG	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NC	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NC	#
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NC	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	PG	
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	NP	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NC	#
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NC	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NC	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NC	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; UF11; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; UF11; QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	PG	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	PG	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	PG	UF11; QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	PG	UF11; QL (3 tabs per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	PA; QL (4 tablets per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	UF11; QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	UF11; QL (3 films per 1 day)
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 (3 TABLETS per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (1 TABLET per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (2 TABLETS per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	#
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	PA; QL (90 ml per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NC	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	PA; QL (10 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NC	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NP	PA; QL (168 tablets per 1 month)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (48 tablets per 1 month)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	PA; QL (2 bottles per 30 days)
<i>codeine sulfate oral tablet 15 mg, 60 mg</i>	NP	PA; QL (6 tablets per day for 7 days only per 90 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

20

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>codeine sulfate oral tablet 30 mg</i>	PG	PA; QL (6 tablets per day for 7 days only per 90 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NC	
DEMEROL ORAL TABLET 100 MG (<i>meperidine hcl</i>)	NC	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NC	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (<i>methadone hcl</i>)	NC	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NC	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG (<i>morphine-naltrexone</i>)	PB	PA; ST; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	PB	PA; ST; MPG; QL (2 capsules per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	PB	PA; ST; MPG; QL (1 capsule per 1 day)
<i>endocet oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)
<i>endocet oral tablet 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
EXALGO ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	NP	PA; ST; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NC	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NC	
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PG	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PG	PA; ST; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PG	PA; ST; QL (1 tablet per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	NP	QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	NP	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NP	PA; QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	NP	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	NP	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	NP	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	NP	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	NP	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	PA; QL (2 tablets per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NC	
IBUDONE ORAL TABLET 10-200 MG (<i>hydrocodone-ibuprofen</i>)	NC	
<i>ibudone oral tablet 5-200 mg</i>	NP	PA; QL (5 tablets per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	NC	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (2 capsules per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NC	
<i>levorphanol tartrate oral tablet 2 mg</i>	NC	
<i>levorphanol tartrate oral tablet 3 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>lorcet hd oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>lorcet oral tablet 5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet 7.5-325 Mg)	PG	PA; QL (6 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NC	
<i>meperidine hcl oral solution 50 mg/5ml</i>	PG	QL (90 ml per 1 month)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	NP	PA; QL (18 tablets per 1 month)
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	PG	PA; UN6; UF11; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	PA; ST; UN6; UF11; QL (1 ml per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	PA; ST; UN6; UF11; QL (10 ml per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	PA; ST; UN6; UF11; QL (15 ml per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; ST; UN6; UF11; QL (2 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; ST; UN6; UF11; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	QL (9 tablets per 1 month)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NC	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	PA; UN6; UF11; QL (9 tablets per 1 month)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NC	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	PG	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	PA; ST; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>	NP	PA; ST; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	PG	PA; ST; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	PG	PA; ST; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	PA; QL (30 mls per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	PA; QL (6 suppositories per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate rectal suppository 20 mg</i>	PG	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>nalocet oral tablet 2.5-300 mg</i>	PG	PA; QL (12 tablets per 1 day)
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NC	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NP	QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NP	QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	NP	QL (3 tablets per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG (<i>oxymorphone hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG (<i>oxymorphone hcl</i>)	NC	
OXAYDO ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NP	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET 7.5 MG (<i>oxycodone hcl</i>)	NP	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	NP	MPG; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG (<i>oxycodone hcl</i>)	NP	PA; MPG; QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PG	PA; ST; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	NP	PA; QL (30 mls per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	PA; QL (2 tablets per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NC	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	NC	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	PG	PA; QL (4 tablets per day for 7 days per 1 month)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NP	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	NP	QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	QL (6 tablets per 1 day)
<i>panlor oral tablet 325-30-16 mg</i>	NC	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NC	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NC	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NC	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NC	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NC	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NC	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NC	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	NC	
<i>tramadol hcl oral tablet 50 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	PA; QL (40 tablets per 1 month)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NC	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NC	
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (<i>acetaminophen-codeine</i>)	NC	
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NP	PA; QL (40 tablets per 1 month)
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NC	
VERDROCET ORAL TABLET 2.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (12 tablets per 1 day)
<i>vicodin es oral tablet 7.5-300 mg</i>	NP	PA; QL (6 tablets per 1 day)
<i>vicodin hp oral tablet 10-300 mg</i>	NP	PA; QL (6 tablets per 1 day)
<i>vicodin oral tablet 5-300 mg</i>	NP	PA; QL (8 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG, 7.5-300 MG (<i>hydrocodone-acetaminophen</i>)	NC	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	PB	PA; ST; QL (2 tablets per 1 day)
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NC	
ZOXYDOL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NC	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NC	
<i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>	PG	PA; QL (2 films per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	PG	UF11; QL (3 tablets per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	PA; ST; QL (4 patches per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NC	
<i>icatibant acetate</i> (Sajazir Subcutaneous Solution 30 Mg/3ML)	PSP	PA; NPL; SP Pharmacy; QL (15 syringes per 1 month)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	
SALICYLATES		
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	NP	
<i>diflunisal oral tablet 500 mg</i>	PG	
<i>ecotrin low strength oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>st joseph aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
ANTI - INFECTIVES		
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	PG	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NC	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NC	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NC	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	NC	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
<i>sulfadiazine oral tablet 500 mg</i>	NP	
TINDAMAX ORAL TABLET 500 MG (<i>tinidazole</i>)	NC	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NC	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NC	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	SP Pharmacy; QL (224 ML per 1 month)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; SP Pharmacy; QL (56 vials per 1 fill)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NC	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	PB	
<i>bio-statin oral powder</i>	PG	
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	NC	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NP	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NC	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NC	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	NP	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	NP	
<i>griseofulvin microsize oral tablet 500 mg</i>	NP	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>itraconazole oral capsule 100 mg</i>	NP	PA
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NP	
<i>ketoconazole oral tablet 200 mg</i>	NP	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NC	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	PB	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NC	
<i>nystatin oral tablet 500000 unit</i>	PG	
ONMEL ORAL TABLET 200 MG (<i>itraconazole</i>)	NC	
<i>posaconazole oral tablet delayed release 100 mg</i>	NP	PA
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NC	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NC	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NC	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NC	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	NC	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	NC	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	NP	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	NP	PA
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	NP	QL (12 tablets per 1 fill)
<i>albendazole oral tablet 200 mg</i>	NP	QL (336 tablets per 365 days)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NP	#; QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NC	
<i>atovaquone oral suspension 750 mg/5ml</i>	NP	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NC	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NC	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	PSP	PA; #; SP Pharmacy; QL (84 vials per 28 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NC	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NC	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NC	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (6 tablets per 3 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NP	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NC	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NC	
FURADANTIN ORAL SUSPENSION 25 MG/5ML (<i>nitrofurantoin</i>)	NC	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NC	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	NP	PA; #; QL (3 capsules per 1 day)
<i>ivermectin oral tablet 3 mg</i>	PG	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	NP	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	
<i>linezolid oral tablet 600 mg</i>	PG	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NC	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NC	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	NP	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NC	
<i>metronidazole oral capsule 375 mg</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NP	
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (6 tablets per 3 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	PA; AL
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	PA; AL
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NC	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 tablets per 365 days)
PRIMSOL ORAL SOLUTION 50 MG/5ML (<i>trimethoprim hcl</i>)	PB	
<i>pyrimethamine oral tablet 25 mg</i>	NP	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	ST; QL (6 tabs per 1 fill)
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NC	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	PG	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	PG	
<i>trimethoprim oral tablet 100 mg</i>	PG	
<i>trimpex oral solution 50 mg/5ml</i>	NP	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NC	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 capsules per 10 days)
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	NC	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	PB	QL (9 tablets per 25 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NC	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NC	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NP	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NP	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NP	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NC	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg</i>	NP	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NC	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	PB	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	PB	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (2 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	PB	#; QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	PB	#; QL (6 capsules per 1 day)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	PG	QL (1 capsule per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	PB	QL (2 tablets per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (1 tablet per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	NC	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	#; QL (4 bottles per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NC	
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	NC	
<i>etravirine oral tablet 100 mg</i>	PG	QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	PG	QL (2 tablets per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (4 tablets per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	PSP	#; SP Pharmacy; QL (2 vials per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	PB	#; QL (4 tabs per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	PB	#; QL (2 tabs per 1 day)
INVIRASE ORAL CAPSULE 200 MG (<i>saquinavir mesylate</i>)	NP	QL (10 capsules per 1 day)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	PB	QL (4 tablets per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 Day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (2 tabs per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (6 tablets per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	PB	#; QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NC	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (1 tab per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (5 bottles per 30 days)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (2 tablets per 1 day)
NORVIR ORAL CAPSULE 100 MG (<i>ritonavir</i>)	NC	#; QL (12 capsules per 1 day)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PB	#; QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NC	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NP	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	PB	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir ethanolate</i>)	PB	#; QL (2 tabs per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	#; QL (1 tab per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESCRIPTOR ORAL TABLET 100 MG (<i>delavirdine mesylate</i>)	NP	QL (30 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	NP	QL (15 tablets per 1 day)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NC	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NC	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NC	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	PB	#; QL (6 packets per 1 day)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (12 tablets per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NC	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	PB	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG (<i>maraviroc</i>)	PB	#; QL (2 tabs per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	PB	#; QL (8 tablets per 1 Day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	PB	#; QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	PB	#; QL (2 tablets per 1 Day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
<i>stavudine oral solution reconstituted 1 mg/ml</i>	PG	QL (12 bottles per 30 days)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NC	
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NC	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	PB	QL (8 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tabs per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (12 tablets per 1 day)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	PB	QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG (<i>didanosine</i>)	PB	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG (<i>didanosine</i>)	NC	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM (<i>didanosine</i>)	PB	QL (12 bottles per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM (<i>didanosine</i>)	PB	QL (6 bottles per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	PB	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	PB	QL (4 tablets per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NC	
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NC	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG (<i>nevirapine</i>)	NC	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (4 bottles per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (1 tab per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NC	
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG (<i>stavudine</i>)	NC	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML (<i>stavudine</i>)	NC	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NC	
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NC	
<i>zidovudine oral capsule 100 mg</i>	PG	QL (6 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (8 bottles per 30 days)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	QL (2 tablets per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	NP	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NC	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NP	QL (1 tab per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofof df</i>)	NP	ST; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PB	QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PB	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	PG	QL (1 TABLET per 1 Day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	PG	QL (1 tablet per 1 day)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NC	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PB	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (1 tablet per 1 Day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	ST; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NC	
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	PB	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	PB	#; QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (3 bottles per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (8 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofof af</i>)	PB	QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NPSP	ST; QL (1 tab per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NC	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	NP	PA; QL (1 tablet per 1 day)
TEMIKYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NC	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NC	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG (<i>ethambutol hcl</i>)	NC	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	NC	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	NP	
<i>pretomanid oral tablet 200 mg</i>	NP	PA; QL (1 tablet per 1 day)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	PB	
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	NP	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (<i>rifampin</i>)	NC	
RIFAMATE ORAL CAPSULE 150-300 MG (<i>isoniazid-rifampin</i>)	PB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	NC	
RIFATER ORAL TABLET 50-120-300 MG (<i>isoniazid-rifamp-pyrazinamide</i>)	PB	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	PA; SP Pharmacy
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	LGC
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg</i>	PG	LGC
<i>acyclovir oral tablet 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PSP	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NC	
<i>diclofenac sodium external gel 3 %</i>	NC	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PSP	SP Pharmacy; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	PB	#; SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NC	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	NP	
<i>favipiravir oral tablet 200 mg</i>	NP	
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	NC	
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NC	
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	QL (20 capsules per 365 Days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (480 MLS per 365 Days)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NC	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	PB	QL (2 inhalers per 90 days)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	PG	
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NC	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	PSP	PA; SP Pharmacy
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NC	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NC	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NC	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PSP	PA; SP Pharmacy; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PSP	PA; SP Pharmacy; QL (120 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NC	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NP	PA; QL (1 tablet per 1 day)
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NC	#
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NC	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NC	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 365 days)
ZOVIRAX ORAL CAPSULE 200 MG (<i>acyclovir</i>)	NC	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NC	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (<i>acyclovir</i>)	NC	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	NP	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefдинир oral capsule 300 mg</i>	PG	
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	NP	
<i>cefixime oral capsule 400 mg</i>	PG	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	NP	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
DAXBIA ORAL CAPSULE 333 MG (<i>cephalexin</i>)	NC	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NC	
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NC	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	NP	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>cefixime</i>)	NC	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (<i>cefixime</i>)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	PB	#
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
BIAXIN ORAL TABLET 500 MG (<i>clarithromycin</i>)	NC	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	PA
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	PA

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NC	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<i>erythromycin stearate oral tablet 250 mg</i>	PG	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NC	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NC	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (<i>azithromycin</i>)	NC	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NC	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NC	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
AVELOX ORAL TABLET 400 MG (<i>moxifloxacin hcl</i>)	NC	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NP	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (<i>ciprofloxacin</i>)	NC	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NP	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NC	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>ciprofloxacin-ciproflox hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	PG	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NP	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NC	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	NP	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	PG	
HEPATITIS C		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG (<i>daclatasvir dihydrochloride</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 packet per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP Pharmacy
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NC	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NC	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG (<i>ribavirin</i>)	NP	SP Pharmacy
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG (<i>ribavirin</i>)	NP	SP Pharmacy
<i>moderiba oral tablet 200 mg</i>	PG	SP Pharmacy
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	PB	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	PSP	PA; SP Pharmacy
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (<i>peginterferon alfa-2b</i>)	NPSP	
REBETOL ORAL CAPSULE 200 MG (<i>ribavirin</i>)	NC	
REBETOL ORAL SOLUTION 40 MG/ML (<i>ribavirin</i>)	PB	SP Pharmacy

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribasphere oral capsule 200 mg</i>	PG	SP Pharmacy
<i>ribasphere oral tablet 200 mg</i>	PG	SP Pharmacy
<i>ribasphere oral tablet 400 mg, 600 mg</i>	NP	SP Pharmacy
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG (<i>ribavirin</i>)	PG	SP Pharmacy
<i>ribavirin oral capsule 200 mg</i>	PG	PA; SP Pharmacy
<i>ribavirin oral tablet 200 mg</i>	PG	PA; SP Pharmacy
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NC	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (1 packet per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (1 tablet per 1 day)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 tab per 1 day)
TECHNIVIE ORAL TABLET 12.5-75-50 MG (<i>ombitasvir-paritaprev-ritonavir</i>)	NPSP	PA; ST; QL (2 tablets per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 Pak per 28 days)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NPSP	PA; ST; QL (3 tablets per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	PA; SP Pharmacy; QL (1 tablet per 1 Day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG (<i>amoxicillin-pot clavulanate</i>)	NC	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG (<i>amoxicillin</i>)	NC	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NC	
<i>avidoxy oral tablet 100 mg</i>	PG	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NC	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NC	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NC	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	LGC
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NC	
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg, 80 mg</i>	NC	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NC	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg</i>	NC	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	PG	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NC	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NC	
<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>	NC	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NC	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg, 50 Mg)</i>	PG	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)</i>	NC	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)</i>	PG	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NC	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NC	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NC	
<i>doxycycline hyclate (Targadox Oral Tablet 50 Mg)</i>	NC	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	LGC
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NC	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NC	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS - CHEMOTHERAPY DRUGS		
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	CE	N2 (Not Covered)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	PSP	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (PG)
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (PSP)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	N2 (PSP)
GLEOSTINE ORAL CAPSULE 5 MG (<i>lomustine</i>)	PB	PA
HEXALEN ORAL CAPSULE 50 MG (<i>altretamine</i>)	NPSP	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N2 (PB)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (PG)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N2 (NP)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	N2 (Not Covered)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP Pharmacy; N2 (PSP)
ANTIMETABOLITES - CHEMOTHERAPY DRUGS		
<i>capecitabine oral tablet 150 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tablets per 1 day)
<i>capecitabine oral tablet 500 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (10 tablets per 1 day)
<i>floxuridine injection solution reconstituted 0.5 gm</i>	PG	
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (PG)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (PG)
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; #; SP Pharmacy; N2 (NPSP)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (NP)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (NP)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	N2 (Not Covered)
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N2 (Not Covered)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 cap per 1 day)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	CE	PA; N2 (PSP); QL (6 capsules per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (21 tablets per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	PA; SP Pharmacy; QL (21 tablets per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	PA; SP Pharmacy; QL (42 tablets per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	PA; SP Pharmacy; QL (63 tablets per 28 days)
KISQALI 200 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (Not Covered)
KISQALI 400 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (Not Covered)
KISQALI 600 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (Not Covered)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (Not Covered)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (Not Covered)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (Not Covered)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N2 (PSP)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 tablets per 1 Day)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N2 (NPSP); QL (8 capsules per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N2 (Not Covered)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 capsules per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	SP Pharmacy; N2 (Not Covered)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (PG)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (Not Covered)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (Not Covered)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (PG)
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (Not Covered)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML (<i>medroxyprogesterone acetate</i>)	NP	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA; SP Pharmacy

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA; SP Pharmacy
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N2 (PSP)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (NP)
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	N2 (Not Covered)
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (Not Covered)
FENSOLVI SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NC	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NPSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (<i>degarelix acetate</i>)	NPSP	PA; SP Pharmacy
<i>flutamide oral capsule 125 mg</i>	CE	N2 (PG)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA; SP Pharmacy
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	PSP	PA; #; SP Pharmacy
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (PG)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (NP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (PG)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (Not Covered)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (PG)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N2 (PSP)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	N2 (Not Covered)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (Not Covered)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); AL
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPSP	PA; #; SP Pharmacy
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tablets per 1 day)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	#; N2 (PSP); QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N2 (Not Covered)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; #; N2 (PSP); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; #; N2 (PSP); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	SP Pharmacy; N2 (Not Covered)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N2 (PSP)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	N2 (Not Covered)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	CE	N2 (Not Covered)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG (<i>bosutinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 500 MG (<i>bosutinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	N2 (Not Covered)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	PA; N2 (NPSP)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; #; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (2 tabs per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; #; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (1 tab per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (4 capsules per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (3 capsules per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	N2 (Not Covered)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	N2 (Not Covered)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (PSP); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (PSP); QL (2 tablets per 1 day)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N2 (Not Covered)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N2 (Not Covered)
ICLUSIG ORAL TABLET 10 MG, 30 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 TABLET per 1 Day)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N2 (PSP); QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; N2 (PSP); QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; N2 (PSP)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; N2 (PSP)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tabs per 1 day)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 day)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	#; N2 (Not Covered)
JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tabs per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (3 capsules per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (2 capsules per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	CE	PA; N2 (NPSP)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	N2 (Not Covered)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tabs per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	N2 (Not Covered)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tabs per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	N2 (Not Covered); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	N2 (Not Covered); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	N2 (Not Covered); QL (2 tablets per 1 day)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N2 (Not Covered)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	NC	
SPRYCEL ORAL TABLET 100 MG, 140 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; SP Pharmacy; N2 (PSP); QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG (<i>sunitinib malate</i>)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 cap per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	N2 (Not Covered)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (2 tablets per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (NPSP); QL (4 caps per 1 day)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 Day)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N2 (Not Covered)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (<i>infigratinib phosphate</i>)	CE	N2 (Not Covered)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (<i>infigratinib phosphate</i>)	CE	N2 (Not Covered)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (<i>infigratinib phosphate</i>)	CE	N2 (Not Covered)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (<i>infigratinib phosphate</i>)	CE	N2 (Not Covered)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE 200 MG (<i>pexidartinib hcl</i>)	NC	
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (6 tablets per 1 day)
UKONIQ ORAL TABLET 200 MG (<i>umbralisib tosylate</i>)	CE	N2 (Not Covered)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N2 (NPSP)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N2 (NPSP)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N2 (Not Covered)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tabs per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 CAPSULES per 1 day)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	N2 (Not Covered)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (8 tabs per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (3 tablets per 1 day)
MISCELLANEOUS		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	PSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	SP Pharmacy; N2 (Not Covered); QL (1 tablet per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP Pharmacy; N2 (PSP)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (<i>encorafenib</i>)	CE	N2 (Not Covered)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPSP); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPSP); QL (4 capsules per 1 day)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	PB	
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	N2 (Not Covered)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (1 tab per 1 day)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (Not Covered)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (PG)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	NC	
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (80 tablets per 28 days)
LYNPARZA ORAL CAPSULE 50 MG (<i>olaparib</i>)	NC	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	SP Pharmacy; N2 (PSP)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	N2 (Not Covered)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (PSP); QL (1 capsule per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (pegaspargase)	PSP	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	CE	N2 (Not Covered)
QINLOCK ORAL TABLET 50 MG (ripretinib)	CE	N2 (Not Covered)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (peginterferon alfa-2b)	NPSP	PA; SP Pharmacy; QL (4 injections per 1 month)
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hcl)	CE	N2 (Not Covered)
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	CE	N2 (Not Covered)
TAZVERIK ORAL TABLET 200 MG (tazemetostat hbr)	CE	SP Pharmacy; N2 (Not Covered); QL (8 tablets per 1 day)
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	CE	N2 (Not Covered)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (bcg live)	PB	
tretinoin oral capsule 10 mg	CE	SP Pharmacy; N2 (PG)
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	PSP	QL (20 packets per 1 prescription)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (selinexor)	CE	N2 (Not Covered)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG (selinexor)	CE	N2 (Not Covered)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG (selinexor)	CE	N2 (Not Covered)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (selinexor)	CE	N2 (Not Covered)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	CE	N2 (Not Covered)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	N2 (Not Covered)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
ZYKADIA ORAL CAPSULE 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPSP); QL (3 capsules per 1 day)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	N2 (Not Covered)
PROTECTIVE AGENTS		
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	PG	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (PG)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (PSP)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N2 (PG)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP Pharmacy; N2 (NPSP)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N2 (PSP); QL (4 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N2 (PSP)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N2 (PSP); QL (1 pack per 1 month)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril-hydrochlorothiazide</i>)	NC	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	NC	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NC	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	PG	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NP	#
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NC	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NC	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NC	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	NC	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	NC	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	QL (5 ml per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NP	#; QL (5 ml per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NC	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PG	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>lisinopril</i>)	NC	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NC	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NC	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NC	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NC	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NC	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NC	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>	NP	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NC	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NC	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NC	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NC	
BYVALSON ORAL TABLET 5-80 MG (<i>nebivolol-valsartan</i>)	NC	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NC	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NP	ST; QL (1 tab per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NC	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NC	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NC	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NC	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	NP	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	NC	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NC	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NC	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	NC	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NC	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NC	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NC	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP	ST
<i>eprosartan mesylate oral tablet 600 mg</i>	NP	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NC	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	NP	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	NP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NP	PA
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NC	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	NP	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	NP	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	PG	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NC	
<i>sorine oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sorine oral tablet 160 mg, 240 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NC	
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	NC	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	NC	
ANTIPEMICS, BILE ACID RESINS		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NC	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
<i>prevalite oral packet 4 gm</i>	PG	
<i>prevalite oral powder 4 gml/dose</i>	PG	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NC	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NC	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	NC	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	NC	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	NC	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NC	
ANTILIPEMICS, FIBRATES		
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NC	#
<i>fenofibrate micronized oral capsule 130 mg</i>	NC	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	QL (1 cap per 1 day)
<i>fenofibrate micronized oral capsule 43 mg</i>	PG	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 67 mg</i>	PG	
<i>fenofibrate oral capsule 50 mg</i>	NC	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NC	
<i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibrate oral tablet 160 mg</i>	NP	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NC	
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NC	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NC	
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NC	
TRIGLIDE ORAL TABLET 160 MG (<i>fenofibrate</i>)	NC	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	NC	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NP	ST; #; QL (2 tabs per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N2 (Not Covered); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	NC	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NC	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NC	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NC	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NC	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NC	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NP	ST; QL (1 tab per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
MEVACOR ORAL TABLET 40 MG (<i>lovastatin</i>)	NC	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (<i>pravastatin sodium</i>)	NC	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	NC	
<i>simvastatin oral suspension 20 mg/5ml</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N2 (PG); AL
<i>simvastatin oral tablet 80 mg</i>	PG	LGC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (<i>simvastatin</i>)	NC	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NC	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	NP	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	NC	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 1 gm</i>	PG	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>mipomersen sodium</i>)	NC	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NC	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NP	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NC	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NC	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	NP	
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	PB	#
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	PB	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	NC	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	NC	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	NC	PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	LGC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG (<i>nadolol-bendroflumethiazide</i>)	NC	
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	NC	
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	NC	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	PG	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	PG	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NC	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NC	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NC	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NC	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)	NC	
betaxolol hcl oral tablet 10 mg, 20 mg	PG	
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG	LGC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol hcl)	NP	#
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	PG	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	NP	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	NC	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	NC	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	NC	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	NC	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	NC	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	NC	#
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	NP	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	PG	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	NC	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	PG	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	PG	LGC
metoprolol tartrate oral tablet 37.5 mg, 75 mg	PG	
nadolol oral tablet 20 mg, 40 mg, 80 mg	PG	
pindolol oral tablet 10 mg, 5 mg	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

70

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NC	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NC	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NC	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<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>	PG	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	NC	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NC	
<i>afeditab cr oral tablet extended release 24 hour 30 mg</i>	PG	QL (1 tab per 1 day)
<i>afeditab cr oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NC	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
CALAN ORAL TABLET 120 MG, 80 MG (<i>verapamil hcl</i>)	NC	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NC	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl coated beads</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NC	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	PG	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NC	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (<i>amlodipine besylate-celecoxib</i>)	NC	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	PG	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	PG	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	NC	
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)	NC	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	NP	
NYMALIZE ORAL SOLUTION 60 MG/20ML (nimodipine)	NC	#
PROCARDIA ORAL CAPSULE 10 MG (nifedipine)	NC	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (nifedipine)	NC	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	NC	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	PG	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	NC	
<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>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	NC	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG (<i>digoxin</i>)	NC	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	PB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	NP	ST; QL (1 tab per 1 day)
TEKTURN ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NC	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
ALDACTAZIDE ORAL TABLET 25-25 MG (<i>spironolactone-hctz</i>)	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	PB	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NC	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>bumetanide</i>)	NC	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NC	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DEMADEX ORAL TABLET 10 MG, 20 MG (<i>torseamide</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	NP	
DYAZIDE ORAL CAPSULE 37.5-25 MG (triamterene-hctz)	NC	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	NP	
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	NC	
ethacrynic acid oral tablet 25 mg	NP	
furosemide oral solution 10 mg/ml, 8 mg/ml	PG	
furosemide oral tablet 20 mg, 40 mg, 80 mg	PG	LGC
hydrochlorothiazide oral capsule 12.5 mg	PG	LGC
hydrochlorothiazide oral tablet 12.5 mg	PG	
hydrochlorothiazide oral tablet 25 mg, 50 mg	PG	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	PG	
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	NC	#
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	NC	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hctz)	NC	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (triamterene-hctz)	NC	
methazolamide oral tablet 25 mg, 50 mg	PG	
methyclothiazide oral tablet 5 mg	PG	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG	
MICROZIDE ORAL CAPSULE 12.5 MG (hydrochlorothiazide)	NC	
spironolactone oral tablet 100 mg, 50 mg	PG	
spironolactone oral tablet 25 mg	PG	LGC
spironolactone-hctz oral tablet 25-25 mg	PG	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG	
triamterene oral capsule 100 mg, 50 mg	PG	
triamterene-hctz oral capsule 37.5-25 mg	PG	LGC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	PG	LGC
HEART FAILURE		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NP	#
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	NC	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NC	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NC	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NC	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPSP	ST; SP Pharmacy
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NC	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	NC	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	NP	
<i>metyrosine oral capsule 250 mg</i>	NP	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NC	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	PA; QL (12 capsules per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG (<i>ranolazine</i>)	NC	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	ST
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NC	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NC	
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NC	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	NP	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	NP	
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	NC	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NC	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	PG	
NITRO-BID TRANSDERMAL OINTMENT 2% (<i>nitroglycerin</i>)	NP	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	NC	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 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>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NC	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NC	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NC	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG (<i>ranolazine</i>)	NC	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NPSP	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	NPSP	PA; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	NC	PA; NPL; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NC	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	PSP	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA; SP Pharmacy
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (<i>treprostinil sodium</i>)	NC	#
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NPSP	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NC	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil citrate oral tablet 20 mg</i>	PSP	PA; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NC	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	PSP	QL (4 tablets per 1 day)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PG	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NC	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NC	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	QL (5 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	QL (1 pack per 1 month)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NC	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	PSP	PA; SP Pharmacy; QL (9 ampules per 1 day)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	NP	QL (2 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	PB	QL (10 ml per 1 day)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (5 tablets per 1 day)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (5 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	NP	QL (2 tabs per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NC	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	PG	QL (12 capsules per 1 day)
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	NC	
<i>lorazepam oral concentrate 2 mg/ml</i>	PG	QL (5 ml per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	QL (5 tablets per 1 day)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PG	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (4 capsules per 1 day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NC	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NC	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	PA; #
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NP	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NP	#; QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NP	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>	PG	
<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	NC	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	LGC
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	NC	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NP	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	NP	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (6 tablets per 1 day)
DEPAKENE ORAL CAPSULE 250 MG (<i>valproic acid</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKENE ORAL SOLUTION 250 MG/5ML (<i>valproate sodium</i>)	NC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NC	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NC	
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPSP	SP Pharmacy; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPSP	SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPSP	SP Pharmacy; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPSP	SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NC	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NC	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	PG	QL (8 ml per 1 day)
<i>diazepam oral concentrate 5 mg/ml</i>	PG	
<i>diazepam oral solution 5 mg/5ml</i>	PG	QL (40 ml per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	NP	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NC	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	NC	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NP	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NC	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NC	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; SP Pharmacy; QL (800 ML per 1 month)
<i>epitol oral tablet 200 mg</i>	PG	LGC
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	NP	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NC	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NC	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	PA; SP Pharmacy; QL (12 ML per 1 day)
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>	PG	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (<i>tiagabine hcl</i>)	NC	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NC	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NC	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NC	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NC	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NC	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NP	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NC	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	NP	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	NP	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NC	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NC	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NC	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NC	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NC	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NC	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NC	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NC	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NC	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	NP	ST; QL (2 tabs per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	NP	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	NP	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral solution 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	NC	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NC	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	ST
<i>pregabalin oral solution 20 mg/ml</i>	PG	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	PG	
<i>rufinamide oral suspension 40 mg/ml</i>	PG	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	PG	QL (8 tablets per 1 day)
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NC	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NPSP	PA; SP Pharmacy; QL (6 tablets per 1 day)
SECONAL ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	NP	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NC	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NC	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NC	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 4 mg</i>	PG	
<i>tiagabine hcl oral tablet 2 mg</i>	NP	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NC	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NC	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NC	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NC	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NC	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	#
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NC	
<i>valproate sodium oral solution 250 mg/5ml</i>	PG	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	NC	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	NC	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	NC	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	NC	
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; SP Pharmacy; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; SP Pharmacy; QL (6 tablets per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	PSP	PA; SP Pharmacy; QL (6 packets per 1 Day)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NP	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NP	#
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG (<i>cenobamate</i>)	NC	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	NC	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	NC	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG (<i>cenobamate</i>)	NC	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NC	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NC	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NC	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	NC	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NC	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	PG	PA
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NC	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NC	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NC	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	PB	#
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA
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	PA
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NC	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NC	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	LGC; QL (5 tablets per 1 day)
<i>amitriptyline hcl oral tablet 100 mg, 75 mg</i>	PG	PA; LGC; AL
<i>amitriptyline hcl oral tablet 150 mg</i>	PG	PA; AL
<i>amitriptyline hcl oral tablet 25 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>amitriptyline hcl oral tablet 50 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (3 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	PG	QL (2 tablets per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NC	
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NC	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NC	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	NP	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NC	
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	PG	QL (1 tablet per 1 day)
<i>desipramine hcl oral tablet 75 mg</i>	PG	QL (2 tablets per 1 day)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NC	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	ST; QL (1 tablet per 1 Day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 100 mg, 150 mg</i>	PG	QL (1 capsule per 1 day)
<i>doxepin hcl oral capsule 75 mg</i>	PG	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	QL (15 ml per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NC	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NC	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NP	PA; #

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NP	ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NP	ST; QL (1 capsule per 1 Day)
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	PG	LGC
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NP	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl oral tablet 60 mg</i>	NP	QL (1 tablet per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NC	
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	PG	QL (4 tablets per 1 day)
<i>imipramine hcl oral tablet 50 mg</i>	PG	QL (2 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	NP	QL (1 capsule per 1 day)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	NP	PA
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NC	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NC	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NP	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NC	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NC	
<i>nortriptyline hcl oral capsule 10 mg</i>	PG	LGC; QL (5 capsules per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral capsule 25 mg</i>	PG	LGC; QL (2 capsules per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	PG	QL (1 capsule per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	QL (750 ml per 1 month)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NC	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NC	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	NP	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	LGC
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NC	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NC	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NC	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NC	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NC	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NC	
<i>protriptyline hcl oral tablet 10 mg</i>	NP	QL (2 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	NP	QL (3 tablets per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NC	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NC	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NC	
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NC	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (<i>imipramine hcl</i>)	NC	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	NP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg</i>	NP	QL (1 capsule per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	NP	QL (2 capsules per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NP	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NP	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NP	ST; #
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NP	ST; #
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	NC	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NC	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NC	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NC	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	PSP	PA; QL (20 cartridges per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NC	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NC	
ELDEPRYL ORAL CAPSULE 5 MG (<i>selegiline hcl</i>)	NC	
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NC	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NC	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>apomorphine hcl</i>)	NC	
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	NC	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NC	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>pramipexole dihydrochloride</i>)	NC	
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>)	NC	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NC	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (<i>amantadine hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	NC	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	NC	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	NC	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 1 mg</i>	NP	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG (<i>ropinirole hcl</i>)	NC	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>ropinirole hcl</i>)	NC	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	NP	QL (2 tabs per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	QL (1 tab per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NC	#
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (<i>carbidopa-levodopa</i>)	NC	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (<i>carbidopa-levodopa</i>)	NC	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NC	
<i>tolcapone oral tablet 100 mg</i>	NP	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	PG	LGC
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	PG	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NC	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NP	ST; QL (2 tabs per 1 day)
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	NP	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	NP	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NC	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	NC	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NP	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	NC	
<i>chlorpromazine hcl oral tablet 10 mg, 200 mg, 50 mg</i>	PG	
<i>chlorpromazine hcl oral tablet 100 mg, 25 mg</i>	NP	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	NC	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i> (<i>antipsychotic</i>))	NP	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NP	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NP	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG (<i>clozapine</i>)	NC	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PG	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PG	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NC	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NC	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	NP	
HALDOL INJECTION SOLUTION 5 MG/ML (<i>haloperidol lactate</i>)	NP	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NC	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NP	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NP	PA; #
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NC	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NC	
NUPLAZID ORAL TABLET 10 MG, 17 MG (<i>pimavanserin tartrate</i>)	NC	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	NP	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NC	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NP	#
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NC	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NC	
<i>risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	NP	QL (2 tabs per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NC	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NC	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NC	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NC	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NC	
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	NP	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	NP	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	NP	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	NP	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	NP	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NC	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NP	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NC	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NC	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NC	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NC	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NC	
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	PG	QL (15 ml per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (3 capsules per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (1 tablet per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NC	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	PG	QL (1 capsule per 1 day)
<i>atomoxetine hcl oral capsule 25 mg</i>	PG	QL (4 capsules per 1 day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	NC	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	NP	QL (4 tabs per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	NC	
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	NP	QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	NP	QL (1 capsule per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NC	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NP	ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NC	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NC	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	NC	
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	NP	QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	NP	QL (2 capsules per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	QL (4 tabs per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NC	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NC	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NC	
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NC	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NC	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (1 capsule per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	NC	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (clonidine hcl)	NC	
<i>metadate er oral tablet extended release 20 mg</i>	PG	QL (3 tabs per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	NP	QL (5 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (methylphenidate hcl)	NC	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	NP	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	NP	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	NP	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg</i>	NP	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	NP	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	NP	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	NP	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	PG	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	PG	QL (3 tabs per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	NC	
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	PG	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	NP	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	NP	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	NP	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (6 tablets per 1 Day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NC	#
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	NC	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	NC	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (<i>methylphenidate hcl</i>)	NP	QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NC	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	NP	PA; ST; #; QL (1 bottle per 1 fill)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (20 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NP	QL (1 tablet per 1 Day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>methylphenidate hcl</i>)	NC	
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NC	
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NP	QL (3 tablets per 1 day)
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 80 MG (<i>atomoxetine hcl</i>)	NC	
STRATTERA ORAL CAPSULE 60 MG (<i>atomoxetine hcl</i>)	NP	QL (1 capsule per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	NP	ST; QL (2 capsules per 1 day)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NP	ST; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	NP	ST; QL (2 tablets per 1 day)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NP	ST; QL (1 capsule per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	NP	QL (4 tablets per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg, 30 Mg)	NC	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NC	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NC	
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NC	
BELSOMRA ORAL TABLET 10 MG (<i>suvorexant</i>)	NP	PA; QL (1 tablet per 1 day)
BELSOMRA ORAL TABLET 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NP	PA; QL (1 tablet per 1 Day)
BUTISOL SODIUM ORAL TABLET 30 MG (<i>butabarbital sodium</i>)	NP	
<i>cvs ultra sleep oral tablet 25 mg</i>	PG	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NC	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NC	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	NP	QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NC	
<i>eql sleep aid oral tablet 25 mg</i>	PG	
<i>estazolam oral tablet 1 mg, 2 mg</i>	NP	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 tablets per 1 month)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NC	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NC	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; SP Pharmacy; QL (1 capsule per 1 day)
<i>hm sleep aid oral tablet 25 mg</i>	PG	
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	NC	
<i>kls sleep aid oral tablet 25 mg</i>	PG	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NC	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

102

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIDAZOLAM+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	NC	
<i>quazepam oral tablet 15 mg</i>	NP	
<i>ra sleep aid oral tablet 25 mg</i>	PG	
<i>ramelteon oral tablet 8 mg</i>	PG	QL (15 tablets per 1 month)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NC	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NC	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NP	ST; QL (1 tablet per 1 day)
<i>sleep-aid oral tablet 25 mg</i>	PG	
<i>sm sleep aid oral tablet 25 mg</i>	PG	
SONATA ORAL CAPSULE 10 MG, 5 MG (<i>zaleplon</i>)	NC	
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 capsules per 1 month)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 cap per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 tablets per 30 days)
<i>wal-som oral tablet 25 mg</i>	PG	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	PA; QL (15 tablets per 1 month)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (2 tabs per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NC	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NC	#
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	PB	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	ST
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (1 injection per 1 month)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NC	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NP	ST; QL (8 vials per 1 fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 tablets per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (2 injections per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (2 injections per 1 month)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NP	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NP	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NC	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NC	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NC	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NC	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NC	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NC	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NC	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (9 tablets per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

104

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	ST; QL (16 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NC	
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NC	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	NC	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	NP	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	NP	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	NP	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	NP	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NP	ST
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NC	
TREXIMET ORAL TABLET 10-60 MG (<i>sumatriptan-naproxen sodium</i>)	NC	#
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NC	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	NC	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	PG	QL (12 SPRAYS per 1 month)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NC	
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NC	
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NC	
BELVIQ ORAL TABLET 10 MG (<i>lorcaserin hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
<i>bupirone hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>bupirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	PG	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	NC	
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	NP	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	NP	QL (3 capsules per 1 day)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; NPL; SP Pharmacy; QL (200 ML per 1 month)
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	NC	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>guanidine hcl oral tablet 125 mg</i>	NP	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NC	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	NPSP	PA; SP Pharmacy; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NC	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	NP	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

106

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NC	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NP	PA
ORAP ORAL TABLET 1 MG, 2 MG (<i>pimozide</i>)	NC	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NC	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NC	
<i>riluzole oral tablet 50 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NC	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (4 tablets per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NC	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NC	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NC	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	PA; SP Pharmacy; QL (1 tab per 1 day)
AVONEX INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (4 pens per 28 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NC	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; SP Pharmacy; QL (1 kit per 1 month)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PSP	PA; NPL; SP Pharmacy; QL (2 capsules per 1 day)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i> fingolimod hcl</i>)	PSP	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PG	PA; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PB	PA; SP Pharmacy; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PB	PA; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PG	PA; SP Pharmacy; QL (12 syringes per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod fumarate</i>)	NC	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG (<i>siponimod fumarate</i>)	NC	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (2 SYRINGES per 1 month)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NC	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NC	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; SP Pharmacy; QL (1 titration pack per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; SP Pharmacy; QL (1 titration pack per 1 month)
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	NC	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NC	
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	NPSP	PA; NPL; SP Pharmacy; QL (1 pack per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	NPSP	PA; NPL; SP Pharmacy; QL (4 capsules per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	NC	
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	NC	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (<i>ozanimod hcl</i>)	NC	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NC	
<i>baclofen oral tablet 10 mg</i>	PG	LGC
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NC	
<i>carisoprodol oral tablet 350 mg</i>	PG	PA; AL
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	NP	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	PA
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	NC	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	NP	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NP	
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	NC	LGC
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	PG	PA; LGC; AL
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NP	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	NC	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	NC	
<i>chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)</i>	NC	
<i>metaxalone (Metaxall Oral Tablet 800 Mg)</i>	NP	
<i>metaxalone oral tablet 400 mg</i>	PG	PA; AL
<i>metaxalone oral tablet 800 mg</i>	NP	PA; AL
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NC	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

110

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	PA; AL
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NC	
<i>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)</i>	NC	
OZOBAX ORAL SOLUTION 5 MG/5ML (<i>baclofen</i>)	NC	
ROBAXIN ORAL TABLET 500 MG (<i>methocarbamol</i>)	NC	
ROBAXIN-750 ORAL TABLET 750 MG (<i>methocarbamol</i>)	NC	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NC	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NC	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NC	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
<i>carisoprodol (Vanadom Oral Tablet 350 Mg)</i>	NC	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	NC	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NC	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	NP	PA; QL (2 tablets per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NC	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NC	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	NC	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NC	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPSP	PA; SP Pharmacy; QL (540 ml per 1 month)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	NC	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	NPSP	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 tab per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (<i>gabapentin enacarbil</i>)	NP	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (<i>gabapentin enacarbil</i>)	NP	ST; QL (1 tablet per 2 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	NP	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	NP	PA; ST; QL (2 tablets per 1 Day)
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	PA
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	NP	PA; QL (1 tablet per 1 day)
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NC	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (PG); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (NP); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (NP); QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	#: N2 (NP); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (<i>naloxone hcl</i>)	NP	ST; UF11
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	NP	ST; #: UF11
<i>goodsense nicotine mouththroat gum 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NC	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NP	UF11; QL (192 tablets per 3 courses in 1 years)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	UF11
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	UF11
<i>naltrexone hcl oral tablet 50 mg</i>	PG	UF11
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	#; UF11; QL (4 sprays per 180 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	NP	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (NP); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (NP); QL (180 day supply per 365 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	NP	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	NC	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	PSP	PA; UF11; QL (1 vial per 1 month)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NC	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANADROL-50 ORAL TABLET 50 MG (<i>oxymetholone</i>)	NP	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NC	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	NC	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	NC	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NC	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NP	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NC	
METHITEST ORAL TABLET 10 MG	NP	
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NC	
OXANDRIN ORAL TABLET 10 MG (<i>oxandrolone</i>)	NC	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	NP	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NC	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 10 mg/lact (2%), 25 mg/2.5gm (1%)</i>	PG	PA
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PG	QL (5 grams per 1 day)
<i>testosterone transdermal solution 30 mg/lact</i>	PG	PA; QL (6 milliliters per 1 Day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NC	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NC	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

114

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NC	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NC	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	NP	ST; #
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	NP	ST; #
ANTIDIABETICS, BIGUANIDE		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NC	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (<i>metformin hcl</i>)	NC	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>metformin hcl</i>)	NC	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NC	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NC	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	NP	ST; QL (2 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	NP	ST; QL (3 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NC	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PG	LGC
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML (<i>metformin hcl</i>)	NC	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, BIGUANIDE/ MEGLITINIDE COMBINATIONS		
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	NP	QL (2 tablets per 1 day)
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG (<i>glyburide-metformin</i>)	NC	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NP	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	ST
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NC	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NP	ST; QL (1 tab per 1 day)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NP	ST; QL (1 tab per 1 day)
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NP	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NP	ST; QL (2 tablets per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NP	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NP	ST; QL (2 tabs per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin- metformin hcl</i>)	NP	ST

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	NC	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (saxagliptin-metformin)	NP	ST; QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (saxagliptin- metformin)	NP	ST; QL (1 tab per 1 day)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin- pioglitazone)	NC	
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 (empagliflozin-linagliptin-metformin)	NC	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML (lixisenatide)	NC	
ADLYXIN SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MCG/0.2ML (lixisenatide)	NC	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML (exenatide)	NP	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (exenatide)	NP	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG (exenatide)	NP	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	NP	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	NP	PA; ST; #; QL (1 pen per 1 fill)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (semaglutide)	PB	ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML (semaglutide)	PB	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	NC	
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	PB	ST
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR 18 MG/3ML (liraglutide)	NP	ST

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	NP	ST
ANTIDIABETICS, INSULIN		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NC	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NC	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NP	ST
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NP	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NP	ST
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
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	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NP	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NP	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NP	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NP	ST

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

118

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML <i>(insulin lispro prot & lispro)</i>	NP	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML <i>(insulin lispro prot & lispro)</i>	NP	ST
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML <i>(insulin lispro)</i>	NP	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML <i>(insulin lispro)</i>	NP	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML <i>(insulin nph isophane & regular)</i>	NP	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML <i>(insulin nph isophane & regular)</i>	NP	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML <i>(insulin nph human (isophane))</i>	NP	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML <i>(insulin nph human (isophane))</i>	NP	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML <i>(insulin regular human)</i>	NP	
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 asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NC	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NC	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NC	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NC	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	NC	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NP	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NC	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	NP	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NC	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NC	
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	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NC	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	NC	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (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 RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NC	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 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 FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NC	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NC	
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 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NC	
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 RELION SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NC	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NC	
SEMGLEE SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NC	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NC	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NC	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	NP	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NC	
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	NP	QL (1 tab per 1 day)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	NC	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	ST; QL (1 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	
PRANDIN ORAL TABLET 1 MG, 2 MG (<i>repaglinide</i>)	NC	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NC	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB		
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	NC	
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NC	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	NP	ST
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>)	NP	ST

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

122

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBO		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NP	QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NP	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NC	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB(SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	NP	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NP	QL (1 tab per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	NP	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NC	
ANTIDIABETICS, SULFONYLUREA		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NC	
<i>chlorpropamide oral tablet 100 mg</i>	PG	LGC
<i>chlorpropamide oral tablet 250 mg</i>	PG	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NC	
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LGC
<i>glyburide oral tablet 1.25 mg</i>	PG	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	PG	LGC
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NC	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	PG	
<i>tolbutamide oral tablet 500 mg</i>	PG	
ANTIDIABETICS, SULFONYLUREA/ THIAZOLIDINEDIONE COMBINATIONS		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NC	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG (<i>risedronate sodium</i>)	NC	
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	
<i>alendronate sodium oral tablet 40 mg</i>	PG	QL (1 tab per 1 day)
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NC	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NC	
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NC	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	NP	
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NC	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
CALCIUM RECEPTOR AGONISTS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (2 tablets per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (4 tablets per 1 day)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	SP Pharmacy
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	SP Pharmacy
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	PA; ST; QL (1 capsule per 1 day)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NC	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NC	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NP	PA; SP Pharmacy; QL (2 tablets per 1 day)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NC	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NC	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NC	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NC	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NC	
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NP	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NC	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	NC	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	NC	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA; SP Pharmacy
<i>deferiprone oral tablet 500 mg</i>	PSP	PA; SP Pharmacy
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPSP	PA; SP Pharmacy
<i>d-penammine oral tablet 125 mg</i>	NPSP	PA; SP Pharmacy
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NPSP	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NC	
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	PSP	PA; #; SP Pharmacy
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	PSP	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NC	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NC	
<i>kionex oral suspension 15 gm/60ml</i>	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NC	
<i>penicillamine oral capsule 250 mg</i>	PSP	PA; SP Pharmacy
<i>penicillamine oral tablet 250 mg</i>	PG	PA
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	PG	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NC	
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NP	PA; ST; QL (1 packet per 1 day)
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg- Mcg)</i>	CE	N2 (PG)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>alyacen 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>amethia lo oral tablet 0.1-0.02 & 0.01 mg</i>	CE	N2 (PG)
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	CE	N2 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NPB); QL (1 ring per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

126

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	#; N2 (NP)
<i>balziva oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>camila oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	CE	N2 (PG)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	CE	N2 (PG)
<i>caziant oral tablet 0.1/0.125/0.15 -0.025 mg</i>	CE	N2 (PG)
<i>cesia oral tablet 0.1/0.125/0.15 -0.025 mg</i>	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>chateal oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	CE	N2 (PG)
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	CE	N2 (PG)
<i>deblitane oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	#; N2 (NP); QL (1 syringe per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (PG)
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	CE	N2 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N2 (PG)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (PG)
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>errin oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (PG)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	CE	N2 (NP)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

128

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmyly Oral Capsule 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>gianvi oral tablet 3-0.02 mg</i>	CE	N2 (PG)
<i>gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (PG)
<i>gildess fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>heather oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>introvale oral tablet 0.15-0.03 mg</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>jencycla oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>jolessa oral tablet 0.15-0.03 mg</i>	CE	N2 (PG)
<i>jolivette oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (PG)
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (PG)
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (NP)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (PG)
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	CE	N2 (PG)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	CE	N2 (PG)
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (PG)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (PG)
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (NP)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N2 (NP)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	NP	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	NP	
<i>loryna oral tablet 3-0.02 mg</i>	CE	N2 (PG)
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>lutera oral tablet 0.1-20 mg-mcg</i>	CE	N2 (PG)
<i>lyza oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

130

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (PG); QL (1 syringe per 90 days)
<i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (PG)
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (PG)
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NP	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#; N2 (NP)
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>my way oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>myzilra oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (PG)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N2 (NP)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	CE	N2 (PG)
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (NP)
<i>next choice one dose oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	NC	
<i>nikki oral tablet 3-0.02 mg</i>	CE	N2 (PG)
<i>nora-be oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (PG)
<i>norlyroc oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	CE	N2 (PG)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NP	
<i>ocella oral tablet 3-0.03 mg</i>	CE	N2 (PG)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	CE	N2 (PG)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	CE	N2 (PG)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NP	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NP	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (NP)
<i>philith oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>previfem oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>quasense oral tablet 0.15-0.03 mg</i>	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol (Rajani Oral Tablet 3-0.02-0.451 Mg)</i>	CE	N2 (PG)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

132

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)</i>	CE	N2 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	
<i>levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)</i>	CE	N2 (PG)
<i>sharobel oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)</i>	CE	N2 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (NP)
SLYND ORAL TABLET 4 MG (<i>drospironone</i>)	CE	N2 (NPB)
<i>solia oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	CE	N2 (PG)
<i>syeda oral tablet 3-0.03 mg</i>	CE	N2 (PG)
<i>take action oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NC	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i>	CE	N2 (PG)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (PG)
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	N2 (PG)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i>	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>trinessa</i> (28) oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NP	
<i>tri-previfem</i> oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (PG)
<i>tri-sprintec</i> oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (PG)
<i>trivora</i> (28) oral tablet 50-30/75-40/ 125-30 mcg	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	NC	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (PG)
<i>velivet</i> oral tablet 0.1/0.125/0.15 -0.025 mg	CE	N2 (PG)
<i>vestura</i> oral tablet 3-0.02 mg	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienna Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>viorele</i> oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N2 (PG)
<i>vyfemla</i> oral tablet 0.4-35 mg-mcg	CE	N2 (PG)
<i>wera</i> oral tablet 0.5-35 mg-mcg	CE	N2 (PG)
<i>wymzya fe</i> oral tablet chewable 0.4-35 mg-mcg	CE	N2 (PG)
<i>xulane</i> transdermal patch weekly 150-35 mcg/24hr	CE	N2 (PG)
<i>zarah</i> oral tablet 3-0.03 mg	CE	N2 (PG)
<i>zenchent</i> oral tablet 0.4-35 mg-mcg	CE	N2 (PG)
<i>zovia 1/35e</i> (28) oral tablet 1-35 mg-mcg	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (PG)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

134

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
ORLISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	NC	PA; SP Pharmacy
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPSP	PA; SP Pharmacy
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPSP	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.)
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML (<i>pegademase bovine</i>)	NPSP	PA; SP Pharmacy
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NC	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NC	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	PSP	PA; #; SP Pharmacy
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; SP Pharmacy; QL (2 caps per 1 day)
CYSTADANE ORAL POWDER (<i>betaine</i>)	PSP	PA; SP Pharmacy
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NC	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NC	
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	NC	
<i>miglustat oral capsule 100 mg</i>	PSP	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	PSP	PA; QL (1 vial per 1 day)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NC	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPSP	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 20 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA; SP Pharmacy
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NC	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NPSP	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
<i>sapropterin dihydrochloride oral packet 100 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral packet 500 mg</i>	PSP	PA; SP Pharmacy
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	PSP	PA; SP Pharmacy
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; SP Pharmacy; QL (40 tablets per 1 day)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; ST; SP Pharmacy; QL (3 caps per 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NC	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg)</i>	NP	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 1-0.5 Mg)</i>	PG	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NP	
BIEST/PROGESTERONE TRANSDERMAL CREAM (<i>estradiol-estriol-progesterone</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

136

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NC	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	#
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NP	QL (8 patch per 1 month)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	NC	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NP	
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>)	NP	PA; AL
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NP	PA; AL
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NC	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	PA; LGC; AL
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	PA; AL
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	PA; AL
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NP	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	NP	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NP	PA; AL
<i>estropipate oral tablet 0.75 mg</i>	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NP	PA; #; AL

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NP	#; QL (1 ring per 90 days)
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)	NP	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 1-5 Mg-Mcg)	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	NC	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	NC	
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NC	
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	NP	
<i>jinteli oral tablet 1-5 mg-mcg</i>	PG	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet 1-0.5 Mg)	PG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	NP	PA; AL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NP	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	NP	QL (1 tablet per 1 day)
<i>mimvey oral tablet 1-0.5 mg</i>	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	NP	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	NC	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NP	QL (1 tab per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NP	PA; AL
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NP	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NP	
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>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

138

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NC	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	NP	
FERTILITY REGULATORS		
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT (<i>urofollitropin purified</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PSP	PA; SP Pharmacy
<i>clomiphene citrate oral tablet 50 mg</i>	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 3
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>	NC	#; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>novarel intramuscular solution reconstituted 10000 unit</i>	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
OIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NC	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	QL (1 tablet per 1 day)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NC	
<i>cortisone acetate oral tablet 25 mg</i>	PG	
<i>prednisone (Deltasone Oral Tablet 20 Mg)</i>	PG	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	PB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
<i>dexamethasone (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))</i>	NC	
<i>dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))</i>	NC	
<i>dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NC	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	NC	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NC	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NC	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	PB	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NC	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (<i>prednisolone</i>)	NP	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (<i>prednisolone</i>)	NP	
MILLIPRED ORAL SOLUTION 10 MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	PB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NC	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral syrup 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	PB	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>prednisone oral tablet 50 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NC	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	NC	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NC	
VERIPRED 20 ORAL SOLUTION 20 MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	NC	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NC	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NC	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NP	
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (<i>dextrose (diabetic use)</i>)	NP	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	NP	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	PB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	NC	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NP	
GLUCO BURST ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	PG	
<i>glucose oral gel 40 %</i>	PG	
<i>glucose oral liquid 15 gm/59ml</i>	PG	
<i>glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	NP	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

142

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NC	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NC	
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	NP	
<i>leader quick dissolve glucose oral tablet chewable 4 gm</i>	NP	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NP	
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	PG	
RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>)	PG	
<i>value plus glucose oral gel 40 %</i>	PG	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	NC	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	NC	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
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>)	NC	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NC	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	PSP	PA; SP Pharmacy
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NC	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NC	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NC	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	NC	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NC	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	NC	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NC	
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NC	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NC	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NC	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NC	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NC	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA; ST; SP Pharmacy
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (<i>somatropin</i>)	NC	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NC	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA; ST; SP Pharmacy
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NC	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (<i>octreotide acetate</i>)	NC	
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NC	
D-CARE DM2 COMBINATION KIT 500 MG (<i>metformin hel-diagnostic test</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NC	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	NC	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	NPSP	PA; ST; #; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	NPSP	#
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML (<i>teriparatide (recombinant)</i>)	NPSP	
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA; SP Pharmacy; QL (14 capsules per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	PSP	PA; SP Pharmacy
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (<i>osilodrostat phosphate</i>)	NC	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	PSP	PA; SP Pharmacy
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPSP	PA; #; SP Pharmacy; QL (4 tabs per 1 day)
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (28 tablets per 7 days)
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NC	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NC	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NC	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PSP	PA; SP Pharmacy; QL (90 ml per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PSP	PA; SP Pharmacy; QL (45 ml per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PSP	PA; SP Pharmacy; QL (225 ml per 30 days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	PB	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	NP	
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML (<i>denosumab</i>)	NPSP	PA; ST; SP Pharmacy

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (<i>dinoprostone</i>)	NP	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (PG)
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	NC	
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	NPSP	PA; SP Pharmacy; QL (2 tabs per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NC	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NC	#
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NC	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); QL (2 amps per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; #; SP Pharmacy; QL (1 injection per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	PSP	PA; #; SP Pharmacy; QL (1 vial per 1 day)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NC	
<i>tolvaptan oral tablet 15 mg</i>	PSP	PA; SP Pharmacy
<i>tolvaptan oral tablet 30 mg</i>	PSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA; ST; SP Pharmacy
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	PA; SP Pharmacy; QL (4 packets per 1 day)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

146

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NC	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PG	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate (phos binder)</i>)	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NP	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NC	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	NC	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PG	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (<i>mirabegron</i>)	PB	ST; #; QL (1 tab per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	PB	
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NC	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NC	
RENVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NC	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	NP	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NP	#
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NC	
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; SP Pharmacy; QL (5 vials per 1 year)
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPSP	PA; SP Pharmacy

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NC	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; ST; QL (21 syringes per 365 Days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
MEGACE ES ORAL SUSPENSION 625 MG/5ML (<i>megestrol acetate</i>)	CE	N2 (Not Covered)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	NC	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	NC	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NC	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NC	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NP	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NC	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NC	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	LGC
<i>levothyroxine sodium oral tablet 300 mcg</i>	PG	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	LGC
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

148

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid)	NP	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	NP	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	PB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (methimazole)	NC	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (levothyroxine sodium)	NC	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) (liotrix (t3-t4))	NP	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) (liotrix (t3-t4))	NP	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) (liotrix (t3-t4))	NP	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) (liotrix (t3-t4))	NP	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) (liotrix (t3-t4))	NP	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	NP	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	NP	#
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML (levothyroxine sodium)	NC	
<i>levothyroxine sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	PG	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	LGC
<i>levothyroxine sodium (Unithroid Oral Tablet 137 Mcg)</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>unithroid oral tablet 300 mcg</i>	PG	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NP	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	NP	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NC	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NC	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NC	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	NP	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NP	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	NP	PA; QL (1 bottle per 30 Days); AL
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NP	PA
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NP	
BENTYL ORAL CAPSULE 10 MG (<i>dicyclomine hcl</i>)	NC	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NC	
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	PB	#
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	LGC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	LGC
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

150

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	PG	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	PG	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	PG	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NC	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	PA; AL
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	PG	
<i>oscimin oral tablet 0.125 mg</i>	PG	
<i>oscimin oral tablet dispersible 0.125 mg</i>	PG	
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	NC	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	PG	
<i>propantheline bromide oral tablet 15 mg</i>	NP	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NC	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NC	
<i>hyoscyamine sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)</i>	PG	
<i>hyoscyamine sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)</i>	NC	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NP	QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	NP	QL (6 tablets per 1 month)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	PG	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	QL (9 capsules per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NC	#
CESAMET ORAL CAPSULE 1 MG (<i>nabilone</i>)	NP	QL (2 caps per 1 day)
<i>compro rectal suppository 25 mg</i>	PG	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NC	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NC	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	PG	OTC

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	QL (4 CAPSULES per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (<i>aprepitant</i>)	NC	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	PB	#
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NC	
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NC	
<i>granisetron hcl oral tablet 1 mg</i>	NP	QL (12 tablets per 21 days)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	NC	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	PG	OTC
<i>meclizine hcl oral tablet 50 mg</i>	NC	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	LGC
<i>metoclopramide hcl oral tablet 10 mg</i>	PG	LGC
<i>metoclopramide hcl oral tablet 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	NP	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	QL (200 ml per 21 days)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 tablets per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PG	QL (18 tablets per 21 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	QL (18 tablets per 21 days)
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	NP	
<i>promethazine hcl (Phenergan Rectal Suppository 50 Mg)</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	PA; AL
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	PA; AL
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	PA; AL
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	NP	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	NP	
<i>promethegan rectal suppository 50 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NC	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	QL (2 patches per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NC	#
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NC	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NC	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	PB	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	NC	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG (<i>ondansetron</i>)	NC	
ZOFRAN ORAL SOLUTION 4 MG/5ML (<i>ondansetron hcl</i>)	NC	
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NC	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NC	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	PG	OTC
<i>cimetidine oral tablet 800 mg</i>	PG	LGC; OTC
<i>eq famotidine max st oral tablet 20 mg</i>	PG	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 20 mg</i>	PG	LGC; OTC
<i>famotidine oral tablet 40 mg</i>	PG	LGC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML (<i>famotidine</i>)	NC	
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	NC	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	PG	OTC
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	PG	OTC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	PG	LGC; OTC

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANTAC ORAL TABLET 300 MG (<i>ranitidine hcl</i>)	NC	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	PB	QL (4 caps per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NC	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NC	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NC	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	NP	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NP	ST; QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NC	
<i>colocort rectal enema 100 mg/60ml</i>	PG	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	NC	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NP	
CORTIFOAM RECTAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NP	QL (30 grams per 30 days)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NC	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NP	PA
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NC	
GIAZO ORAL TABLET 1.1 GM (<i>balsalazide disodium</i>)	NP	ST; #; QL (6 tabs per 1 day)
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NC	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	NP	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

154

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine-cleanser rectal kit 4 gm</i>	PG	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (<i>budesonide</i>)	NC	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	NP	ST; QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	NP	ST; QL (8 caps per 1 day)
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NC	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
<i>sulfazine oral tablet 500 mg</i>	PG	QL (8 tabs per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NC	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NC	#
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NC	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NC	
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NC	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	NP	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NC	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	NC	
LAXATIVES - DRUGS FOR CONSTIPATION		
<i>bisacodyl powder</i>	NP	N2 (Not Covered); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (Not Covered); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	N2 (NP); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NP	
<i>constulose oral solution 10 gm/15ml</i>	PG	LGC

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enulose oral solution 10 gm/15ml</i>	PG	LGC
<i>gavilyte-c oral solution reconstituted 240 gm</i>	PG	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	PG	
<i>bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit 5-210 Mg-Gm)</i>	CE	N2 (PG); AL
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	PG	
<i>generlac oral solution 10 gm/15ml</i>	PG	LGC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PB	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NP	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	NP	QL (60 packets per 30 days)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	LGC
<i>lactulose oral packet 10 gm</i>	NP	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	PG	LGC
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NC	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	NP	
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	NP	#
<i>peg 3350 oral powder 17 gmlscoop</i>	PG	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	PG	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N2 (Not Covered); AL
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N2 (PG); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (NP); AL
<i>polyethylene glycol 3350 oral powder 17 gmlscoop</i>	PG	
POLY-PREP COMBINATION KIT (<i>bisacodyl-peg 3350-lido-hc</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

156

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sodium picosulfate-magnesium oxycitric acid</i>)	CE	#; N2 (NP); AL
<i>saline laxative oral solution 0.9-2.4 gml/5ml</i>	CE	N2 (Not Covered); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	#; N2 (NP); AL
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-magnesium sulfate-kcl</i>)	CE	N2 (NP); AL
<i>trilyte oral solution reconstituted 420 gm</i>	PG	
MISCELLANEOUS		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NC	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NP	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NC	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NC	#
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	NP	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NC	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	NC	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; SP Pharmacy; QL (1 box per 30 fillss)
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NC	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NC	
<i>loperamide hcl oral capsule 2 mg</i>	PG	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NC	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NP	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NP	PA; ST; QL (2 tablets per 1 Day)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NC	
<i>paregoric oral tincture 2 mg/5ml</i>	NP	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NP	#
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NC	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.6 ml per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.4 ml per 1 day)
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NC	
<i>sucrafate oral suspension 1 gml/10ml</i>	PG	
<i>sucrafate oral tablet 1 gm</i>	PG	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NC	
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NC	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NC	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NC	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NC	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VSL#3 JUNIOR ORAL PACKET (<i>probiotic product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 ORAL PACKET (<i>probiotic product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; Tier 3
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NC	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

158

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-6200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT, 37000-97300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NC	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NP	PA; QL (354 ml per 1 month)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	PG	PA; QL (1 capsule per day and 90 capsules per 365 days)
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>rabeprazole sodium</i>)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	NC	#
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NP	ST; #; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NP	QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	PA; QL (1 packet per day, 90 day supply per 365 days)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	NP	QL (1 tablet per 1 Day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	PA; OTC; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	NP	PA; ST; QL (1 packet per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	NP	PA; #; QL (1 packet per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	PA; LGC; OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	PA; OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	QL (90 capsules per 365 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	PA; OTC; QL (1 tablet per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NC	
<i>pantoprazole sodium oral packet 40 mg</i>	NP	QL (1 packet per day, 90 day supply per 365 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	NC	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	PG	PA; OTC; QL (2 capsules per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NC	
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NC	
PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 40 MG (<i>omeprazole</i>)	NC	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NC	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	PG	LGC; OTC

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

160

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NC	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NC	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NC	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NC	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	PG	PA; OTC; QL (1 cap per 1 day)
RECTAL,CORTICOSTEROIDS		
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NC	
ANALPRAM-HC RECTAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NC	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	NC	
ANUSOL-HC RECTAL CREAM 2.5 % (<i>hydrocortisone</i>)	NC	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone rectal cream 1 %, 2.5 %</i>	PG	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	NC	
PROCTOCORT RECTAL CREAM 1 % (<i>hydrocortisone</i>)	NC	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NP	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NP	QL (20 grams per 30 days)
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	PG	
<i>hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)</i>	PG	
<i>hydrocortisone (Procto-Pak External Cream 1 %)</i>	PG	
<i>procto-pak rectal cream 1 %</i>	PG	
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	PG	
<i>proctosol hc rectal cream 2.5 %</i>	PG	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
<i>proctozone-hc rectal cream 2.5 %</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NP	
ULCER THERAPY COMBINATIONS		
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	NC	
PREVPAC ORAL (<i>amoxicill-clarithro-lansopraz</i>)	NC	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	NP	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NC	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NP	ST
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
<i>finasteride oral tablet 5 mg</i>	PG	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NC	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NC	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NC	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NP	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NC	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
OPTIONS CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

162

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
ERECTILE DYSFUNCTION		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA; QL (1 tablet per 1 day)
MISCELLANEOUS		
<i>acetic acid irrigation solution 0.25 %</i>	NP	
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution 0.9 %)	PG	
<i>azo tabs oral tablet 95 mg</i>	PG	
<i>azo-standard oral tablet 95 mg</i>	PG	
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution 0.9 %)	PG	
<i>cytra k crystals oral packet 3300-1002 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NP	
<i>gnp urinary pain relief oral tablet 95 mg</i>	PG	
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	NP	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NP	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	NP	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NP	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NC	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NC	
<i>qc azo oral tablet 95 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc urinary pain relief oral tablet 95 mg</i>	PG	
<i>ra urinary pain relief oral tablet 95 mg</i>	PG	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NP	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	NP	
<i>taron-crystals oral packet 3300-1002 mg</i>	NP	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NPSP	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPSP	PA
<i>tiopronin oral tablet 100 mg</i>	NC	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	PG	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NC	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NC	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NC	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NP	PA; #
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NC	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NC	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>oxybutynin chloride</i>)	NC	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NC	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NP	ST; #

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NP	ST; #
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NC	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>mirabegron</i>)	PB	ST; #; QL (1 tab per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	LGC
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	PG	#; OTC; QL (8 patches per 1 month)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	NP	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NP	ST; #
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	NP	
<i>trospium chloride oral tablet 20 mg</i>	PG	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	NC	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NC	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
AVC VAGINAL VAGINAL CREAM 15 % (<i>sulfanilamide</i>)	NP	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	NP	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NC	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METROGEL-VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NC	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	PG	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NC	
TERAZOL 7 VAGINAL CREAM 0.4 % (<i>terconazole</i>)	NC	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	NP	
<i>vandazole vaginal gel 0.75 %</i>	PG	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	NP	
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>)	NC	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NC	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin sodium</i>)	NC	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 Days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
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>)	NP	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NC	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>desirudin</i>)	NC	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LGC
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NC	
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NC	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NP	#
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NC	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	NP	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	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	
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NPSP	PA; NPL; SP Pharmacy; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
BLEEDING DISORDERS AGENTS		
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	NC	
HEMATOPOIETIC GROWTH FACTORS		
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; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	PSP	PA

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA; SP Pharmacy
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	NPSP	PA; SP Pharmacy; QL (3 /day for 5 days 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>)	NPSP	PA; SP Pharmacy
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PSP	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NC	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NC	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPSP	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPSP	PA; SP Pharmacy
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; QL (2 injections per 1 month)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; QL (2 injections per 1 month)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NPSP	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NPSP	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPSP	PA; SP Pharmacy
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	NC	
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>)	NPSP	PA; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP Pharmacy; QL (4 packets per 1 day)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP Pharmacy; QL (180 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP Pharmacy; QL (4 tablets per 1 day)
PROMACTA ORAL TABLET 25 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP Pharmacy; QL (1 tab per 1 day)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
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; SP Pharmacy
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PSP	PA; NPL; SP Pharmacy; QL (2 injections per 1 month)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	PSP	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NC	
HEMOPHILIA A AGENTS		
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	NC	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NC	
<i>alaway ophthalmic solution 0.025 %</i>	PG	LGC; OTC
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	NP	
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NC	
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	NC	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	NC	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg</i>	PG	
<i>anagrelide hcl oral capsule 1 mg</i>	NP	
<i>atropine sulfate ophthalmic solution 1 %</i>	NC	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>brolucizumab-dbl</i>)	NC	
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NC	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	OTC
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	NC	
<i>corvite fe oral tablet</i>	NC	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	NC	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	NP	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	NP	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NC	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NC	
ELESTAT OPHTHALMIC SOLUTION 0.05 % (<i>epinastine hcl</i>)	NC	
EMADINE OPHTHALMIC SOLUTION 0.05 % (<i>emedastine difumarate</i>)	NP	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NC	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NC	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (<i>fluorexon-benoxinate</i>)	NC	
FOLVITE-FE ORAL TABLET 90-120-0.012-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	NC	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	PSP	PA; ST; SP Pharmacy; QL (20 vials per 1 month)
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; NPL; SP Pharmacy; QL (15 syringes per 1 month)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NC	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	LGC
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NP	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NC	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	NPSP	PA
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NC	
NIFEREX ORAL TABLET (<i>iron combinations</i>)	NC	
NUFERA ORAL TABLET (<i>iron combinations</i>)	NC	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	NC	
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NC	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (<i>hydroxyamphetamine-tropicamide</i>)	NP	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NC	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NC	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	PG	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	PG	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NC	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NP	#

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NP	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NP	PA; #; QL (2 single use vials per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	NPSP	SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	NP	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NC	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NC	
<i>tranexamic acid oral tablet 650 mg</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	NC	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	LGC; OTC
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (<i>aspirin-dipyridamole</i>)	NC	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	NC	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	PA; AL
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NC	
PLAVIX ORAL TABLET 300 MG, 75 MG (<i>clopidogrel bisulfate</i>)	NC	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	
<i>ticlopidine hcl oral tablet 250 mg</i>	PG	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NP	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfat</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

172

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	NP	PA; ST
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NP	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NC	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NC	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NC	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NC	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NC	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP Pharmacy; QL (4 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); QL (4 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (3 syringes per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

174

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA; SP Pharmacy
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents))
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)); QL (2 injections per 1 month)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLUMIANT ORAL TABLET 1 MG, 2 MG (<i>baricitinib</i>)	NC	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	NC	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NC	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); SP Pharmacy; QL (1 tablet per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; SP Pharmacy; QL (1 syringe per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; SP Pharmacy; QL (1 syringe per 84 days)
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.); SP Pharmacy; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 syringes per 90 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

176

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 syringes per 60 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP Pharmacy; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 tablets per 1 Day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 tabs per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP Pharmacy; QL (1 tablet per 1 day)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NC	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); SP Pharmacy; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); SP Pharmacy; QL (1 pack per 1 year)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

178

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NC	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NC	
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>)	NC	
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (<i>methotrexate (anti-rheumatic)</i>)	NC	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NC	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NC	
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>)	NC	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; SP Pharmacy
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NC	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NC	
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>)	NC	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	PSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NC	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML (<i>rabies immune globulin</i>)	NC	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	PSP	PA; SP Pharmacy
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	PSP	PA; NPL
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NC	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NC	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	PSP	PA; SP Pharmacy
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	PSP	PA; SP Pharmacy; QL (8 vials per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	PSP	PA; SP Pharmacy
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	PSP	PA; SP Pharmacy
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (21 capsules per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 cap per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

180

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (21 capsules per 1 month)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	PSP	PA; #; SP Pharmacy; QL (2 capsules per 1 day)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NC	#
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	NP	
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NC	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NC	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	SP Pharmacy
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	NC	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NC	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	PG	
<i>gengraf oral capsule 100 mg, 25 mg</i>	PG	SP Pharmacy
<i>gengraf oral solution 100 mg/ml</i>	PG	SP Pharmacy
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NC	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NC	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NC	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NC	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NC	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NC	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NP	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPSP	SP Pharmacy
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NC	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NP	
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus</i>)	NPSP	
ZORTRESS ORAL TABLET 1 MG (<i>everolimus</i>)	PB	
MISCELLANEOUS		
<i>equapaxlibuprofen/minrex oral therapy pack 800 mg</i>	NC	
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (NP)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

182

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NP); QL (1 diaphragm per 1 year)
DIABETES THERAPY		
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>)	PB	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	PB	
NOVOTWIST PEN NEEDLE 32G X 5 MM (<i>insulin pen needle</i>)	PB	
DIABETIC SUPPLIES		
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	PB	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	PB	
1ST TIER UNILET COMFORTOUCH	PB	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK SOFT TOUCH LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NC	
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ACTI-LANCE 28G	PB	
ACTI-LANCE LITE LANCETS 28G	PB	
ACTI-LANCE SPECIAL LANCETS 17G	PB	
ACTI-LANCE UNIVERSAL 23G	PB	
<i>adjustable lancing device</i>	NP	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NP	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
ADVOCATE LANCETS (<i>lancets</i>)	NP	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	PB	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	PB	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	PB	
<i>alcohol swabs pad</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

184

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alternate site lancing device</i>	NP	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ASSURE COMFORT LANCETS 28G	PB	
ASSURE COMFORT LANCETS 30G	NP	
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	PB	
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	PB	
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	PB	
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	PB	
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	PB	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
ASSURE LANCE LANCETS (<i>lancets</i>)	PB	
ASSURE LANCETS (<i>lancets</i>)	PB	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
AURORA LANCET SUPER THIN 30G	PB	
AURORA LANCET THIN 23G	PB	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NP	
<i>aurora unifine pentips 31g x 5 mm</i>	PB	
AURORA UNIFINE PENTIPS 32G X 4 MM	NP	
BAYER BREEZE 2 TEST IN VITRO DISK (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
BAYER CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
BAYER MICROLET LANCETS (<i>lancets</i>)	PB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE 30G X 1/2" 0.5 ML (<i>insulin syringe- needle u-100</i>)	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe- needle u-100</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
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 MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
<i>blood glucose test in vitro strip</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

186

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BULLSEYE MINI SAFETY LANCETS	PB	
CAREFINE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	PB	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
CAREONE LANCET THIN 23G	PB	
CAREONE LANCET ULTRA THIN 28G	PB	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	NP	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	NP	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	NP	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	NP	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	NP	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	NP	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NP	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NP	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
CLEVER CHEK LANCETS (<i>lancets</i>)	PB	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
CLICKFINE PEN NEEDLES 31G X 6 MM	NP	
<i>clickfine pen needles 31g x 8 mm</i>	PB	
COMFORT ASSURED LANCETS 28G	PB	
COMFORT ASSURED LANCETS 33G	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NP	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM (<i>insulin pen needle</i>)	PB	
COMFORT EZ PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NP	
COMFORT LANCETS	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 RECEIVER DEVICE (<i>continuous blood gluc receiver</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 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

188

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NP	
EASY COMFORT LANCETS	PB	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 1 month)
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
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>)	NP	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	PB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	PB	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASY TWIST & CAP LANCETS (<i>lancets</i>)	NP	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml</i>	NP	
<i>elite-thin insulin syringe 29g x 5/16" 0.5 ml</i>	PB	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NC	
<i>eq blood glucose test in vitro strip</i>	NC	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EVERSENSE SENSOR (<i>continuous blood gluc sensor</i>)	NC	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NC	
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NP	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NC	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	PB	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
E-Z JECT LANCETS (<i>lancets</i>)	PB	
E-Z JECT LANCETS 21G (<i>lancets</i>)	PB	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	PB	
EZ SMART BLOOD GLUCOSE LANCETS (<i>lancets</i>)	PB	
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FIFTY50 PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	PB	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	PB	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
FINE 30 (<i>lancets</i>)	PB	
FINGERSTIX LANCETS (<i>lancets</i>)	PB	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA LANCETS (<i>lancets</i>)	PB	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FREESTYLE LANCETS (<i>lancets</i>)	NP	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	NC	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	NC	
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	NC	
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	NC	
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	NC	
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous blood gluc sensor</i>)	NC	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

192

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM	NP	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
GLOBAL INJECT EASE LANCETS 28G	PB	
GLOBAL INJECT EASE LANCETS 30G	PB	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl rdna (diagnostic)</i>)	NP	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
GLUCOCOM LANCETS 28G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	PB	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NC	
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	NC	
GUARDIAN REAL-TIME REPLACEMENT DEVICE (<i>continuous blood gluc receiver</i>)	NC	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NC	
<i>guardian sensor 3</i>	NC	
GUARDIAN TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	
HAEMOLANCE (<i>lancets</i>)	PB	
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	PB	
HAEMOLANCE PLUS (<i>lancets</i>)	PB	
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	PB	
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	PB	
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	PB	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	PB	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM	NP	
HEALTHWISE PEN NEEDLES 29G X 12MM	NP	
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	NP	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM	NP	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	NP	
HEALTHY ACCENTS UNILET LANCETS	PB	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

194

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	NP	
<i>insupen pen needles 32g x 4 mm</i>	PB	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	PB	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	PB	
KETOCARE IN VITRO STRIP (<i>acetone (urine) test</i>)	NP	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NP	
<i>ketone test in vitro strip</i>	NP	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NP	
KINNEY LANCETS	PB	
KINNEY THIN LANCETS	PB	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
<i>kroger blood glucose test in vitro strip</i>	NC	
<i>lancet device</i>	NP	
<i>lancet transporter case</i>	NP	
<i>lancets</i>	NP	
<i>lancets 28g</i>	PG	
<i>lancets 30g</i>	NP	
<i>lancets thin</i>	NP	
LANCETS ULTRA FINE (<i>lancets</i>)	PB	
LANCETS ULTRA THIN (<i>lancets</i>)	PB	
LANCETS ULTRA THIN 30G	PB	
<i>lancing device</i>	NP	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML	NP	
<i>leader insulin syringe 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NP	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIBERTY TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
LITE TOUCH LANCETS	PB	
LITE TOUCH PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NP	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (<i>insulin pen needle</i>)	PB	
LIVE BETTER LANCET SUPER THIN	NP	
LIVE BETTER LANCET ULTRA THIN	PB	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NP	
LONGS LANCETS STANDARD	PB	
LONGS LANCETS THIN	PB	
LONGS LANCETS ULTRA THIN	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
MEDISENSE THIN LANCETS (<i>lancets</i>)	PB	
MEDLANCE EXTRA 21G (<i>lancets</i>)	PB	
MEDLANCE LITE 25G (<i>lancets</i>)	PB	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	PB	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	PB	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	PB	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	PB	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	PB	
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	PB	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
MICROLET LANCETS (<i>lancets</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NP	
MONOLET LANCETS (<i>lancets</i>)	PB	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
<i>multi-lancet device</i>	NP	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	PB	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	PB	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	PB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	PB	
NOVOFINE 32G X 6 MM (<i>insulin pen needle</i>)	PB	
NOVOFINE AUTOCOVER 30G X 8 MM (<i>insulin pen needle</i>)	PB	
NOVOTWIST 32G X 5 MM (<i>insulin pen needle</i>)	PB	
OMNIPOD 10 PACK (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH 5 PACK PODS (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH SYSTEM KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD STARTER KIT (<i>insulin disposable pump</i>)	PB	
ON CALL LANCETS (<i>lancets</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ON CALL PLUS LANCETS (<i>lancets</i>)	PB	
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 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 LANCETS FINE (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	PB	
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	PB	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	NP	
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	PB	
ONETOUCH ULTRA BLUE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
<i>pen needles 1/2" 29g x 12mm</i>	NP	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NP	
<i>pen needles 3/16" 31g x 5 mm</i>	NP	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	NP	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	PB	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NC	
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

198

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NP	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NP	
PREFERRED PLUS LANCETS COLORED	PB	
PREFERRED PLUS LANCETS THIN	PB	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u- 100</i>)	NP	
PRODIGY LANCETS 28G (<i>lancets</i>)	PB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	NP	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NP	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML (<i>insulin syringe-needle u- 100</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	NP	
RELION LANCETS STANDARD 21G (<i>lancets</i>)	PB	
RELION LANCETS THIN 26G (<i>lancets</i>)	PB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	NP	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NP	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	PB	
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NP	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	PB	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	PB	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
RIGHTEST GL300 LANCETS (<i>lancets</i>)	PB	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NP	
<i>safety lancet 21g/pressure act</i>	NP	
<i>safety lancet 28g/pressure act</i>	NP	
SAFETY LANCETS (<i>lancets</i>)	PB	
SAFETY LANCETS 21G (<i>lancets</i>)	NP	
<i>safety lancets 28g</i>	NP	
SAFETY LET LANCETS (<i>lancets</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY SEAL LANCETS (<i>lancets</i>)	PB	
SAFETY-GLIDE SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NP	
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	NP	
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	NP	
SINGLE-LET (<i>lancets</i>)	PB	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	PB	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	PB	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	PB	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	PB	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
SMARTEST LANCETS 28G (<i>lancets</i>)	PB	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	PB	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	PB	
STERILANCE PA (<i>lancets misc.</i>)	PB	
STERILANCE TL (<i>lancets</i>)	PB	
SUPER THIN LANCETS	NP	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
SURE COMFORT LANCETS 28G	NP	
SURE COMFORT LANCETS 30G	PB	
<i>sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm</i>	PB	
SURE EDGE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	PB	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	PB	
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	NP	
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	NP	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	PB	
TECHLITE AST LANCETS (<i>lancets</i>)	PB	
TECHLITE LANCETS (<i>lancets</i>)	PB	
TECHLITE LANCETS 30G (<i>lancets</i>)	PB	
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	PB	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	PB	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	PB	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	PB	
ULTICARE PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
ULTICARE PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>)	NP	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	PB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	PB	
ULTILET LANCETS (<i>lancets</i>)	PB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	PB	
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	NP	
ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
ULTRALANCE (<i>lancets misc.</i>)	PB	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	PB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II LANCETS (<i>lancets</i>)	PB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NP	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NP	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NP	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	PB	
UNILET EXCELITE (<i>lancets</i>)	PB	
UNILET EXCELITE II (<i>lancets</i>)	PB	
UNILET G.P. LANCET (<i>lancets</i>)	PB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	PB	
UNILET LANCET (<i>lancets</i>)	PB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	PB	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	PB	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	PB	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	PB	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	NP	
VALUE PLUS LANCET STANDARD 21G	PB	
VALUE PLUS LANCETS SUPER THIN	NP	
VALUE PLUS LANCETS THIN 26G	NP	
VALUMARK LANCET SUPER THIN 30G	PB	
VALUMARK LANCET ULTRA THIN 28G	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

204

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NP	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NP	
V-GO 20 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT (<i>insulin disposable pump</i>)	PB	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NP	
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	NP	
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	NP	
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	NP	PA; QL (300 strips per 1 month)
MISCELLANEOUS		
AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>)	PB	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	PB	
OPTICHAMBER FACE MASK-LARGE (<i>spacer/aero-holding chambers</i>)	PB	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	PB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	PG	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	NP	
<i>effe-r-k oral tablet effervescent 25 meq</i>	PG	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	PG	
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	NP	
<i>iodine strong oral solution 5 %</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>k-effervescent oral tablet effervescent 25 meq</i>	NP	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>klor-con m20 oral tablet extended release 20 meq</i>	PG	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	PG	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	PG	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	NP	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	NC	
<i>k-prime oral tablet effervescent 25 meq</i>	PG	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ (<i>potassium chloride</i>)	NC	
<i>k-vescent oral tablet effervescent 25 meq</i>	NP	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (<i>magnesium-calcium-folic acid</i>)	NC	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ (<i>potassium chloride</i>)	NC	
<i>phospha 250 neutral oral tablet 155-852-130 mg</i>	PG	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	PG	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	NP	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral packet 20 meq</i>	NP	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

206

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	PG	
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	PG	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NC	
APPTRIM ORAL CAPSULE (<i>dietary manage prod - diet aid</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
APPTRIM-D ORAL CAPSULE (<i>dietary manage prod - diet aid</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AVAILNEX ORAL TABLET CHEWABLE 750 MG (<i>carbocysteine</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AXONA ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i>	NC	
<i>azesco oral tablet 13-1 mg</i>	NC	
<i>b-6 oral tablet 50 mg</i>	PG	
BAL-CARE DHA ORAL 27-1 & 430 MG (<i>prenat-fepolyfered-fa-omega 3</i>)	NP	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NC	
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NC	
CARDIOTEK RX ORAL TABLET (<i>fa-b6-b12-arginine-blackpepper</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CARDIOVID PLUS ORAL CAPSULE (<i>dha-epa-vit b6-b12-folic acid</i>)	NC	
CEREFOLIN NAC ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeclu-fa &b6</i>)	NP	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (<i>prenat w/o a-fecbgl-fa-dha</i>)	NC	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NP	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	NP	
<i>complete natal dha oral 29-1-200 & 250 mg</i>	NP	
<i>completenate oral tablet chewable 29-1 mg</i>	NP	
<i>co-natal fa oral tablet</i>	NP	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NP	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NP	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DECARA K ORAL CAPSULE 1250-200 MCG (<i>vitamin d-vitamin k</i>)	NC	
DECARA ORAL CAPSULE 625 MCG (25000 UT) (<i>cholecalciferol</i>)	CE	N2 (Not Covered)
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (<i>l-methylfolate-algae</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

208

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (<i>L-methylfolate-algae</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	NC	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	NC	
DIALYVITE SUPREME D ORAL TABLET 3 MG (<i>multiple vitamins-minerals-fa</i>)	NC	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NC	
DUET DHA BALANCED ORAL 25-1 & 267 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NP	
<i>elite-ob oral tablet 50-1.25 mg</i>	PG	
ENLYTE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENTERAGAM ORAL PACKET 5 GM (<i>sbilprotein isolate</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NP	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NP	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (NP); AL
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG (<i>sodium fluoride-xylitol</i>)	NP	
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	PG	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (NP); AL

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folate oral tablet 400 mcg</i>	CE	N2 (Not Covered)
FOLBEE PLUS CZ ORAL TABLET 5 MG (<i>b-complex-c-biotin-minerals-fa</i>)	PG	
FOLBIC RF ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>folic acid oral capsule 0.8 mg</i>	CE	N2 (Not Covered)
<i>folic acid oral tablet 1 mg</i>	PG	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N2 (Not Covered)
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat wlo a vit-efum-fepo-fa</i>)	NP	
FOLTANX ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTX ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM PLUS ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOVEX ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
GABADONE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENICIN VITA-Q ORAL TABLET 1 MG (<i>multiple vitamins with fa</i>)	NC	
<i>g-levocarnitine slf oral solution 1 gm/10ml</i>	NP	
<i>hemenatal ob + dha oral 28-6-1 & 203 mg</i>	NP	
<i>hemenatal ob oral tablet 28-6-1 mg</i>	NP	
<i>hm biotin oral tablet dispersible 10000 mcg</i>	NC	
HYPERTENSA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NC	
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NC	
<i>levocarnitine (dietary) oral solution 1 gm/10ml</i>	NP	
<i>levocarnitine (dietary) oral tablet 330 mg</i>	NP	
<i>levocarnitine l-tartrate oral tablet 330 mg</i>	NP	
<i>levocarnitine-b5-aurine oral liquid 1000-10-150 mg/15ml</i>	NC	
LIMBREL ORAL CAPSULE 250 MG, 500 MG (<i>flavocoxid</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL250 ORAL CAPSULE 250-50 MG (<i>flavocoxid-cit zn bisglicinate</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL500 ORAL CAPSULE 500-50 MG (<i>flavocoxid-cit zn bisglicinate</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIPICHOL 540 ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LISTER-V ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methyl-mc nac oral tablet 6-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG (sodium fluoride)	NP	
<i>ludent oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>ludent oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>ludent oral tablet chewable 2.2 (1 f) mg</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACUTEK ORAL TABLET DISPERSIBLE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	NP	QL (25 tablets per 30 days)
METAFOLBIC ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METANX ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	PG	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	PG	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)	PG	
<i>m-vit oral tablet</i>	PG	
<i>mynatal advance oral tablet</i>	PG	
<i>mynatal oral tablet 90-1 mg</i>	PG	
<i>mynatal plus oral tablet</i>	NP	
<i>mynatal-z oral tablet</i>	NP	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NC	#
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (<i>prenat wlo a-fe fum-fa-omega 3</i>)	NP	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NP	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NC	
<i>neonatal 19 oral tablet 1 mg</i>	NC	
<i>neonatal fe oral tablet 90-1 mg</i>	NC	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NC	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	NP	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NP	
NEWGEN ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NP	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (<i>prenat-fefum-doc-fa-dha wlo a</i>)	NP	
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG (<i>prenat wlo a-febn-meth-fa-dha</i>)	NP	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-febn-feaspgl-fa-fish</i>)	NP	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NP	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NP	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-febn-feaspgl-fa-omega</i>)	NP	
O-CAL FA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NP	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
OCUVEL ORAL CAPSULE 0.5 MG (<i>multiple vitamins-minerals-fa</i>)	NC	
ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

214

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERCURA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>phytonadione oral tablet 5 mg</i>	PG	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	NP	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NP	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG	NP	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG	NP	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	PG	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NP	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NP	
<i>pr natal 400 oral 29-1-200 & 400 mg</i>	PG	
<i>pr natal 430 ec oral 29-1-200 & 430 mg (dr)</i>	PG	
<i>pr natal 430 oral 29-1-200 & 430 mg</i>	PG	
PREFERA OB ORAL TABLET 34-1 MG (<i>prenatal vit-fepoly-fehempo-fa</i>)	NP	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG (<i>prenat fepoly-fehempo-fa-dha</i>)	NP	
<i>pregen dha oral capsule 28-1-35 mg</i>	NC	
<i>pregenna oral tablet 20-1 mg</i>	NC	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	NP	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG	NP	
<i>prenara oral capsule 15-1 mg</i>	NC	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NP	
<i>prenatabs rx oral tablet 29-1 mg</i>	PG	
<i>prenatal 19 oral tablet</i>	NP	
<i>prenatal 19 oral tablet chewable</i>	PG	
<i>prenatal low iron oral tablet 27-1 mg</i>	PG	
PRENATAL PLUS IRON ORAL TABLET 29-1 MG	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	NP	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NP	
<i>prenatvite complete oral tablet 1 mg</i>	NC	
<i>prenatvite plus oral tablet 1 mg</i>	NC	
<i>prenatvite rx oral tablet 0.8 mg</i>	NC	
<i>pretab oral tablet 29-1 mg</i>	NP	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	NP	
PROTEOLIN DS ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PROTEOLIN ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PULMONA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	PG	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NP	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	NP	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NP	
<i>se-natal 19 oral tablet 29-1 mg</i>	NP	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NP	
SENTRA AM ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA PM ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (PG); AL

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
SYNAGEX ORAL CAPSULE 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (<i>prenatal w/o vit a-fecbn-fa-b6</i>)	NP	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NP	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	NP	
THERAMINE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE PLUS ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>tl-care dha oral capsule 27-1-500 mg</i>	NP	
TL-SELECT ORAL CAPSULE 29-1.25-325 MG	NP	
TREPADONE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>tricare oral tablet</i>	NP	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	NP	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NP	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>trinaz oral tablet 12-1 mg</i>	NC	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NP	
TRISTART FREE ORAL CAPSULE 33-1 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	NC	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-tabs dha oral 32-1 mg</i>	NP	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NP	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	NP	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	NP	
<i>ultimatecare one oral capsule 27-1 mg</i>	PG	
VASCAZEN ORAL CAPSULE 1 GM (<i>omega-3-acid eth est (dietary)</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCULERA ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYACOG ORAL CAPSULE 100-19.5-6.5 MG (<i>phosphatidylserine-dha-epa</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYARIN ORAL CAPSULE 75-21.5-8.5 MG (<i>phosphatidylserine-dha-epa</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYAROL ORAL CAPSULE 630-232.5-92.5 MG (<i>phytosterol esters-dha-epa</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VENA-BAL DHA ORAL 27-1 & 430 MG	NP	
<i>vinate ii oral tablet 29-1 mg</i>	NP	
<i>vinate one oral tablet 60-1 mg</i>	NP	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	NP	
VIRT-PN ORAL TABLET 27-0.6-0.4 MG	NP	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	NP	
<i>virt-vite forte oral tablet 2.5-25-2 mg</i>	PG	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NC	
<i>iron-vitamins (Vitafol Oral Tablet)</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

218

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NC	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NP	
VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	NC	
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	NC	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NP	
<i>vitamin b-6 oral tablet 25 mg, 50 mg</i>	PG	
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	NP	N2 (Not Covered)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral liquid 400 unit/ml</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	CE	N2 (Not Covered)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	NP	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NP	
VOL-NATE ORAL TABLET 28-1 MG	NP	
VOL-PLUS ORAL TABLET 27-1 MG	NP	
VOL-TAB RX ORAL TABLET 29-1 MG	NP	
<i>vp-gstn oral capsule 27-20-200 mg-mg-unit</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>vp-heme ob + dha oral 28-6-1 & 203 mg</i>	NP	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG	NP	
<i>westab max oral tablet 2.5-25-2 mg</i>	PG	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NP	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (<i>prenat w/o a-fe-methf-fa-omega</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYTAZE ORAL CAPSULE 25-500 MG (<i>zinc citrate-phytase</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	NP	
ALOMIDE OPHthalmic SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NP	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	PG	
BEPREVE OPHthalmic SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NP	#
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
LASTACAFt OPHthalmic SOLUTION 0.25 % (<i>alcaftadine</i>)	PB	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
PAZEO OPHthalmic SOLUTION 0.7 % (<i>olopatadine hcl</i>)	PB	
ZERVIAte OPHthalmic SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NC	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHthalmic SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	NP	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
AZOPT OPHthalmic SUSPENSION 1 % (<i>brinzolamide</i>)	NC	
BETAGAN OPHthalmic SOLUTION 0.5 % (<i>levobunolol hcl</i>)	NC	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHthalmic SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NP	
BETOPTIC-S OPHthalmic SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NC	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	PG	
<i>brinzolamide ophthalmic suspension 1 %</i>	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	PB	#
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	NC	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	NP	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NP	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % (apraclonidine hcl)	NC	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	NP	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (pilocarpine hcl)	NC	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	NC	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	PB	ST
<i>metipranolol ophthalmic solution 0.3 %</i>	NP	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (echothiophate iodide)	NP	
<i>pilocarpine hcl ophthalmic solution 1 %</i>	PG	
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	NP	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	PB	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	NP	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	NC	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NC	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NC	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	PB	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NC	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NC	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NC	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NP	PA; ST
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	NP	ST; #
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	PG	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	PB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	PB	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NC	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NC	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NC	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	NP	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	NP	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

222

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (gentamicin-prednisolone acet)	NP	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	PB	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (tobramycin-dexamethasone)	NC	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	PB	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	NP	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NP	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	PB	#
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM (bacitracin)	NC	
bacitracin ophthalmic ointment 500 unit/gm	NP	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	PG	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	NP	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	NP	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (sulfacetamide sodium)	NC	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	NP	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (ciprofloxacin hcl)	NC	
ciprofloxacin hcl ophthalmic solution 0.3 %	PG	
erythromycin ophthalmic ointment 5 mg/gm	PG	
gatifloxacin ophthalmic solution 0.5 %	NP	
gentak ophthalmic ointment 0.3 %	PG	
gentamicin sulfate ophthalmic solution 0.3 %	PG	
levofloxacin ophthalmic solution 0.5 %	PG	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	NP	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	PG	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	NP	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	PB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	NP	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	NP	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 (<i>neomycin-polymyxin-gramicidin</i>)	NC	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NC	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NC	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
TOBEX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NP	
TOBEX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NC	
<i>trifluridine ophthalmic solution 1 %</i>	NP	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NC	
VIROPTIC OPHTHALMIC SOLUTION 1 % (<i>trifluridine</i>)	NC	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NP	#
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NC	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NC	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NC	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

224

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NP	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NC	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	NP	#
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NC	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NP	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	NP	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	PB	
FML OPHTHALMIC OINTMENT 0.1 % (<i>fluorometholone</i>)	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NP	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NP	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NP	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NC	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NP	#
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	NC	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	NP	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	NC	#
DRY EYE DISEASE		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	NP	
MISCELLANEOUS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	NP	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	NP	ST
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte irrigation solution</i>	PG	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	PG	
<i>ringers irrigation irrigation solution</i>	NP	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	PG	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (epinephrine)	NC	
ADYPHREN AMP INJECTION KIT 1 MG/ML (epinephrine)	NC	
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NC	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

226

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 syringes per 30 days)
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>acetylcysteine inhalation solution 10 %</i>	PG	
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NC	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	NP	QL (1 kit per 1 fill)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	NC	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NP	QL (2 inhalers per 1 month)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	PB	#: QL (1 inhaler per 1 fill)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	PB	#: QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	PG	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 boxes per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	NP	ST; QL (1 inhaler per 1 month)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 pack per 1 month)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NC	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NP	QL (2 inhalers per 1 month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	QL (5 boxes per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NC	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NC	
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NC	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 1 month)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	NC	
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	PG	QL (1 package per 1 month)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

228

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (loratadine)	PG	OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (fexofenadine hcl)	PG	OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (fexofenadine hcl)	PG	OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (fexofenadine hcl)	PG	OTC
azelastine hcl nasal solution 0.1 %	PG	
azelastine hcl nasal solution 0.15 %, 137 mcg/spray	PG	QL (60 ml per 30 days)
brompheniramine tannate oral tablet chewable 12 mg	PG	
carbinoxamine maleate oral solution 4 mg/5ml	PG	
carbinoxamine maleate oral tablet 4 mg	PG	
carbinoxamine maleate oral tablet 6 mg	NC	
cetirizine hcl oral tablet 10 mg, 5 mg	PG	LGC; OTC
cetirizine hcl oral tablet chewable 10 mg, 5 mg	PG	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML (desloratadine)	NC	
CLARINEX ORAL TABLET 5 MG (desloratadine)	NC	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (loratadine)	PG	OTC
CLARITIN ORAL SYRUP 5 MG/5ML (loratadine)	PG	OTC
CLARITIN ORAL TABLET 10 MG (loratadine)	PG	OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (loratadine)	PG	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (loratadine)	PG	OTC
clemastine fumarate oral syrup 0.67 mg/5ml	NC	
clemastine fumarate oral tablet 2.68 mg	PG	PA; OTC; AL
cyproheptadine hcl oral syrup 2 mg/5ml	PG	
cyproheptadine hcl oral tablet 4 mg	PG	
desloratadine oral tablet 5 mg	PG	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	NP	
diphenhydramine hcl oral elixir 12.5 mg/5ml	PG	PA; AL
fexofenadine hcl childrens oral suspension 30 mg/5ml	PG	OTC

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	PA; LGC; AL
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	PA; AL
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	PA; AL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NC	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	
<i>loratadine childrens oral syrup 5 mg/5ml</i>	PG	LGC; OTC
<i>loratadine oral tablet 10 mg</i>	PG	LGC; OTC
<i>loratadine oral tablet chewable 5 mg</i>	PG	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	PG	OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	QL (1 container per 30 days)
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NC	
RYCLORA ORAL SYRUP 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NC	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NC	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (<i>hydroxyzine pamoate</i>)	NC	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	PG	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	PG	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	PG	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact</i>	PG	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (5 boxes per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

230

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	NP	
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	QL (2 ml per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (<i>indacaterol maleate</i>)	NC	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NC	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NP	PA; ST; #; QL (60 vials per 1 fill)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PG	QL (30 vials per 1 month)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	NP	QL (10 ml per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	NP	QL (45 ml per 1 month)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	NP	QL (2 inhalers per 1 month)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	PG	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	PG	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	#; QL (30 vials per 1 month)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT, 108 MCG/ACT (<i>albuterol sulfate</i>)	NC	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NC	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NC	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NC	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	NC	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 inhaler per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NC	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NC	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NC	
BIOLOGIC RESPONSE MODIFIERS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 pen per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; SP Pharmacy; QL (8 syringes per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; SP Pharmacy; QL (2 injections per 1 month)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; SP Pharmacy; QL (8 vials per 28 days)
COLD/COUGH		
<i>alavert allergylsinus oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NC	
<i>bromfed dm oral syrup 30-2-10 mg/5ml</i>	NP	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML (<i>phenyleph-chlorphen-carbetapen</i>)	NC	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML (<i>phenyleph-chlorphen-carbetapen</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

232

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NC	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML (<i>chlorpheniramine-codeine</i>)	NC	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	PG	PA; QL (10 ML per day for 7 days per 30 days)
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>	NP	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	PA; QL (30 ML per day for 7 days per 30 days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	PA; QL (6 tablets per day for 7 days per 30 days)
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	PG	PA; QL (30 ML per day for 7 days per 30 days)
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	NC	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	OTC
<i>nebusal inhalation nebulization solution 3 %</i>	NP	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NC	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NC	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	PG	PA; QL (30 ML per day for 7 days per 30 days)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>	NP	
<i>sodium chloride (Pulmosal Inhalation Nebulization Solution 7 %)</i>	NP	
RELHIST ORAL TABLET CHEWABLE 6-15 MG <i>(bromphen tann-phenyleph tann)</i>	NC	
SEMPREX-D ORAL CAPSULE 8-60 MG <i>(acrivastine-pseudoephedrine)</i>	NP	
SSKI ORAL SOLUTION 1 GM/ML <i>(potassium iodide expectorant)</i>	NP	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG <i>(dihydrocodeine compound)</i>	NC	
TESSALON PERLES ORAL CAPSULE 100 MG <i>(benzonatate)</i>	NC	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG <i>(hydrocod polst-chlorphen polst)</i>	NP	PA; QL (2 capsules per day for 7 days per 30 days)
<i>hydrocodone-homatropine (Tussigon Oral Tablet 5-1.5 Mg)</i>	PG	PA; QL (6 tablets per day for 7 days per 30 Days)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML <i>(hydrocod polst-chlorphen polst)</i>	NC	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG <i>(chlorpheniramine-codeine)</i>	NP	PA; QL (2 tablets per day for 7 days per 30 days)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML <i>(codeine polst-chlorphen polst)</i>	NP	PA; QL (20 ML per day for 7 days per 30 days)
ZONATUSS ORAL CAPSULE 150 MG <i>(benzonatate)</i>	NC	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG <i>(cetirizine-pseudoephedrine)</i>	PG	OTC
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NP	
ZYFLO ORAL TABLET 600 MG <i>(zileuton)</i>	NP	QL (4 tablets per 1 day)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
ACCOLATE ORAL TABLET 10 MG, 20 MG <i>(zafirlukast)</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

234

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NC	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NC	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NC	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>zileuton</i>)	NC	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 boxes per 1 month)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 20 %</i>	PG	
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NP	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NC	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NP	PA; #
<i>dyphylline-guaifenesin (Difil-G Forte Oral Liquid 100-100 Mg/5MI)</i>	NC	
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	PSP	PA; SP Pharmacy; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	PSP	PA; SP Pharmacy; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	PSP	PA; SP Pharmacy; QL (3 tablets per 1 day)
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NC	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	PSP	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); QL (2 packets per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	PSP	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); QL (2 tabs per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (4 tablets per 1 Day)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (4 tablets per 1 day)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %</i>	PG	
<i>sodium chloride inhalation nebulization solution 3 %</i>	PG	OTC
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	PSP	PA; SP Pharmacy; QL (1 pack per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	PSP	PA; SP Pharmacy; QL (3 tablets per 1 day)
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NP	ST
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	OTC
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	PG	QL (75 ml per 30 days)
<i>fluticasone propionate nasal suspension 50 mcglact</i>	PG	OTC; QL (1 16 gram bottle per 30 days)
<i>mometasone furoate nasal suspension 50 mcglact</i>	PG	QL (34 grams per 30 days)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	PG	OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	NC	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NP	ST; #; QL (1 inhaler per 30 days)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

236

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NP	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NP	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (<i>budesonide</i>)	PG	OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	PG	OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NC	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NP	ST
PULMONARY FIBROSIS AGENTS		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NC	
SEVERE ASTHMA AGENTS		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	NC	
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	NC	
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (<i>dupilumab</i>)	NC	
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NP	ST; QL (1 inhaler per 1 month)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	NP	ST; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (<i>mometasone furoate</i>)	NC	
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	NP	QL (4 vials per 1 day)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	NP	QL (4 ml per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	NP	QL (1 vial per 1 day); AL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	NP	ST; #; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NP	ST; #; QL (1 inhaler per 1 month)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NC	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	PSP	PA; SP Pharmacy; QL (60 units per 1 fill)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

238

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone dipropionate</i>)	PB	QL (1 inhaler per 1 month)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	QL (1 inhaler per 1 month)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NP	ST; QL (1 diskus per 1 month)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NP	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	QL (1 inhaler per 1 month)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	NP	ST; QL (2 blisters per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	PG	QL (1 inhaler per 1 month)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NC	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	PG	QL (2 inhalations per 1 day)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NC	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	PG	QL (2 inhalations per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XANTHINES - DRUGS TO TREAT COPD		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	NP	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NC	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NC	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NC	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NP	QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	NP	PA; AL
<i>adapalene external gel 0.1 %</i>	PG	PA; AL
<i>adapalene external gel 0.3 %</i>	NP	PA; AL
<i>adapalene external lotion 0.1 %</i>	NP	PA; ST; AL
<i>adapalene external solution 0.1 %</i>	NP	PA; QL (2 ml per 1 day); AL
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	NP	PA; AL
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	NC	
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NP	QL (2 packets per 1 day)
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NC	#
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	NP	PA; ST
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NC	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

240

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NC	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
<i>avita external cream 0.025 %</i>	PG	PA; AL
<i>tretinoin (Avita External Gel 0.025 %)</i>	PG	PA
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NP	
BENZAC AC WASH EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	NC	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NC	
BENZIQ EXTERNAL GEL 5.25 % (<i>benzoyl peroxide</i>)	PB	
BENZIQ LS EXTERNAL GEL 2.75 % (<i>benzoyl peroxide</i>)	PB	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	NP	
<i>bp wash external liquid 2.5 %</i>	PG	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA; ST
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN-T EXTERNAL SOLUTION 1 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN-T EXTERNAL SWAB 1 % (<i>clindamycin phosphate</i>)	NC	
<i>clindacin etz external swab 1 %</i>	NP	
<i>clindacin-p external swab 1 %</i>	NP	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NC	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ml per 1 month)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	PG	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	PG	PA; AL
<i>dapsone external gel 5 %</i>	PG	QL (60 grams per 30 Days)
<i>dapsone external gel 7.5 %</i>	PG	QL (60 GM per 30 days)
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NC	
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NC	
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NC	
DUAC EXTERNAL GEL 1.2-5 % (<i>clindamycin-benzoyl per (refr)</i>)	NC	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NC	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NP	#
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	NP	QL (60 grams per 1 month)
<i>erythromycin external pad 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	QL (60 ml per 1 month)
EVOCLIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	NC	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NC	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NC	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NC	
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	NP	PA; ST
<i>isotretinoin (Myorisan Oral Capsule 30 Mg)</i>	NP	PA; ST
<i>clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)</i>	NP	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	NC	#
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

242

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLIXDA EXTERNAL PAD 0.1 % (<i>adapalene</i>)	NC	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NC	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NC	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NC	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NC	
<i>sss 10-5 external foam 10-5 %</i>	NC	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
<i>tazarotene external foam 0.1 %</i>	NC	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin external gel 0.01 %</i>	PG	PA; AL
<i>tretinoin external gel 0.025 %</i>	PG	PA
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	PG	PA; AL
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	NC	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	NP	PA; ST
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NC	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	NC	
FLUOROPLEX EXTERNAL CREAM 1 % (<i>fluorouracil</i>)	NP	
<i>fluorouracil external cream 0.5 %, 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	NP	
<i>imiquimod pump external cream 3.75 %</i>	NP	QL (1 pump per 1 month)
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PICATO EXTERNAL GEL 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	NP	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	PB	#
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NC	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	NC	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NP	
BACTROBAN EXTERNAL CREAM 2 % (<i>mupirocin calcium</i>)	NC	
BACTROBAN NASAL NASAL OINTMENT 2 % (<i>mupirocin calcium</i>)	NP	
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NC	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (<i>neomycin-polymyxin-hc</i>)	NP	
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	NP	
<i>gentamicin sulfate external cream 0.1 %</i>	PG	LGC
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	LGC
<i>mupirocin calcium external cream 2 %</i>	NP	QL (60 grams per 30 days)
<i>mupirocin external ointment 2 %</i>	PG	QL (60 grams per 30 days)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NP	
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>ssd external cream 1 %</i>	PG	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NP	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NC	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan external cream 0.77 %</i>	NP	
<i>ciclodan external solution 8 %</i>	PG	PA
<i>ciclopirox external gel 0.77 %</i>	NP	QL (120 grams per 1 month)
<i>ciclopirox external shampoo 1 %</i>	NP	QL (120 grams per 1 month)
<i>ciclopirox external solution 8 %</i>	PG	
<i>ciclopirox olamine external cream 0.77 %</i>	PG	QL (120 grams per 1 month)
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	QL (120 grams per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

244

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clotrimazole external cream 1 %</i>	PG	QL (120 grams per 1 month)
<i>clotrimazole external solution 1 %</i>	PG	QL (120 ml per 1 month)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	QL (45 grams per 1 month)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	QL (2 ml per 1 day)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NC	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NP	QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NP	QL (60 grams per 30 days)
EXTINA EXTERNAL FOAM 2 % (<i>ketoconazole</i>)	NP	QL (50 grams per 30 days)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NP	PA; #; QL (4 ml per 1 month)
<i>ketoconazole external cream 2 %</i>	PG	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	NP	QL (50 grams per 30 days)
LOPROX EXTERNAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	NC	
LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NC	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NC	
LOTRISONE EXTERNAL CREAM 1-0.05 % (<i>clotrimazole-betamethasone</i>)	NC	
<i>luliconazole external cream 1 %</i>	PG	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NC	
MENTAX EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	NP	QL (60 grams per 1 month)
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NC	
<i>naftifine hcl external cream 1 %</i>	NP	QL (60 grams per 1 month)
<i>naftifine hcl external cream 2 %</i>	NP	QL (60 grams per 30 days)
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NC	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	NP	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NP	ST; #; QL (60 grams per 30 days)
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	PG	QL (120 grams per 1 month)
<i>nystatin (Nyata External Powder 100000 Unit/Gm)</i>	PG	QL (120 grams per 1 month)
<i>nystatin external cream 100000 unit/gm</i>	PG	QL (120 grams per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin external ointment 100000 unit/gm</i>	PG	QL (120 grams per 1 month)
<i>nystatin external powder 100000 unit/gm</i>	PG	QL (120 grams per 1 month)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	NP	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	NP	QL (2 grams per 1 day)
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	PG	QL (120 grams per 1 month)
<i>oxiconazole nitrate external cream 1 %</i>	NC	
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NC	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NP	QL (60 ml per 30 days)
PENLAC EXTERNAL SOLUTION 8 % (<i>ciclopirox</i>)	NC	
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GM per 1 month)
<i>sulconazole nitrate external solution 1 %</i>	PG	QL (2 mls per 1 day)
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NP	QL (50 grams per 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NP	ST; QL (45 grams per 1 month)
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NC	
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NC	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	NP	
<i>calcipotriene external cream 0.005 %</i>	NP	ST; QL (120 grams per 1 month)
<i>calcipotriene external foam 0.005 %</i>	NC	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST
<i>calcipotriene external solution 0.005 %</i>	NP	
<i>calcitrene external ointment 0.005 %</i>	NP	ST
<i>calcitriol external ointment 3 mcg/gm</i>	NP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (2 injections per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (2 injections per 1 month)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (1 package per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (1 package per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); SP Pharmacy; QL (1 box per 1 month)
DOVONEX EXTERNAL CREAM 0.005 % (<i>calcipotriene</i>)	NC	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NC	
<i>methoxsalen oral capsule 10 mg</i>	NP	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
OXSORALEN ULTRA ORAL CAPSULE 10 MG (<i>methoxsalen rapid</i>)	NC	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NC	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (<i>acitretin</i>)	NC	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NC	
<i>tazarotene external cream 0.1 %</i>	NP	PA; AL
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	PB	PA; AL
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	NC	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NC	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NC	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	PG	
NIZORAL EXTERNAL SHAMPOO 2 % (<i>ketoconazole</i>)	NC	
<i>selenium sulfide external lotion 2.5 %</i>	PG	
<i>selenium sulfide external shampoo 2.25 %</i>	NC	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	NC	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	NC	
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NC	
<i>ala-cort external cream 1 %</i>	PG	QL (120 grams per 1 month)
<i>ala-cort external cream 2.5 %</i>	NC	
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>amcinonide external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>amcinonide external lotion 0.1 %</i>	NP	QL (120 ml per 1 month)
<i>amcinonide external ointment 0.1 %</i>	NP	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NP	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ml per 1 month)
<i>betamethasone dipropionate external ointment 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 grams per 1 month)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ml per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

248

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 grams per 1 month)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NC	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NC	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NC	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NP	QL (120 ml per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NP	QL (125 ml per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (120 ml per 1 month)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (236 ml per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (120 ml per 1 month)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NC	
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NC	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NC	
<i>clocortolone pivalate external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>clocortolone pivalate pump external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	NP	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NC	
CLODERM PUMP EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NC	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NC	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NC	
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	NP	#; QL (1 roll per 1 fill)
clobetasol propionate (Cormax Scalp Application External Solution 0.05 %)	NP	ST; QL (100 ml per 30 days)
CUTIVATE EXTERNAL LOTION 0.05 % (fluticasone propionate)	NC	
DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NC	
DERMA-SMOOTHIE/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NC	
DESONATE EXTERNAL GEL 0.05 % (desonide)	NC	
desonide external cream 0.05 %	NP	QL (120 grams per 1 month)
desonide external gel 0.05 %	NC	
desonide external lotion 0.05 %	NP	QL (120 ml per 1 month)
desonide external ointment 0.05 %	NP	QL (120 grams per 1 month)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	NC	
DESOWEN EXTERNAL LOTION 0.05 % (desonide)	NC	
desoximetasone external cream 0.05 %, 0.25 %	NP	QL (120 grams per 1 month)
desoximetasone external gel 0.05 %	NP	QL (120 grams per 1 month)
desoximetasone external liquid 0.25 %	NC	
desoximetasone external ointment 0.05 %	NC	
desoximetasone external ointment 0.25 %	NP	QL (120 grams per 1 month)
diflorasone diacetate external cream 0.05 %	NP	QL (120 grams per 1 month)
diflorasone diacetate external ointment 0.05 %	NP	QL (120 grams per 1 month)
DIPROLENE AF EXTERNAL CREAM 0.05 % (betamethasone dipropionate aug)	NC	
DIPROLENE EXTERNAL LOTION 0.05 % (betamethasone dipropionate aug)	NC	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	NC	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	NP	QL (1 100 gram tube per 1 month)
ELOCON EXTERNAL CREAM 0.1 % (mometasone furoate)	NC	
ELOCON EXTERNAL OINTMENT 0.1 % (mometasone furoate)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

250

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NC	
<i>fluocinolone acetonide body external oil 0.01 %</i>	NP	QL (120 ml per 1 month)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	QL (120 grams per 1 month)
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	QL (120 grams per 1 month)
<i>fluocinolone acetonide external solution 0.01 %</i>	NP	QL (120 ml per 1 month)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	NP	QL (120 ml per 1 month)
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %</i>	NP	LGC; QL (120 grams per 30 days)
<i>fluocinonide external cream 0.1 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 grams per 30 days)
<i>flurandrenolide external cream 0.05 %</i>	NP	
<i>flurandrenolide external lotion 0.05 %</i>	NP	
<i>flurandrenolide external ointment 0.05 %</i>	NC	
<i>fluticasone propionate external cream 0.05 %</i>	NP	QL (120 grams per 1 month)
<i>fluticasone propionate external lotion 0.05 %</i>	NP	QL (120 ml per 1 month)
<i>fluticasone propionate external ointment 0.005 %</i>	PG	QL (120 grams per 1 month)
<i>halcinonide external cream 0.1 %</i>	NC	
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (120 grams per 1 month)
<i>halobetasol propionate external foam 0.05 %</i>	NC	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 grams per 1 month)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NP	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NP	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NC	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NP	
<i>hydrocortisone butyrate external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NC	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ml per 1 month)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	PG	QL (120 grams per 1 month)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ml per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 grams per 1 month)
<i>hydrocortisone valerate external cream 0.2 %</i>	NP	QL (120 grams per 1 month)
<i>hydrocortisone valerate external ointment 0.2 %</i>	NP	QL (120 grams per 1 month)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (<i>clobetasol propionate</i>)	NC	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NC	#
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NC	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NC	
LOCOID EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID EXTERNAL SOLUTION 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NC	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NC	
MICORT-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NC	
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ml per 1 month)
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NC	
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NC	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NC	
<i>prednicarbate external cream 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>prednicarbate external ointment 0.1 %</i>	NP	QL (120 grams per 1 month)
<i>psorcon external cream 0.05 %</i>	NC	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NC	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

252

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NC	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NC	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NC	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	ST; QL (60 grams per 30 days)
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NC	
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NC	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	NP	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NC	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NC	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NC	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NC	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NC	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	PG	LGC; QL (120 grams per 1 month)
<i>triamcinolone acetonide external cream 0.1 %</i>	PG	LGC; QL (60 grams per 1 month)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ml per 1 month)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	PG	LGC; QL (120 grams per 1 month)
<i>triamcinolone acetonide external ointment 0.1 %</i>	PG	LGC; QL (60 grams per 1 month)
<i>triderm external cream 0.1 %</i>	PG	LGC; QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NC	
ULTRAVATE EXTERNAL CREAM 0.05 % (<i>halobetasol propionate</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NC	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % (<i>halobetasol propionate</i>)	NC	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NC	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NP	QL (100 grams per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>asperflex max st external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>cvs pain relief external patch 4 %</i>	PG	QL (1 patch per 1 day)
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % (<i>lidocaine-prilocaine</i>)	NC	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	NP	
<i>eq lidocaine pain relieving external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>gnp lidocaine pain relief external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>hm lidocaine patch external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>lidocaine external ointment 5 %</i>	NP	PA; QL (50 grams per 30 days)
<i>lidocaine external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>lidocaine external patch 5 %</i>	PG	PA
<i>lidocaine hcl external solution 4 %</i>	PG	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	PG	QL (2 ml per 1 day)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	PG	QL (2 ml per 1 day)
<i>lidocaine pain relief external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>lidocaine pak external ointment 5 %</i>	NP	PA; QL (90 grams per 1 month)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	PA; QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NC	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NC	
<i>pain relief maximum strength external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>pain relieving lidocaine external patch 4 %</i>	PG	QL (1 patch per 1 day)
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	NC	
<i>premium lidocaine external ointment 5 %</i>	NP	PA; QL (90 grams per 1 month)
<i>qc lidocaine pain relief external patch 4 %</i>	PG	QL (1 patch per 1 day)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

254

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra lidocaine pain relieving external patch 4 %</i>	PG	QL (1 patch per 1 day)
<i>ra pain relieving external patch 4 %</i>	PG	QL (1 patch per 1 day)
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NP	QL (10 patches per 30 days)
<i>theracare pain relief external patch 4 %</i>	PG	QL (1 patch per 1 day)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	OTC
<i>acyclovir external cream 5 %</i>	NC	
<i>acyclovir external ointment 5 %</i>	NC	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NC	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NP	#
<i>ammonium lactate external cream 12 %</i>	PG	
<i>ammonium lactate external lotion 12 %</i>	PG	OTC
BUCALSEP EXTERNAL SOLUTION (<i>antiseptic products, misc.</i>)	NC	
<i>chlorhexidine gluconate solution 20 %</i>	NC	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NP	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NP	#
<i>diclofenac epolamine external patch 1.3 %</i>	PG	PA; QL (2 patches per 1 day)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	PG	QL (2 patches per 1 day)
<i>diclofenac sodium external gel 1 %</i>	PG	QL (300 GM per 1 month)
<i>diclofenac sodium external solution 1.5 %</i>	NC	
<i>diclofenac sodium transdermal gel 1 %</i>	PG	QL (300 grams per 1 month)
<i>diclofenac sodium transdermal gel 3 %</i>	NC	
<i>diclofenac sodium transdermal solution 1.5 %</i>	NC	
<i>docosanol external cream 10 %</i>	PG	OTC
<i>ds prep pak combination therapy pack 1 & 0.13 %</i>	NC	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NC	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NP	ST
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NC	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hyalucil-4 transdermal cream 2-4 %</i>	NC	
<i>hydrogen peroxide solution 30 %</i>	NC	
<i>diclofenac sodium (Klofensaid Ii External Solution 1.5 %)</i>	NC	
<i>diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)</i>	NC	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NP	QL (1 stick per 30 days)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NC	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NC	
<i>lugols external solution</i>	NC	
<i>lugols strong iodine external solution 5-10 %</i>	NC	
NUVAIL EXTERNAL SOLUTION (<i>dermatological products, misc.</i>)	NP	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	NP	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NC	
PENNSAID TRANSDERMAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NC	
<i>pimecrolimus external cream 1 %</i>	NP	PA; ST
<i>podofilox external solution 0.5 %</i>	PG	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (<i>tacrolimus</i>)	NC	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	NP	PA; ST; QL (1 pad per 1 Day)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	QL (60 grams per 30 days)
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NC	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	NP	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	PSP	PA; SP Pharmacy
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NC	#
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NP	
VOLTAREN TRANSDERMAL GEL 1 % (<i>diclofenac sodium</i>)	PG	QL (300 grams per 1 month)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

256

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NC	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NC	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NC	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NC	
<i>ivermectin external cream 1 %</i>	NP	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NC	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NC	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NC	
<i>metronidazole external cream 0.75 %</i>	NP	
<i>metronidazole external gel 0.75 %, 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NP	PA
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NC	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NC	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NC	
<i>rosadan external cream 0.75 %</i>	NP	
<i>rosadan external gel 0.75 %</i>	NP	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NC	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NC	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
<i>cvs lice treatment external liquid 1 %</i>	PG	
<i>cvs permethrin external lotion 1 %</i>	PG	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NC	
EURAX EXTERNAL CREAM 10 % (<i>crotamiton</i>)	NP	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EURAX EXTERNAL LOTION 10 % (<i>crotamiton</i>)	NP	
<i>ivermectin external lotion 0.5 %</i>	PG	ST
<i>lindane external shampoo 1 %</i>	PG	
<i>malathion external lotion 0.5 %</i>	NP	
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NC	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NC	
<i>permethrin external cream 5 %</i>	NP	
<i>ra lice treatment external lotion 1 %</i>	PG	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	NC	#
<i>sm lice treatment external lotion 1 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	NP	
ULESFIA EXTERNAL LOTION 5 % (<i>benzyl alcohol</i>)	NP	#: QL (3 bottles per 1 fill)
DERMATOLOGY, WOUND CARE AGENTS		
LIDOTREX (ALOE VERA) EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	NC	
LIDOTREX EXTERNAL GEL 2 % (<i>lidocaine</i>)	NC	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NP	PA
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	NP	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NC	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	NP	
<i>lidocaine hcl mouth/throat solution 4 %</i>	PG	
<i>lidocaine viscous mouth/throat solution 2 %</i>	PG	
<i>mouth wash-gp oral liquid</i>	NC	
<i>mouthwash-af oral liquid</i>	NC	
<i>mouthwash-om oral liquid</i>	NC	
<i>neutral sodium fluoride mouth/throat solution 0.2 %</i>	CE	N2 (Not Covered); AL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>oralone mouth/throat paste 0.1 %</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	#: QL (14 tabs per 1 fill)

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroex mouth/throat solution 0.12 %</i>	PG	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	NC	
<i>perio gard mouth/throat solution 0.12 %</i>	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NC	
<i>sf dental gel 1.1 %</i>	CE	N2 (Not Covered); AL
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetazol hc otic solution 2-1 %</i>	PG	
<i>acetic acid otic solution 2 %</i>	PG	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NC	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NP	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	NC	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	PG	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	PG	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NC	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NP	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NC	
FLOXIN OTIC OTIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NC	
<i>fluocinolone acetonide otic oil 0.01 %</i>	NP	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	NP	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NC	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NP	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</i>)	NC	

2021 Small Group ACA Banner

The formulary is updated the first week of each month.

10/01/2021

Index

- 1st tier unifine pentips*..... 183
1st tier unifine pentips plus..... 183
1ST TIER UNILET
COMFORTOUCH..... 183
abacavir sulfate..... 33
abacavir sulfate-lamivudine..... 36
abacavir-lamivudine-zidovudine 36
ABILIFY..... 94
ABILIFY MAINTENA..... 94
abiraterone acetate..... 49
ABREVA..... 255
ABSORICA..... 240
ABSORICA LD..... 240
ABSTRAL..... 20
acamprosate calcium..... 112
ACANYA..... 240
acarbose..... 115
ACCOLATE..... 234
ACCRUFER..... 207
ACCU-CHEK AVIVA PLUS
..... 183
ACCU-CHEK COMPACT
PLUS..... 183
ACCU-CHEK FASTCLIX
LANCETS..... 183
ACCU-CHEK GUIDE..... 183
ACCU-CHEK MULTICLIX
LANCETS..... 183
ACCU-CHEK SAFE-T PRO
LANCETS..... 183
ACCU-CHEK
SMARTVIEW..... 183
ACCU-CHEK SOFT
TOUCH LANCETS..... 183
ACCU-CHEK SOFTCLIX
LANCET DEV..... 183
ACCU-CHEK SOFTCLIX
LANCETS..... 183
ACCUPRIL..... 61
ACCURETIC..... 60
ACCUTREND GLUCOSE.. 184
ACCUTREND GLUCOSE
CONTROL..... 184
acebutolol hcl..... 69
acetaminophen-codeine..... 20
acetaminophen-codeine #2..... 20
acetaminophen-codeine #3..... 20
acetaminophen-codeine #4..... 20
acetazolamide..... 74
acetazolamide er..... 74
acetic acid..... 163, 259
acetylcysteine..... 227, 235
acid reducer..... 159
ACIPHEX..... 159
ACIPHEX SPRINKLE..... 159
acitretin..... 246
ACTEMRA..... 174
ACTEMRA ACTPEN..... 174
ACTHAR..... 144
ACTICLATE..... 45
ACTIGALL..... 157
ACTI-LANCE 28G..... 184
ACTI-LANCE LITE
LANCETS 28G..... 184
ACTI-LANCE SPECIAL
LANCETS 17G..... 184
ACTI-LANCE UNIVERSAL
23G..... 184
ACTIMMUNE..... 180
ACTIQ..... 20
ACTIVELLA..... 136
ACTONEL..... 124
ACTOPLUS MET..... 122
ACTOPLUS MET XR..... 122
ACTOS..... 122
ACULAR..... 224
ACULAR LS..... 224
ACUVAIL..... 224
acyclovir..... 39, 255
ACZONE..... 240
ADAGEN..... 135
ADALAT CC..... 71
adapalene..... 240
adapalene-benzoyl peroxide.... 240
ADCIRCA..... 78
ADDERALL..... 97
ADDERALL XR..... 98
ADDYI..... 112
adefovir dipivoxil..... 39
ADEMPAS..... 78
ADHANSIA XR..... 98
adjustable lancing device..... 184
ADLYXIN..... 117
ADLYXIN STARTER
PACK..... 117
ADMELOG..... 118
ADMELOG SOLOSTAR..... 118
ADRENALIN..... 235
ADVAIR DISKUS..... 239
ADVAIR HFA..... 239
ADVANCE INTUITION
TEST..... 184
ADVOCATE INSULIN PEN
NEEDLES..... 184
ADVOCATE INSULIN
SYRINGE..... 184
ADVOCATE LANCETS..... 184
ADVOCATE RAPID-SAFE
LANCING..... 184
ADVOCATE REDI-CODE.. 184
ADVOCATE REDI-CODE+
TEST..... 184
ADVOCATE SAFETY
LANCETS..... 184
ADVOCATE TEST..... 184
ADYPHREN..... 226
ADYPHREN AMP..... 226
ADYPHREN AMP II..... 226
ADYPHREN II..... 226
ADZENYS ER..... 98
ADZENYS XR-ODT..... 98
AEMCOLO..... 30
AEROCHAMBER PLUS
FLO-VU..... 205
afeditab cr..... 71
AFINITOR..... 51
AFINITOR DISPERZ..... 51
Afirmelle..... 126
AFREZZA..... 118
AFTERA..... 126
AGAMATRIX AMP TEST.. 184
AGAMATRIX JAZZ TEST.. 184
AGAMATRIX KEYNOTE
TEST..... 184
AGAMATRIX PRESTO
TEST..... 184
AGAMATRIX ULTRA-
THIN LANCETS..... 184
AGGRENOL..... 172
AGRYLIN..... 169
AIMOVIG..... 103
AIMOVIG (140 MG DOSE). 103
AIRDUO DIGIHALER..... 239
AIRDUO RESPICLICK
113/14..... 227

AIRDUO RESPICLICK 232/14.....	227	ALREX.....	225	<i>ampicillin</i>	45
AIRDUO RESPICLICK 55/14.....	227	ALTABAX.....	244	AMPYRA.....	107
AJOVY.....	103	ALTACE.....	61	AMRIX.....	110
AKLIEF.....	240	<i>altafrin</i>	169	AMZEEQ.....	240
AKTIPAK.....	240	<i>altavera</i>	126	ANADROL-50.....	113
AKYNZEO.....	151	<i>alternate site lancing device</i>	185	ANAFRANIL.....	87
ALA SCALP.....	248	ALTOPREV.....	67	<i>anagrelide hcl</i>	170
<i>ala-cort</i>	248	ALTRENO.....	240	ANALPRAM-HC.....	161
ALAVERT.....	229	ALUNBRIG.....	51	ANAPROX DS.....	16
<i>alavert allergy/sinus</i>	232	ALVESCO.....	237	<i>anastrozole</i>	49
<i>alaway</i>	169	<i>alyacen 1/35</i>	126	ANCOBON.....	29
<i>albendazole</i>	30	<i>alyacen 7/7/7</i>	126	ANDRODERM.....	113
<i>albuterol sulfate</i>	230, 231	Alyq.....	78	ANDROGEL.....	114
<i>albuterol sulfate er</i>	230	Amabelz.....	136	ANDROGEL PUMP.....	114
<i>albuterol sulfate hfa</i>	230	<i>amantadine hcl</i>	91	ANGELIQ.....	136
<i>alclometasone dipropionate</i>	248	AMARYL.....	123	ANNOVERA.....	126
<i>alcohol swabs</i>	184	AMBIEN.....	102	ANORO ELLIPTA.....	227
ALDACTAZIDE.....	74	AMBIEN CR.....	102	ANTABUSE.....	112
ALDACTONE.....	74	<i>ambrisentan</i>	78	ANTARA.....	66
ALDARA.....	255	<i>amcinonide</i>	248	ANTICOAGULANT COMPOUND.....	166
ALECENSA.....	51	AMELUZ.....	255	ANUSOL-HC.....	161
<i>alendronate sodium</i>	124	AMERGE.....	103	ANZEMET.....	151
ALFERON N.....	57	<i>amethia</i>	126	APADAZ.....	20
<i>alfuzosin hcl er</i>	162	<i>amethia lo</i>	126	<i>apap-cafff-dihydrocodeine</i>	20
ALINIA.....	30	AMICAR.....	169, 170	APEXICON E.....	248
<i>aliskiren fumarate</i>	74	<i>amiloride hcl</i>	74	APIDRA.....	118
ALKERAN.....	47	<i>amiloride-hydrochlorothiazide</i> ..	74	APIDRA SOLOSTAR.....	118
ALKINDI SPRINKLE.....	140	<i>aminocaproic acid</i>	170	APLENZIN.....	88
ALLEGRA ALLERGY.....	229	<i>amiodarone hcl</i>	64	APOKYN.....	91
ALLEGRA ALLERGY CHILDRENS.....	229	AMITIZA.....	155	APPTRIM.....	207
ALLEGRA-D ALLERGY & CONGESTION.....	232	<i>amitriptyline hcl</i>	87	APPTRIM-D.....	207
<i>allopurinol</i>	15	AMLODIPINE BES+SYRSPEND SF.....	71	<i>apraclonidine hcl</i>	220
ALLZITAL.....	16	<i>amlodipine besy-benazepril hcl</i> ..	60	<i>aprepitant</i>	151
<i>almotriptan malate</i>	103	<i>amlodipine besylate</i>	71	<i>apri</i>	126
ALOCRIL.....	220	<i>amlodipine besylate-valsartan</i> ...	62	APRISO.....	154
<i>alogliptin benzoate</i>	116	<i>amlodipine-atorvastatin</i>	71	APTENSIO XR.....	98
<i>alogliptin-metformin hcl</i>	116	<i>amlodipine-olmesartan</i>	62	APTIOM.....	80
<i>alogliptin-pioglitazone</i>	116	<i>amlodipine-valsartan-hctz</i>	63	APTIVUS.....	33
ALOMIDE.....	220	<i>ammonium lactate</i>	255	ARAKODA.....	32
ALORA.....	136	<i>amnesteem</i>	240	<i>aranelle</i>	126
<i>alosetron hcl</i>	155	<i>amoxapine</i>	87	ARANESP (ALBUMIN FREE).....	167, 168
ALPHAGAN P.....	220	<i>amoxicillin</i>	44	ARAVA.....	178
<i>alprazolam</i>	79	<i>amoxicillin-pot clavulanate</i> ..	44, 45	ARAZLO.....	240
<i>alprazolam er</i>	79	<i>amoxicillin-pot clavulanate er</i> ...	44	ARCALYST.....	180
ALPRAZOLAM INTENSOL.....	79	<i>amphetamine er</i>	98	ARCAPTA NEOHALER.....	231
<i>alprazolam xr</i>	79	<i>amphetamine sulfate</i>	98	<i>arformoterol tartrate</i>	231
		<i>amphetamine-dextroamphet er</i> ..	98	Argyle Sterile Saline.....	163
		<i>amphetamine-</i> <i>dextroamphetamine</i>	98	ARICEPT.....	86

ARIKAYCE.....	28	ASSURE HAEMOLANCE		AUSTEDO.....	106
ARIMIDEX.....	49	PLUS MICRO.....	185	AUVI-Q.....	226
<i>aripiprazole</i>	94	ASSURE HAEMOLANCE		AVAILNEX.....	207
ARISTADA.....	94	PLUS NORMAL.....	185	AVALIDE.....	63
ARISTADA INITIO.....	94	ASSURE HAEMOLANCE		AVANDIA.....	122
ARIXTRA.....	166	PLUS PED.....	185	AVAPRO.....	64
<i>armodafinil</i>	111	ASSURE ID INSULIN		AVAR LS CLEANSER.....	241
ARMONAIR DIGIHALER.....	237	SAFETY SYR.....	185	AVAR-E LS.....	241
ARMONAIR RESPICLICK		ASSURE LANCE		AVC VAGINAL.....	165
113.....	237	LANCETS.....	185	AVELOX.....	42
ARMONAIR RESPICLICK		ASSURE LANCETS.....	185	<i>aviane</i>	127
232.....	237	ASSURE PLATINUM.....	185	<i>avidoxy</i>	45
ARMONAIR RESPICLICK		ASSURE PRO TEST.....	185	<i>avita</i>	241
55.....	237	ASTAGRAF XL.....	181	Avita.....	241
ARMOUR THYROID.....	148	ATACAND.....	64	AVODART.....	162
ARNUITY ELLIPTA.....	238	ATACAND HCT.....	63	AVONEX.....	107
AROMASIN.....	49	<i>atazanavir sulfate</i>	33	AVONEX PEN.....	107
ARTHROTEC.....	19	ATELVIA.....	124	AVONEX PREFILLED.....	108
ARYMO ER.....	20	<i>atenolol</i>	69	<i>av-phos 250 neutral</i>	205
ASACOL HD.....	154	ATENOLOL+SYRSPEND		AVSOLA.....	174
ASCENIV.....	179	SF PH4.....	69	AXONA.....	207
<i>ascomp-codeine</i>	20	<i>atenolol-chlorthalidone</i>	69	AYGESTIN.....	147
<i>asenapine maleate</i>	94	ATIVAN.....	79	Ayuna.....	127
Ashlyna.....	127	<i>atomoxetine hcl</i>	98	AYVAKIT.....	57
ASMANEX (120 METERED		<i>atorvastatin calcium</i>	67	AZASAN.....	181
DOSES).....	238	<i>atovaquone</i>	30	AZASITE.....	223
ASMANEX (14 METERED		<i>atovaquone-proguanil hcl</i>	32	<i>azathioprine</i>	181
DOSES).....	238	ATRALIN.....	241	<i>azelaic acid</i>	257
ASMANEX (30 METERED		ATRIPLA.....	36	<i>azelastine hcl</i>	220, 229
DOSES).....	238	<i>atropine sulfate</i>	170	<i>azelastine-fluticasone</i>	228
ASMANEX (60 METERED		ATROVENT HFA.....	228	AZELEX.....	241
DOSES).....	238	AUBAGIO.....	107	<i>azeschew prenatal/postnatal</i>	207
ASMANEX (7 METERED		Aubra.....	127	<i>azesco</i>	207
DOSES).....	238	Aubra Eq.....	127	AZILECT.....	91
ASMANEX HFA.....	238	AUGMENTIN.....	45	<i>azithromycin</i>	41
<i>asperflex max st</i>	254	AUGMENTIN ES-600.....	45	<i>azo tabs</i>	163
<i>aspirin</i>	28	AUGMENTIN XR.....	45	AZOPT.....	220
<i>aspirin low dose</i>	28	AURORA LANCET SUPER		AZOR.....	63
<i>aspirin-dipyridamole er</i>	172	THIN 30G.....	185	<i>azo-standard</i>	163
<i>aspirin-omeprazole</i>	172	AURORA LANCET THIN		AZSTARYS.....	98
ASSURE 3 TEST.....	185	23G.....	185	AZULFIDINE.....	154
ASSURE 4 TEST.....	185	AURORA LANCET SUPER		AZULFIDINE EN-TABS....	154
ASSURE COMFORT		THIN 30G.....	185	<i>azurette</i>	127
LANCETS 28G.....	185	AURORA PEN NEEDLES..	185	<i>b-6</i>	207
ASSURE COMFORT		<i>aurora unifine pentips</i>	185	Bac.....	16
LANCETS 30G.....	185	AURORA UNIFINE		BACIGUENT.....	223
ASSURE HAEMOLANCE		PENTIPS.....	185	<i>bacitracin</i>	223
PLUS HIGH.....	185	Aurovela 1.5/30.....	127	<i>bacitracin-polymyxin b</i>	223
ASSURE HAEMOLANCE		Aurovela 1/20.....	127	<i>bacitra-neomycin-polymyxin-</i>	
PLUS LOW.....	185	Aurovela 24 Fe.....	127	<i>hc</i>	222
		Aurovela Fe 1/20.....	127		
		AURYXIA.....	147		

<i>baclofen</i>	110	BD SAFETYGLIDE	<i>bexarotene</i>	58	
BACTRIM.....	30	INSULIN SYRINGE.....	186	BEYAZ.....	127
BACTRIM DS.....	30	BD SAFETY-LOK	BIAXIN.....	41	
BACTROBAN.....	244	INSULIN SYRINGE.....	186	<i>bicalutamide</i>	49
BACTROBAN NASAL.....	244	BECONASE AQ.....	236	BIDIL.....	76
BAFIERTAM.....	108	Bekyree.....	127	BIEST/PROGESTERONE..	136
BAL-CARE DHA.....	207	BELBUCA.....	27	BIJUVA.....	137
BALCOLTRA.....	127	<i>belladonna alkaloids-opium</i>	150	BIKTARVY.....	36
<i>balsalazide disodium</i>	154	BELSOMRA.....	102	BILTRICIDE.....	31
BALVERSA.....	51	BELVIQ.....	106	<i>bimatoprost</i>	220
<i>balziva</i>	127	<i>benazepril hcl</i>	61	BINOSTO.....	124
BANZEL.....	80	<i>benazepril-hydrochlorothiazide</i> ..	61	<i>bio-statin</i>	29
BAQSIMI ONE PACK.....	142	BENICAR.....	64	<i>bisacodyl</i>	155
BAQSIMI TWO PACK.....	142	BENICAR HCT.....	63	<i>bisoprolol fumarate</i>	70
BARACLUDGE.....	39	BENLYSTA.....	181	<i>bisoprolol-hydrochlorothiazide</i> ..	69
BASAGLAR KWIKPEN.....	118	BENTYL.....	150	BLEPH-10.....	223
BAXDELA.....	42	BENZAC AC WASH.....	241	BLEPHAMIDE.....	222
BAYER BREEZE 2 TEST....	185	BENZACLIN.....	241	BLEPHAMIDE S.O.P.....	222
BAYER CONTOUR TEST..	185	BENZACLIN WITH PUMP	241	Blisovi 24 Fe.....	127
<i>bayer low dose</i>	28	BENZAMYCIN.....	241	Blisovi Fe 1.5/30.....	127
BAYER MICROLET		<i>benzhydrocodone-</i>		Blisovi Fe 1/20.....	127
LANCETS.....	185	<i>acetaminophen</i>	20	<i>blood glucose test</i>	186
BD AUTOSHIELD.....	185	BENZIQ.....	241	BONIVA.....	124
BD GLUCOSE.....	142	BENZIQ LS.....	241	BONJESTA.....	151
BD INSULIN SYR		<i>benznidazole</i>	30	<i>bosentan</i>	78
ULTRAFINE II.....	185, 186	<i>benzonatate</i>	232	BOSULIF.....	52
BD INSULIN SYRINGE.....	186	<i>benzoyl peroxide-erythromycin</i>		<i>bp wash</i>	241
BD INSULIN SYRINGE		.....	241	BRAFTOVI.....	58
HALF-UNIT.....	186	<i>benztropine mesylate</i>	92	BRAVELLE.....	139
BD INSULIN SYRINGE		BEOVU.....	170	BREO ELLIPTA.....	239
MICROFINE.....	186	<i>bepotastine besilate</i>	220	BREXAFEMME.....	29
BD INSULIN SYRINGE		BEPREVE.....	220	BREZTRI AEROSPHERE..	227
U/F.....	186	BESIVANCE.....	223	<i>briellyn</i>	127
BD INSULIN SYRINGE		BETADINE OPHTHALMIC		BRILINTA.....	172
ULTRAFINE.....	186	PREP.....	223	<i>brimonidine tartrate</i>	220
BD LANCET ULTRAFINE		BETAGAN.....	220	<i>brinzolamide</i>	220
30G.....	186	<i>betamethasone dipropionate</i>	248	BRISDELLE.....	88
BD LANCET ULTRAFINE		<i>betamethasone dipropionate</i>		BRIVIACT.....	80
33G.....	186	<i>aug</i>	248	<i>bromfed dm</i>	232
BD MICROTAINER		<i>betamethasone valerate</i> ... 248, 249		<i>bromfenac sodium (once-daily)</i>	
LANCETS.....	186	BETAPACE.....	70	.....	225
BD PEN NEEDLE MINI		BETAPACE AF.....	69	<i>bromocriptine mesylate</i>	92
U/F.....	186	BETASERON.....	108	<i>brompheniramine tannate</i>	229
BD PEN NEEDLE NANO		<i>betaxolol hcl</i>	70, 220	BROMSITE.....	225
U/F.....	186	<i>bethanechol chloride</i>	157	BRONCHITOL.....	235
BD PEN NEEDLE		BETHKIS.....	28	BROVANA.....	231
ORIGINAL U/F.....	186	BETIMOL.....	220	BRUKINSA.....	52
BD PEN NEEDLE SHORT		BETOPTIC-S.....	220	BRYHALI.....	249
U/F.....	186	BEVESPI AEROSPHERE....	227	BUCALSEP.....	255
		BEVYXXA.....	166	<i>budesonide</i>	154, 238

<i>budesonide er</i>	140	CALPHRON.....	147	<i>carisoprodol-aspirin-codeine</i> ...	110
<i>budesonide-formoterol fumarate</i>	239	CALQUENCE.....	52	CARNITOR.....	125
BULLSEYE MINI SAFETY LANCETS.....	187	CAMBIA.....	16	CARNITOR SF.....	125
<i>bumetanide</i>	74	<i>camila</i>	127	CAROSPIR.....	74
BUMEX.....	74	<i>camrese</i>	127	<i>carteolol hcl</i>	221
BUNAVAIL.....	19	<i>camrese lo</i>	127	<i>cartia xt</i>	72
Bupap.....	16	CANASA.....	154	<i>carvedilol</i>	70
BUPHENYL.....	135	<i>candesartan cilexetil</i>	64	<i>carvedilol phosphate er</i>	70
<i>buprenorphine</i>	28	<i>candesartan cilexetil-hctz</i>	63	CASODEX.....	49
<i>buprenorphine hcl</i>	27, 28	<i>capecitabine</i>	47	CATAPRES.....	76
<i>buprenorphine hcl-naloxone hcl</i>	19	CAPEX.....	249	CATAPRES-TTS-1.....	76
<i>bupropion hcl</i>	88	CAPLYTA.....	94	CATAPRES-TTS-2.....	76
<i>bupropion hcl er (smoking det)</i>	112	CAPRELSA.....	52	CATAPRES-TTS-3.....	76
<i>bupropion hcl er (sr)</i>	88	<i>captopril</i>	61	CAYSTON.....	31
<i>bupropion hcl er (xl)</i>	88	<i>captopril-hydrochlorothiazide</i> ...	61	<i>caziant</i>	127
<i>buspirone hcl</i>	106	CARAC.....	243	<i>cefaclor</i>	40
<i>butalbital-acetaminophen</i>	16	CARAFATE.....	157	<i>cefaclor er</i>	40
<i>butalbital-apap-caff-cod</i>	20	CARBAGLU.....	135	<i>cefadroxil</i>	40
<i>butalbital-apap-caffeine</i>	16	<i>carbamazepine</i>	80	<i>cefdinir</i>	40
<i>butalbital-asa-caff-codeine</i>	20	<i>carbamazepine er</i>	80	<i>cefditoren pivoxil</i>	40
<i>butalbital-asa-caffeine</i>	16	CARBAPHEN 12.....	232	<i>cefixime</i>	40
<i>butalbital-aspirin-caffeine</i>	16	CARBAPHEN 12 PED.....	232	<i>cefpodoxime proxetil</i>	41
BUTISOL SODIUM.....	102	CARBATROL.....	80	<i>cefprozil</i>	41
<i>butorphanol tartrate</i>	20	<i>carbidopa</i>	92	<i>cefuroxime axetil</i>	41
BUTRANS.....	28	<i>carbidopa-levodopa</i>	92	CELEBREX.....	15
BYDUREON.....	117	<i>carbidopa-levodopa er</i>	92	<i>celecoxib</i>	15
BYDUREON BCISE.....	117	<i>carbidopa-levodopa-entacapone</i>	92	CELEXA.....	88
BYETTA 10 MCG PEN.....	117	<i>carbinoxamine maleate</i>	229	CELLCEPT.....	181
BYETTA 5 MCG PEN.....	117	CARDIOTEK RX.....	207	CELONTIN.....	80
BYNFEZIA PEN.....	144	CARDIOVID PLUS.....	207	CENTANY.....	244
BYSTOLIC.....	70	CARDIZEM.....	72	<i>cephalexin</i>	41
BYVALSON.....	63	CARDIZEM CD.....	71	CEQUA.....	170
<i>cabergoline</i>	144	CARDIZEM LA.....	71, 72	CERDELGA.....	135
CABLIVI.....	167	CARDURA.....	62	CEREFOLIN.....	208
CABOMETYX.....	52	CARDURA XL.....	162	CEREFOLIN NAC.....	207, 208
CADUET.....	71	CAREFINE PEN NEEDLES.....	187	CERVIDIL.....	144
<i>caffeine citrate</i>	106	CAREONE LANCET SUPER THIN 30G.....	187	CESAMET.....	151
CALAN.....	71	CAREONE LANCET THIN 23G.....	187	<i>cesia</i>	127
CALAN SR.....	71	CAREONE LANCET ULTRA THIN 28G.....	187	<i>cetirizine hcl</i>	229
CALCIFOL.....	207	CAREONE UNIFINE PENTIPS.....	187	<i>cetirizine-pseudoephedrine er</i> ..	233
<i>calcipotriene</i>	246	CARESENS N GLUCOSE TEST.....	187	CETRAXAL.....	259
<i>calcipotriene-betameth diprop</i>	249	CARIMUNE NF.....	179	CETROTIDE.....	135
<i>calcitonin (salmon)</i>	144	<i>carisoprodol</i>	110	<i>cevimeline hcl</i>	258
<i>calcitrene</i>	246	<i>carisoprodol-aspirin</i>	110	CHANTIX.....	112
<i>calcitriol</i>	124, 246			CHANTIX CONTINUING MONTH PAK.....	112
<i>calcium acetate (phos binder)</i>	147			CHANTIX STARTING MONTH PAK.....	112
<i>calcium-folic acid plus d</i>	207			<i>chateal</i>	128
				Chateal Eq.....	128

CHEMET.....	125	CITRANATAL B-CALM....	208	CLOBEX.....	249
CHEMSTRIP 10 MD.....	187	CITRANATAL ESSENCE..	208	CLOBEX SPRAY.....	249
CHEMSTRIP 10/SG.....	187	CITRANATAL MEDLEY..	208	<i>clocortolone pivalate</i>	249
CHEMSTRIP 2 GP.....	187	CITRANATAL RX.....	208	<i>clocortolone pivalate pump</i>	249
CHEMSTRIP 5 OB.....	187	<i>citrate of magnesia</i>	155	Clodan.....	249
CHEMSTRIP 7.....	187	<i>claravis</i>	241	CLODERM.....	249
CHEMSTRIP 9.....	187	CLARINEX.....	229	CLODERM PUMP.....	249
CHEMSTRIP K.....	187	CLARINEX-D 12 HOUR....	233	<i>clomiphene citrate</i>	139
CHEMSTRIP UGK.....	187	<i>clarithromycin</i>	41	<i>clomipramine hcl</i>	106
CHENODAL.....	157	<i>clarithromycin er</i>	41	<i>clonazepam</i>	80
<i>childrens aspirin</i>	28	CLARITIN.....	229	<i>clonidine hcl</i>	76
<i>chlordiazepoxide hcl</i>	79, 80	CLARITIN CHILDRENS...	229	<i>clonidine hcl er</i>	98
<i>chlordiazepoxide-amitriptyline</i>	112	CLARITIN EYE.....	170	<i>clopidogrel bisulfate</i>	172
<i>chlordiazepoxide-clidinium</i>	150	CLARITIN REDITABS.....	229	<i>clorazepate dipotassium</i>	80
<i>chlorthexidine gluconate</i> ...	255, 258	CLARITIN-D 12 HOUR.....	233	<i>clotrimazole</i>	245, 258
<i>chloroquine phosphate</i>	32	CLARITIN-D 24 HOUR.....	233	<i>clotrimazole-betamethasone</i>	245
<i>chlorothiazide</i>	74	<i>clemastine fumarate</i>	229	<i>clozapine</i>	94
<i>chlorpromazine hcl</i>	94	CLENPIQ.....	155	CLOZARIL.....	95
<i>chlorpropamide</i>	123	CLEOCIN.....	31, 165	COARTEM.....	33
<i>chlorthalidone</i>	74	CLEOCIN-T.....	241	CODAR AR.....	233
<i>chlorzoxazone</i>	110	CLEVER CHEK AUTO-		<i>codeine sulfate</i>	20, 21
CHOLBAM.....	157	CODE TEST.....	187	COLAZAL.....	154
<i>cholestyramine</i>	65	CLEVER CHEK AUTO-		<i>colchicine</i>	15
<i>cholestyramine light</i>	65	CODE VOICE.....	187	<i>colchicine-probenecid</i>	15
<i>choline-mag trisalicylate</i>	28	CLEVER CHEK LANCETS	187	COLCRYS.....	15
<i>chorionic gonadotropin</i>	139	CLEVER CHEK TEST.....	187	<i>colesevelam hcl</i>	65
<i>ciclodan</i>	244	CLEVER CHOICE AUTO-		COLESTID.....	66
<i>ciclopirox</i>	244	CODE TEST.....	187	COLESTID FLAVORED.....	65
<i>ciclopirox olamine</i>	244	CLEVER CHOICE MICRO		<i>colestipol hcl</i>	66
<i>cilostazol</i>	170	TEST.....	187	<i>colocort</i>	154
CILOXAN.....	223	CLICKFINE PEN		COLY-MYCIN S.....	259
CIMDUO.....	36	NEEDLES.....	187	COLYTE WITH FLAVOR	
<i>cimetidine</i>	153	<i>clickfine pen needles</i>	187	PACKS.....	155
<i>cimetidine hcl</i>	153	CLIMARA.....	137	COMBIGAN.....	221
CIMZIA.....	174	CLIMARA PRO.....	137	COMBIPATCH.....	137
CIMZIA PREFILLED.....	174	<i>clindacin etz</i>	241	COMBIVENT RESPIMAT..	227
CIMZIA STARTER KIT....	174	<i>clindacin-p</i>	241	COMBIVIR.....	36
<i>cinacalcet hcl</i>	124, 125	CLINDAGEL.....	241	COMETRIQ (100 MG	
CIPRO.....	42	<i>clindamycin hcl</i>	31	DAILY DOSE).....	52, 58
CIPRO HC.....	259	<i>clindamycin palmitate hcl</i>	31	COMETRIQ (140 MG	
CIPRO XR.....	42	<i>clindamycin phos-benzoyl</i>		DAILY DOSE).....	52, 58
CIPRODEX.....	259	<i>perox</i>	241	COMETRIQ (60 MG DAILY	
<i>ciprofloxacin</i>	43	<i>clindamycin phosphate</i>		DOSE).....	53
<i>ciprofloxacin hcl</i>	43, 223, 259	.....	165, 241, 242	COMFORT ASSURED	
<i>ciprofloxacin-ciproflox hcl er</i> ...	43	<i>clindamycin-tretinoin</i>	242	LANCETS 28G.....	187
<i>ciprofloxacin-dexamethasone</i> ..	259	CLINDESSE.....	165	COMFORT ASSURED	
<i>ciprofloxacin-fluocinolone pf.</i> ..	259	<i>clobazam</i>	80	LANCETS 33G.....	187
<i>citalopram hydrobromide</i>	88	<i>clobetasol propionate</i>	249	COMFORT EZ INSULIN	
CITRANATAL 90 DHA.....	208	<i>clobetasol propionate e</i>	249	SYRINGE.....	188
CITRANATAL ASSURE....	208	<i>clobetasol propionate emulsion</i>	249		

COMFORT EZ PEN		DAURISMO.....	48
NEEDLES.....	188	DAXBIA.....	41
COMFORT LANCETS.....	188	DAYPRO.....	16
COMPLERA.....	36	<i>daysee</i>	128
<i>complete natal dha</i>	208	DAYTRANA.....	99
<i>completenate</i>	208	DAYVIGO.....	102
<i>compro</i>	151	D-CARE DM2.....	144
COMTAN.....	92	DDAVP.....	150
<i>co-natal fa</i>	208	DDAVP RHINAL TUBE.....	150
CONCEPT DHA.....	208	<i>deblitane</i>	128
CONCEPT OB.....	208	DECARA.....	208
CONCERTA.....	98	DECARA K.....	208
CONDYLOX.....	255	<i>deferasirox</i>	125
CONJUPRI.....	72	<i>deferasirox granules</i>	125
CONSENSI.....	72	<i>deferiprone</i>	125
<i>constulose</i>	155	DELESTROGEN.....	137
CONZIP.....	21	DELSTRIGO.....	37
COPAXONE.....	108	Deltasone.....	140
COPIKTRA.....	53	Delyla.....	128
CORDRAN.....	249, 250	DELZICOL.....	154
COREG.....	70	DEMADEX.....	74
COREG CR.....	70	<i>demeclocycline hcl</i>	45
Coremino.....	45	DEMEROL.....	21
CORGARD.....	70	DEMSEER.....	76
CORLANOR.....	76	DENAVIR.....	255
Cormax Scalp Application....	250	DEPAKENE.....	80, 81
CORTEF.....	140	DEPAKOTE.....	81
CORTENEMA.....	154	DEPAKOTE ER.....	81
CORTIFOAM.....	154	DEPAKOTE SPRINKLES....	81
<i>cortisone acetate</i>	140	DEPEN TITRATABS.....	125
CORTISPORIN.....	244	DEPLIN 15.....	208
CORVITE 150.....	170	DEPLIN 7.5.....	209
<i>corvite fe</i>	170	DEPO-ESTRADIOL.....	137
CORZIDE.....	69	DEPO-PROVERA.....	49
COSENTYX.....	247	DEPO-SUBQ PROVERA	
COSENTYX (300 MG		104.....	128
DOSE).....	246	DEPO-TESTOSTERONE....	114
COSENTYX		DERMA-SMOOTHIE/FS	
SENSOREADY (300 MG)...	247	BODY.....	250
COSENTYX		DERMA-SMOOTHIE/FS	
SENSOREADY PEN.....	247	SCALP.....	250
COSOPT.....	221	DERMOTIC.....	259
COSOPT PF.....	221	DESCOVY.....	37
COTELLIC.....	53	<i>desipramine hcl</i>	88
COTEMPLA XR-ODT.....	99	<i>desloratadine</i>	229
COUMADIN.....	166	<i>desmopressin ace spray refrig.</i>	150
COZAAR.....	64	<i>desmopressin acetate</i>	150
CREON.....	158	<i>desmopressin acetate spray</i>	150
CRESEMBA.....	29	<i>desogestrel-ethinyl estradiol</i>	128
CRESTOR.....	67	DESONATE.....	250
CRINONE.....	147		
CRIXIVAN.....	33		
<i>cromolyn sodium</i>	157, 220, 235		
CROTAN.....	257		
<i>cryselle-28</i>	128		
CUPRIMINE.....	125		
Curity Sterile Saline.....	163		
CUTAQUIG.....	179		
CUTIVATE.....	250		
CUVITRU.....	179		
CUVPOSA.....	150		
<i>cvs lice treatment</i>	257		
<i>cvs pain relief</i>	254		
<i>cvs permethrin</i>	257		
<i>cvs ultra sleep</i>	102		
<i>cyanocobalamin</i>	208		
<i>cyclafem 1/35</i>	128		
<i>cyclafem 7/7/7</i>	128		
<i>cyclobenzaprine hcl</i>	110		
<i>cyclobenzaprine hcl er</i>	110		
CYCLOGYL.....	170		
CYCLOMYDRIL.....	170		
<i>cyclopentolate hcl</i>	170		
<i>cyclophosphamide</i>	47		
<i>cycloserine</i>	38		
CYCLOSET.....	116		
<i>cyclosporine</i>	181		
<i>cyclosporine modified</i>	181		
CYMBALTA.....	88		
<i>cyproheptadine hcl</i>	229		
Cyred.....	128		
CYSTADANE.....	135		
CYSTADROPS.....	170		
CYSTAGON.....	135		
CYSTARAN.....	170		
CYTOMEL.....	148		
CYTOTEC.....	157		
<i>cytra k crystals</i>	163		
D.H.E. 45.....	104		
DAKLINZA.....	43		
<i>dalfampridine er</i>	108		
DALIRESP.....	235		
<i>danazol</i>	135		
DANTRIUM.....	110		
<i>dantrolene sodium</i>	110		
<i>dapsone</i>	31, 242		
DARAPRIM.....	31		
<i>darifenacin hydrobromide er</i> ...	164		
<i>dasetta 1/35</i>	128		
<i>dasetta 7/7/7</i>	128		

<i>desonide</i>	250	DIACOMIT.....	81	<i>disopyramide phosphate</i>	64
DESOWEN.....	250	DIALYVITE 3000.....	209	<i>disulfiram</i>	112
<i>desoximetasone</i>	250	DIALYVITE 5000.....	209	DITROPAN XL.....	164
DESOXYN.....	99	DIALYVITE SUPREME D.....	209	DIURIL.....	75
<i>desvenlafaxine er</i>	88	DIALYVITE/ZINC.....	209	<i>divalproex sodium</i>	81
<i>desvenlafaxine succinate er</i>	88	DIASTAT ACUDIAL.....	81	<i>divalproex sodium er</i>	81
DETROL.....	164	DIASTAT PEDIATRIC.....	81	DIVIGEL.....	137
DETROL LA.....	164	<i>diazepam</i>	81	<i>docosanol</i>	255
DEX4 GLUCOSE.....	142	<i>diazepam intensol</i>	81	<i>dofetilide</i>	64
DEX4 GLUCOSE GO-POUCH.....	142	<i>diazoxide</i>	142	DOLOPHINE.....	21
DEX4 QUICK DISSOLVE GLUCOSE.....	142	DIBENZYLINE.....	76	DOLOTRANZ.....	254
<i>dexamethasone</i>	140	DICLEGIS.....	151	<i>donepezil hcl</i>	86
DEXAMETHASONE INTENSOL.....	140	<i>diclofenac</i>	17	DOPTLET.....	168
<i>dexamethasone sodium phosphate</i>	225	<i>diclofenac epolamine</i>	255	DORAL.....	102
DEXCOM G4 PLAT PED RCV/SHARE.....	188	<i>diclofenac potassium</i>	17	DORYX.....	45
DEXCOM G4 PLAT PED RECEIVER.....	188	<i>diclofenac sodium</i>	17, 39, 225, 255	DORYX MPC.....	45
DEXCOM G4 PLATINUM RCV/SHARE.....	188	<i>diclofenac sodium er</i>	17	<i>dorzolamide hcl</i>	221
DEXCOM G4 PLATINUM RECEIVER.....	188	<i>diclofenac-misoprostol</i>	19	<i>dorzolamide hcl-timolol mal</i>	221
DEXCOM G4 PLATINUM TRANSMITTER.....	188	<i>dicloxacillin sodium</i>	45	<i>dorzolamide hcl-timolol mal pf</i>	221
DEXCOM G4 SENSOR.....	188	<i>dicyclomine hcl</i>	150	<i>double pm</i>	222
DEXCOM G5 MOB/G4 PLAT SENSOR.....	188	<i>didanosine</i>	33	DOVATO.....	37
DEXCOM G5 MOBILE RECEIVER.....	188	DIFFERIN.....	242	DOVONEX.....	247
DEXCOM G5 MOBILE TRANSMITTER.....	188	DIFICID.....	41	<i>doxazosin mesylate</i>	62
DEXCOM G5 RECEIVER KIT.....	188	Difil-G Forte.....	235	<i>doxepin hcl</i>	88, 102, 246
DEXCOM G6 RECEIVER.....	188	<i>diflorasone diacetate</i>	250	<i>doxercalciferol</i>	125
DEXCOM G6 SENSOR.....	188	DIFLUCAN.....	29	<i>doxycycline hyclate</i>	45, 46
DEXCOM G6 TRANSMITTER.....	188	<i>diflunisal</i>	28	<i>doxycycline monohydrate</i>	46
DEXEDRINE.....	99	Digitek.....	74	<i>doxylamine-pyridoxine</i>	151
DEXILANT.....	159	Digox.....	74	<i>d-penamine</i>	125
<i>dexmethylphenidate hcl</i>	99	<i>digoxin</i>	74	DRAMAMINE LESS	
<i>dexmethylphenidate hcl er</i>	99	<i>dihydroergotamine mesylate</i>	104	DROWSY.....	151
Dexpak 10 Day.....	140	DILANTIN.....	81	DRIZALMA SPRINKLE.....	88
Dexpak 13 Day.....	140	DILANTIN INFATABS.....	81	<i>dronabinol</i>	152
Dexpak 6 Day.....	140	DILATRATE-SR.....	77	DROPLET LANCETS	
<i>dextroamphetamine sulfate</i>	99	DILAUDID.....	21	ULTRA THIN 30G.....	188
<i>dextroamphetamine sulfate er</i>	99	<i>diltiazem cd</i>	72	<i>drospiren-eth estrad-levomefol</i>	128
		<i>diltiazem hcl</i>	72	<i>drospirenone-ethinyl estradiol</i>	128
		<i>diltiazem hcl er</i>	72	DROXIA.....	58
		<i>diltiazem hcl er beads</i>	72	<i>droxidopa</i>	76
		<i>diltiazem hcl er coated beads</i>	72	<i>ds prep pak</i>	255
		<i>dilt-xr</i>	72	DUAC.....	242
		<i>dimethyl fumarate</i>	108	DUAKLIR PRESSAIR.....	239
		DIOVAN.....	64	DUAVEE.....	137
		DIOVAN HCT.....	63	DUET DHA BALANCED.....	209
		DIPENTUM.....	154	DUETACT.....	124
		<i>diphenhydramine hcl</i>	229	DUEXIS.....	19
		<i>diphenoxylate-atropine</i>	157	DULERA.....	227
		DIPROLENE.....	250	<i>duloxetine hcl</i>	88
		DIPROLENE AF.....	250	DUOBRII.....	250
		<i>dipyridamole</i>	172	DUOPA.....	92

DUPIXENT.....	237, 248	EASY TOUCH LANCETS 33G/TWIST.....	189	ELIGARD.....	49, 50
DURAGESIC-100.....	21	EASY TOUCH PEN NEEDLES.....	189	ELIMITE.....	257
DURAGESIC-12.....	21	EASY TOUCH SAFETY LANCETS 21G.....	189	<i>elimest</i>	128
DURAGESIC-25.....	21	EASY TOUCH SAFETY LANCETS 23G.....	189	ELIQUIS.....	166
DURAGESIC-50.....	21	EASY TOUCH SAFETY LANCETS 26G.....	189	ELIQUIS DVT/PE STARTER PACK.....	166
DURAGESIC-75.....	21	EASY TOUCH SAFETY LANCETS 28G.....	189	<i>elite-ob</i>	209
<i>duraxin</i>	15	EASY TOUCH TEST.....	190	<i>elite-thin insulin syringe</i>	190
DUREZOL.....	225	EASY TRAK BLOOD GLUCOSE TEST.....	190	ELIXOPHYLLIN.....	240
DURLAZA.....	170	EASY TWIST & CAP LANCETS.....	190	ELLA.....	128
<i>dutasteride</i>	162	EASYGLUCO.....	190	ELMIRON.....	163
<i>dutasteride-tamsulosin hcl</i>	162	EASYMAX 15 TEST.....	190	ELOCON.....	250
DUZALLO.....	15	EASYMAX TEST.....	190	Eluryng.....	128
DXEVO 11-DAY.....	140	EASYPLUS BLOOD GLUCOSE TEST.....	190	EMADINE.....	170
DYANAVEL XR.....	99	EASYPRO PLUS.....	190	EMBEDA.....	21
DYAZIDE.....	75	EC-NAPROSYN.....	17	EMBRACE BLOOD GLUCOSE TEST.....	190
DYMISTA.....	228	<i>econazole nitrate</i>	245	EMCYT.....	47
DYRENIUM.....	75	ECONTRA EZ.....	128	EMEND.....	152
E.E.S. 400.....	28	<i>ecotrin low strength</i>	28	EMEND TRI-PACK.....	152
E.E.S. GRANULES.....	42	ECOZA.....	245	EMFLAZA.....	140, 141
EASY COMFORT INSULIN SYRINGE.....	189	EDARBI.....	64	EMGALITY.....	104
EASY COMFORT LANCETS.....	189	EDARBYCLOR.....	63	EMGALITY (300 MG DOSE).....	104
EASY PLUS II GLUCOSE TEST.....	189	EDECRIN.....	75	<i>emoquette</i>	128
EASY STEP TEST.....	189	EDLUAR.....	102	EMSAM.....	88
EASY TALK BLOOD GLUCOSE TEST.....	189	<i>ed-spaz</i>	150	<i>emtricitabine</i>	33
EASY TOUCH INSULIN SAFETY SYR.....	189	EDURANT.....	33	<i>emtricitabine-tenofovir df</i>	37
EASY TOUCH INSULIN SYRINGE.....	189	<i>efavirenz</i>	33	EMTRIVA.....	33
EASY TOUCH LANCETS 21G.....	189	<i>efavirenz-emtricitab-tenofovir</i> ..	37	EMVERM.....	31
EASY TOUCH LANCETS 23G.....	189	<i>efavirenz-lamivudine-tenofovir</i> ..	37	ENABLEX.....	164
EASY TOUCH LANCETS 26G.....	189	EFFER-K.....	205	<i>enalapril maleate</i>	61
EASY TOUCH LANCETS 28G.....	189	<i>effe-k</i>	205	<i>enalapril-hydrochlorothiazide</i> ...	61
EASY TOUCH LANCETS 28G/TWIST.....	189	<i>effervescent pot chloride</i>	205	ENBREL.....	174
EASY TOUCH LANCETS 30G.....	189	EFFEXOR XR.....	88	ENBREL MINI.....	174
EASY TOUCH LANCETS 30G/TWIST.....	189	EFFIENT.....	172	ENBREL SURECLICK.....	174
EASY TOUCH LANCETS 32G.....	189	EFUDEX.....	243	ENCARE.....	162
EASY TOUCH LANCETS 32G/TWIST.....	189	ELDEPRYL.....	92	ENDARI.....	170
		ELEMENT TEST.....	190	<i>endocet</i>	21
		ELEPSIA XR.....	82	Endocet.....	21
		ELESTAT.....	170	ENDOMETRIN.....	164
		ELESTRIN.....	137	ENLITE GLUCOSE SENSOR.....	190
		<i>eletriptan hydrobromide</i>	104	ENLYTE.....	209
		ELIDEL.....	255	<i>enoxaparin sodium</i>	166
				<i>enpresse-28</i>	128
				<i>enskyce</i>	128
				ENSPRYNG.....	181
				ENSTILAR.....	251
				<i>entacapone</i>	92

<i>entecavir</i>	39	Esgic.....	16	EXALGO.....	21
ENTERAGAM.....	209	ESGIC.....	16	EXEL COMFORT POINT	
ENTOCORT EC.....	154	<i>esomeprazole magnesium</i>	159	INSULIN SYR.....	191
ENTRESTO.....	76	<i>esomeprazole strontium</i>	159	EXELDERM.....	191, 245
<i>enulose</i>	156	ESPEROCT.....	169	EXELON.....	86
ENVARUSUS XR.....	181	<i>estarylla</i>	128	<i>exemestane</i>	50
EPANED.....	61	<i>estazolam</i>	102	EXFORGE.....	63
EPCLUSA.....	43	ESTRACE.....	137	EXFORGE HCT.....	63
EPIDIOLEX.....	82	<i>estradiol</i>	137	EXJADE.....	125
EPIDUO.....	242	<i>estradiol valerate</i>	137	EXSERVAN.....	106
EPIDUO FORTE.....	242	<i>estradiol-norethindrone acet...</i>	137	EXTAVIA.....	108
EPIFOAM.....	254	ESTRING.....	137	EXTINA.....	245
<i>epinastine hcl</i>	220	ESTROGEL.....	137	EYSUVIS.....	225
<i>epinephrine</i>	226	<i>estropipate</i>	137	E-Z JECT LANCET	
EPISNAP.....	226	<i>eszopiclone</i>	102	MICRO-THIN 33G.....	191
<i>epitol</i>	82	<i>ethacrynic acid</i>	75	E-Z JECT LANCET SUPER	
EPIVIR.....	33	<i>ethambutol hcl</i>	38	THIN 30G.....	191
EPIVIR HBV.....	39	<i>ethosuximide</i>	82	E-Z JECT LANCETS.....	191
<i>eplerenone</i>	62	<i>ethynodiol diac-eth estradiol...</i>	128	E-Z JECT LANCETS 21G....	191
EPOGEN.....	168	<i>etidronate disodium</i>	124	E-Z JECT LANCETS THIN	
<i>epoprostenol sodium</i>	78	<i>etodolac</i>	17	26G.....	191
<i>eprosartan mesylate</i>	64	<i>etodolac er</i>	17	EZ SMART BLOOD	
EPZICOM.....	37	<i>etoposide</i>	60	GLUCOSE LANCETS.....	191
<i>eq blood glucose test</i>	190	<i>etravirine</i>	33	EZ SMART BLOOD	
<i>eq famotidine max st</i>	153	EUCRISA.....	255	GLUCOSE TEST.....	191
<i>eq lidocaine pain relieving</i>	254	EURAX.....	257, 258	EZ SMART PLUS	
<i>eq sleep aid</i>	102	Euthyrox.....	148	GLUCOSE TEST.....	191
<i>equapax/libuprofen/minrex</i>	182	EVAMIST.....	137	EZALLOR SPRINKLE.....	67
EQUETRO.....	95	EVEKEO.....	99	<i>ezetimibe</i>	66
<i>ergocal</i>	209	EVEKEO ODT.....	99	<i>ezetimibe-simvastatin</i>	68
<i>ergocalciferol</i>	209	EVENCARE + BLOOD		FABIOR.....	242
<i>ergoloid mesylates</i>	86	GLUCOSE TEST.....	190	FALESSA.....	128
ERGOMAR.....	104	EVENCARE BLOOD		<i>falmina</i>	128
<i>ergotamine-caffeine</i>	104	GLUCOSE TEST.....	190	<i>famciclovir</i>	39
ERIVEDGE.....	48	EVENCARE G2 TEST.....	190	<i>famotidine</i>	153
ERLEADA.....	50	EVENCARE G3 TEST.....	190	FANAPT.....	95
<i>erlotinib hcl</i>	53	EVENITY.....	145	FANAPT TITRATION	
<i>errin</i>	128	<i>everolimus</i>	53, 181	PACK.....	95
ERTACZO.....	245	EVERSENSE SENSOR.....	190	FARESTON.....	50
<i>ery</i>	242	EVERSENSE		FARXIGA.....	123
ERYPED 200.....	42	SENSOR/HOLDER.....	190	FARYDAK.....	48
ERYPED 400.....	42	EVERSENSE SMART		FASENRA PEN.....	232
ERY-TAB.....	42	TRANSMITTER.....	190	<i>favipiravir</i>	39
ERYTHROCIN STEARATE	42	EVISTA.....	145	Fayosim.....	129
<i>erythromycin</i>	223, 242	EVOCLIN.....	242	FAZACLO.....	95
<i>erythromycin base</i>	42	EVOLUTION AUTOCODE	191	FC FEMALE CONDOM....	182
<i>erythromycin ethylsuccinate</i>	42	EVOTAZ.....	37	FC2 FEMALE CONDOM...	182
<i>erythromycin stearate</i>	42	EVOXAC.....	258	<i>febuxostat</i>	15
ESBRIET.....	235	EVRYSDI.....	106	<i>felbamate</i>	82
<i>escitalopram oxalate</i>	89	EVZIO.....	112	FELBATOL.....	82

FELDENE.....	17	FIRVANQ.....	31	<i>fluvastatin sodium er</i>	67
<i>felodipine er</i>	72	FLAGYL.....	31	<i>fluvoxamine maleate</i>	106
FEMARA.....	50	FLAREX.....	225	<i>fluvoxamine maleate er</i>	106
FEMCAP.....	182	<i>flavoxate hcl</i>	157	FML.....	225
FEMRING.....	138	<i>flecainide acetate</i>	64	FML FORTE.....	225
Femynor.....	129	FLECTOR.....	255	FOCALIN.....	99
<i>fenofibrate</i>	66	FLEXICHAMBER ADULT		FOCALIN XR.....	99
<i>fenofibrate micronized</i>	66	MASK/SMALL.....	205	<i>folate</i>	210
<i>fenofibric acid</i>	66	FLOLAN.....	78	FOLBEE PLUS CZ.....	210
FENOGLIDE.....	66	<i>flolipid</i>	67	FOLBIC RF.....	210
<i>fenopropfen calcium</i>	17	FLOMAX.....	162	<i>folic acid</i>	210
FENORTHO.....	17	FLONASE ALLERGY		FOLIVANE-OB.....	210
FENSOLVI.....	50	RELIEF.....	236	FOLLISTIM AQ.....	139
<i>fentanyl</i>	22	FLORIVA.....	209	FOLTANX.....	210
<i>fentanyl citrate</i>	22	FLOVENT DISKUS.....	238	FOLTANX RF.....	210
FENTORA.....	22	FLOVENT HFA.....	238	FOLTX.....	210
FERRIPROX.....	125	FLOXIN OTIC.....	259	FOLVITE-FE.....	170
FERRIPROX TWICE-A-		<i>floxuridine</i>	47	<i>fondaparinux sodium</i>	166
DAY.....	126	<i>fluconazole</i>	29	FORA D15G BLOOD	
FETZIMA.....	89	<i>flucytosine</i>	29	GLUCOSE TEST.....	191
FETZIMA TITRATION.....	89	<i>fludrocortisone acetate</i>	141	FORA D20 BLOOD	
FEXMID.....	110	FLUMADINE.....	39	GLUCOSE TEST.....	191
<i>fexofenadine hcl</i>	230	<i>flunisolide</i>	236	FORA G20 BLOOD	
<i>fexofenadine hcl childrens</i>	229	<i>fluocinolone acetonide</i>	251, 259	GLUCOSE TEST.....	191
<i>fexofenadine-pseudoephed er</i> ..	233	<i>fluocinolone acetonide body</i>	251	FORA G30/PREM V10	
FIASP.....	118	<i>fluocinolone acetonide scalp</i>	251	GLUCOSE TEST.....	191
FIASP FLEXTOUCH.....	118	<i>fluocinonide</i>	251	FORA GD20 TEST.....	192
FIASP PENFILL.....	118	<i>fluocinonide emulsified base</i>	251	FORA LANCETS.....	192
FIBRICOR.....	67	FLUORABON.....	209	FORA V10 BLOOD	
FIFTY50 GLUCOSE TEST		FLUOR-A-DAY.....	209	GLUCOSE TEST.....	192
2.0.....	191	FLUORIDEX		FORA V12 BLOOD	
FIFTY50 PEN NEEDLES...	191	SENSITIVITY RELIEF.....	258	GLUCOSE TEST.....	192
FIFTY50 SAFETY SEAL		<i>fluoritab</i>	209	FORA V20 BLOOD	
LANCETS.....	191	<i>fluorometholone</i>	225	GLUCOSE TEST.....	192
FIFTY50 SUPERIOR		FLUOROPLEX.....	243	FORA V30A BLOOD	
COMFORT SYR.....	191	<i>fluorouracil</i>	243	GLUCOSE TEST.....	192
FINACEA.....	257	<i>fluoxetine hcl</i>	89	FORACARE GD40 TEST...	192
<i>finasteride</i>	162	<i>fluoxetine hcl (pmdd)</i>	89	FORACARE PREMIUM	
FINE 30.....	191	<i>fluphenazine decanoate</i>	95	V10 TEST.....	192
FINGERSTIX LANCETS...	191	<i>fluphenazine hcl</i>	95	FORFIVO XL.....	89
FINTEPLA.....	82	FLURA-DROPS.....	209	<i>formoterol fumarate</i>	231
FIORICET.....	16	<i>flurandrenolide</i>	251	FORTAMET.....	115
FIORICET/CODEINE.....	22	FLURA-SAFE.....	170	FORTEO.....	145
FIORINAL.....	16	<i>flurazepam hcl</i>	102	FORTESTA.....	114
FIORINAL/CODEINE #3.....	22	<i>flurbiprofen</i>	17	FOSAMAX.....	124
FIRAZYR.....	170	<i>flurbiprofen sodium</i>	225	FOSAMAX PLUS D.....	124
FIRDAPSE.....	106	<i>flutamide</i>	50	<i>fosamprenavir calcium</i>	33
FIRMAGON.....	50	<i>fluticasone propionate</i>	236, 251	<i>fosinopril sodium</i>	62
FIRMAGON (240 MG		<i>fluticasone-salmeterol</i>	227, 239	<i>fosinopril sodium-hctz</i>	61
DOSE).....	50	<i>fluvastatin sodium</i>	67	FOSRENOL.....	147

FOSTEUM.....	210	GAMUNEX-C.....	180	GLOBAL INJECT EASE	
FOSTEUM PLUS.....	210	<i>ganirelix acetate</i>	139	LANCETS 28G.....	193
FOTIVDA.....	53	GASTROCROM.....	157	GLOBAL INJECT EASE	
FOVEX.....	210	<i>gatifloxacin</i>	223	LANCETS 30G.....	193
FRAGMIN.....	166	GATTEX.....	157	GLOPERBA.....	15
FREESTYLE INSULINX		<i>gavilyte-c</i>	156	GLUCAGEN	
TEST.....	192	<i>gavilyte-g</i>	156	DIAGNOSTIC.....	193
FREESTYLE LANCETS.....	192	Gavilyte-H.....	156	GLUCAGEN HYPOKIT.....	142
FREESTYLE LIBRE 14		<i>gavilyte-n with flavor pack</i>	156	GLUCAGON	
DAY READER.....	192	GAVRETO.....	58	EMERGENCY.....	142
FREESTYLE LIBRE 14		GE100 BLOOD GLUCOSE		<i>glucagon emergency</i>	142
DAY SENSOR.....	192	TEST.....	193	GLUCO BURST.....	142
FREESTYLE LIBRE 2		GELFILM.....	171	GLUCOCARD 01 SENSOR	
READER.....	192	GELNIQUE.....	165	PLUS.....	193
FREESTYLE LIBRE 2		GELNIQUE PUMP.....	164	GLUCOCARD	
SENSOR.....	192	<i>gemfibrozil</i>	67	EXPRESSION TEST.....	193
FREESTYLE LIBRE		Gemmily.....	129	GLUCOCARD VITAL	
READER.....	192	GEMTESA.....	147	TEST.....	193
FREESTYLE LIBRE		<i>generlac</i>	156	GLUCOCARD X-SENSOR.....	193
SENSOR SYSTEM.....	192	<i>gengraf</i>	181	GLUCOCOM LANCETS	
FREESTYLE LITE TEST....	192	GENICIN VITA-Q.....	211	28G.....	193
FREESTYLE PRECISION		GENOTROPIN.....	143	GLUCOCOM LANCETS	
INS SYR.....	192	GENOTROPIN		30G.....	193
FREESTYLE PRECISION		MINIQUICK.....	143	GLUCOCOM LANCETS	
NEO TEST.....	192	<i>gentak</i>	223	33G.....	193
FREESTYLE TEST.....	193	<i>gentamicin sulfate</i>	223, 244	GLUCOCOM TEST.....	193
FREESTYLE UNISTICK II		GENVOYA.....	37	GLUCOPHAGE.....	115
LANCETS.....	193	GEODON.....	95	GLUCOPHAGE XR.....	115
FROVA.....	104	<i>gianvi</i>	129	GLUCOPRO INSULIN	
<i>frovatriptan succinate</i>	104	GIAZO.....	154	SYRINGE.....	193
FULPHILA.....	168	<i>gildess fe 1.5/30</i>	129	<i>glucose</i>	142
<i>fulvestrant</i>	50	<i>gildess fe 1/20</i>	129	GLUCOTROL.....	123
FURADANTIN.....	31	GILENYA.....	108	GLUCOTROL XL.....	124
<i>furosemide</i>	75	GILOTRIF.....	58	GLUCOVANCE.....	116
FUZEON.....	34	GIMOTI.....	152	GLUMETZA.....	115
Fyavolv.....	138	<i>glatiramer acetate</i>	108	<i>glyburide</i>	124
FYCOMPA.....	82	Glatopa.....	108	<i>glyburide micronized</i>	124
GABADONE.....	210	GLEEVEC.....	53	<i>glyburide-metformin</i>	116
<i>gabapentin</i>	82	GLEOSTINE.....	47	<i>glycopyrrolate</i>	150
GABITRIL.....	82	<i>g-levocarnitine slf</i>	211	GLYNASE.....	124
GALAFOLD.....	145	<i>glimepiride</i>	123	GLYSET.....	115
<i>galantamine hydrobromide</i>	86	<i>glipizide</i>	123	GLYXAMBI.....	123
<i>galantamine hydrobromide er...</i>	86	<i>glipizide er</i>	123	<i>gnp lidocaine pain relief</i>	254
GALZIN.....	205	<i>glipizide xl</i>	123	<i>gnp urinary pain relief</i>	163
GAMASTAN.....	179	<i>glipizide-metformin hcl</i>	116	GOCOVRI.....	92
GAMASTAN S/D.....	179	GLOBAL EASE INJECT		GOJJI BLOOD GLUCOSE	
GAMMAGARD.....	179	PEN NEEDLES.....	193	TEST.....	193
GAMMAGARD S/D LESS		GLOBAL INJECT EASE		GOLYTELY.....	156
IGA.....	179	INSULIN SYR.....	193	GONAL-F.....	139
GAMMAKED.....	180			GONAL-F RFF.....	139

GONAL-F RFF REDIJECT	139	HALOG	251	HUMIRA	175
GONITRO	77	<i>haloperidol</i>	95	HUMIRA PEDIATRIC	
<i>goodsense nicotine</i>	112	<i>haloperidol decanoate</i>	95	CROHNS START	174, 175
GRALISE	111, 112	<i>haloperidol lactate</i>	95	HUMIRA PEN	175
GRALISE STARTER	112	HARVONI	43	HUMIRA PEN-CD/UC/HS	
<i>granisetron hcl</i>	152	HEALTHWISE MINI PEN		STARTER	175
GRANIX	168	NEEDLES	194	HUMIRA PEN-	
GRASTEK	173	HEALTHWISE PEN		PS/UV/ADOL HS START	175
<i>griseofulvin microsize</i>	29	NEEDLES	194	HUMIRA PEN-	
<i>griseofulvin ultramicrosize</i>	29	HEALTHWISE SHORT		PSOR/UEVIT STARTER	175
<i>guanfacine hcl</i>	76	PEN NEEDLES	194	HUMULIN 70/30	119
<i>guanfacine hcl er</i>	99	HEALTHWISE UNIFINE		HUMULIN 70/30	
<i>guanidine hcl</i>	106	PENTIPS	194	KWIKPEN	119
GUARDIAN CONNECT		HEALTHY ACCENTS		HUMULIN N	119
TRANSMITTER	193	UNIFINE PENTIP	194	HUMULIN N KWIKPEN	119
GUARDIAN LINK 3		HEALTHY ACCENTS		HUMULIN R	119
TRANSMITTER	194	UNILET LANCETS	194	HUMULIN R U-500	
GUARDIAN REAL-TIME		<i>heather</i>	129	(CONCENTRATED)	119
REPLACE PED	194	HELIDAC THERAPY	157	HUMULIN R U-500	
GUARDIAN REAL-TIME		HEMADY	141	KWIKPEN	119
REPLACEMENT	194	HEMANGEOL	70	<i>hyalucil-4</i>	256
GUARDIAN SENSOR (3)	194	<i>hemenatal ob</i>	211	HYCAMTIN	60
<i>guardian sensor 3</i>	194	<i>hemenatal ob + dha</i>	211	<i>hydralazine hcl</i>	76
GUARDIAN		<i>heparin sodium (porcine)</i>	166	HYDREA	58
TRANSMITTER	194	<i>heparin sodium (porcine) pf</i>	167	<i>hydrochlorothiazide</i>	75
GVOKE HYPOPEN 1-		HEPSERA	39	<i>hydrocod polst-cpm polst er</i>	233
PACK	142	HETLIOZ	102	<i>hydrocodone bitartrate er</i>	22
GVOKE HYPOPEN 2-		HETLIOZ LQ	102	<i>hydrocodone-acetaminophen</i>	22
PACK	143	HEXALEN	47	<i>hydrocodone-guaifenesin</i>	233
GVOKE PFS	143	Hidex 6-Day	141	<i>hydrocodone-homatropine</i>	233
GYNAZOLE-1	165	HIPREX	31	<i>hydrocodone-ibuprofen</i>	22
HAEGARDA	171	HIZENTRA	180	<i>hydrocortisone</i>	
HAEMOLANCE	194	<i>hm biotin</i>	211	141, 154, 161, 251, 252	
HAEMOLANCE LOW		<i>hm lidocaine patch</i>	254	<i>hydrocortisone (perianal)</i>	161
FLOW LANCETS	194	<i>hm sleep aid</i>	102	<i>hydrocortisone butyr lipo base</i>	251
HAEMOLANCE PLUS	194	HM ULTICARE INSULIN		<i>hydrocortisone butyrate</i>	251
HAEMOLANCE PLUS		SYRINGE	194	<i>hydrocortisone valerate</i>	252
HIGH FLOW	194	HORIZANT	112	<i>hydrocortisone-acetic acid</i>	259
HAEMOLANCE PLUS		HUMALOG	119	<i>hydrogen peroxide</i>	256
LOW FLOW	194	HUMALOG JUNIOR		<i>hydromet</i>	233
HAEMOLANCE PLUS		KWIKPEN	118	<i>hydromorphone hcl</i>	22, 23
MAX FLOW	194	HUMALOG KWIKPEN	118	<i>hydromorphone hcl er</i>	22
HAEMOLANCE PLUS		HUMALOG MIX 50/50	118	<i>hydroxychloroquine sulfate</i>	178
PEDIATRIC FLOW	194	HUMALOG MIX 50/50		<i>hydroxyprogesterone caproate</i>	147
Hailey 24 Fe	129	KWIKPEN	118	<i>hydroxyurea</i>	58
<i>halcinonide</i>	251	HUMALOG MIX 75/25	119	<i>hydroxyzine hcl</i>	230
HALCION	102	HUMALOG MIX 75/25		<i>hydroxyzine pamoate</i>	230
HALDOL	95	KWIKPEN	119	<i>hyoscyamine sulfate</i>	151
HALDOL DECANOATE	95	HUMATIN	28	<i>hyoscyamine sulfate er</i>	150
<i>halobetasol propionate</i>	251	HUMATROPE	143	HYPERRAB	180

HYPERSAL.....	233, 235	INFINITY BLOOD		<i>isoniazid</i>	38
HYPERTENSA.....	211	GLUCOSE TEST.....	194	ISOPTO CARPINE.....	221
HYQVIA.....	180	INFINITY VOICE.....	194	ISORDIL TITRADOSE.....	77
HYSINGLA ER.....	23	INGREZZA.....	106	<i>isosorbide dinitrate</i>	77
HYZAAR.....	63	INLYTA.....	54	<i>isosorbide dinitrate er</i>	77
<i>ibandronate sodium</i>	124	INNOPRAN XL.....	70	<i>isosorbide mononitrate</i>	77
IBRANCE.....	48	INQOVI.....	58	<i>isosorbide mononitrate er</i>	77
Ibu.....	17	INREBIC.....	54	<i>isotretinoin</i>	242
IBUDONE.....	23	INSPIRA.....	62	<i>isradipine</i>	72
<i>ibudone</i>	23	INSTA-GLUCOSE.....	143	ISTALOL.....	221
<i>ibuprofen</i>	17	<i>insulin asp prot & asp flexpen</i>	119	ISTURISA.....	145
<i>ibuprofen-famotidine</i>	19	<i>insulin aspart</i>	119	<i>itraconazole</i>	30
<i>icatibant acetate</i>	171	<i>insulin aspart flexpen</i>	119	<i>ivermectin</i>	31, 257, 258
ICLUSIG.....	53	<i>insulin aspart penfill</i>	119	JADENU.....	126
<i>icosapent ethyl</i>	68	<i>insulin aspart prot & aspart</i>	119	JADENU SPRINKLE.....	126
IDHIFA.....	53	<i>insulin lispro</i>	120	JAKAFI.....	54
ILARIS.....	175	<i>insulin lispro (1 unit dial)</i>	119	JALYN.....	162
ILEVRO.....	225	<i>insulin lispro junior kwikpen</i> ...	119	<i>jantoven</i>	167
ILUMYA.....	247	<i>insulin lispro prot & lispro</i>	120	JANUMET.....	116
<i>imatinib mesylate</i>	53	<i>insulin syringe</i>	194	JANUMET XR.....	116
IMBRUVICA.....	53, 54	<i>insulin syringe/needle</i>	194	JANUVIA.....	116
IMCIVREE.....	106	<i>insulin syringe-needle u-100</i> ...	195	JARDIANCE.....	123
<i>imipramine hcl</i>	89	<i>insupen pen needles</i>	195	Jasmiel.....	129
<i>imipramine pamoate</i>	89	INSUPEN SENSITIVE.....	195	JATENZO.....	114
<i>imiquimod</i>	243	INSUPEN ULTRAFIN.....	195	<i>jencycla</i>	129
<i>imiquimod pump</i>	243	INTELENCE.....	34	<i>jenliva prenatal/postnatal</i>	211
IMITREX.....	104	INTERMEZZO.....	102	JENTADUETO.....	116
IMITREX STATDOSE		INTRAROSA.....	114	JENTADUETO XR.....	116
REFILL.....	104	INTRON A.....	180	<i>jevantique lo</i>	138
IMITREX STATDOSE		<i>introvale</i>	129	<i>jinteli</i>	138
SYSTEM.....	104	INTUNIV.....	99	<i>jolessa</i>	129
IMPAVIDO.....	31	INVEGA.....	95	<i>jolivette</i>	129
IMPEKLO.....	252	INVEGA SUSTENNA.....	95	JORNAY PM.....	100
IMPOYZ.....	252	INVEGA TRINZA.....	95	JUBLIA.....	245
IMURAN.....	181	INVELTYS.....	225	Juleber.....	129
IMVEXXY.....	138	INVIRASE.....	34	JULUCA.....	37
IMVEXXY		INVOKAMET.....	123	<i>junel 1.5/30</i>	129
MAINTENANCE PACK.....	138	INVOKAMET XR.....	123	<i>junel 1/20</i>	129
IMVEXXY STARTER		INVOKANA.....	123	<i>junel fe 1.5/30</i>	129
PACK.....	138	<i>iodine strong</i>	205	<i>junel fe 1/20</i>	129
INATAL GT.....	211	IOPIDINE.....	221	Junel Fe 24.....	129
INBRIJA.....	92	<i>ipratropium bromide</i>	228	JUXTAPID.....	68
INCRELEX.....	145	<i>ipratropium-albuterol</i>	227	JYNARQUE.....	145
INCRUSE ELLIPTA.....	228	IPRIVASK.....	167	KADIAN.....	23
<i>indapamide</i>	75	<i>irbesartan</i>	64	Kaitlib Fe.....	129
INDERAL LA.....	70	<i>irbesartan-hydrochlorothiazide</i> ..	63	KALBITOR.....	171
INDERAL XL.....	70	IRESSA.....	54	KALETRA.....	37
INDOCIN.....	17	ISENTRESS.....	34	KALYDECO.....	235, 236
<i>indomethacin</i>	17	ISENTRESS HD.....	34	KAPSPARGO SPRINKLE...	70
<i>indomethacin er</i>	17	Isibloom.....	129	KAPVAY.....	100

KARBINAL ER.....	230	Klor-Con M15.....	206	LANOXIN.....	74
<i>kariva</i>	129	<i>klor-con m20</i>	206	<i>lansoprazole</i>	160
KATERZIA.....	72	Klor-Con Sprinkle.....	206	<i>lanthanum carbonate</i>	147
KAZANO.....	117	Klor-Con/Ef.....	206	LANTUS.....	120
<i>k-effervescent</i>	206	KLOXXADO.....	112	LANTUS SOLOSTAR.....	120
KEFLEX.....	41	<i>kls sleep aid</i>	102	Larin 1.5/30.....	129
<i>kelnor 1/35</i>	129	KOMBIGLYZE XR.....	117	Larin 1/20.....	130
KENALOG.....	252	KORLYM.....	145	Larin 24 Fe.....	130
KEPPRA.....	82	KOSELUGO.....	54	<i>larin fe 1.5/30</i>	130
KEPPRA XR.....	82	K-PHOS.....	206	<i>larin fe 1/20</i>	130
KERYDIN.....	30	K-PHOS NO 2.....	163	Larissia.....	130
KETOCARE.....	195	K-PHOS-NEUTRAL.....	206	LASIX.....	75
<i>ketoconazole</i>	30, 245, 248	<i>k-prime</i>	206	LASTACRAFT.....	220
KETO-DIASTIX.....	195	KRINTAFEL.....	33	<i>latanoprost</i>	221
<i>ketone test</i>	195	KRISTALOSE.....	156	LATUDA.....	96
<i>ketoprofen</i>	17	<i>kroger blood glucose test</i>	195	Layolis Fe.....	130
<i>ketoprofen er</i>	17	K-TAB.....	206	LAZANDA.....	23
<i>ketorolac tromethamine</i>	17, 225	<i>kurvelo</i>	129	LEADER INSULIN	
KETOSTIX.....	195	KUVAN.....	135	SYRINGE.....	195
<i>ketotifen fumarate</i>	171	<i>k-vescent</i>	206	<i>leader insulin syringe</i>	195
KEVEYIS.....	75	KYLEENA.....	129	<i>leader quick dissolve glucose</i> ...	143
KEVZARA.....	175	KYNAMRO.....	68	LEADER UNIFINE	
KHEDEZLA.....	89	KYNMOBI.....	92	PENTIPS.....	195
KIDS PROTEIN ORGANIC		<i>labetalol hcl</i>	70	<i>ledipasvir-sofosbuvir</i>	43
SHAKE.....	211	LACRISERT.....	171	<i>leena</i>	130
KINERET.....	175	<i>lactulose</i>	156	<i>leflunomide</i>	178
KINNEY LANCETS.....	195	<i>lactulose encephalopathy</i>	156	LENVIMA (10 MG DAILY	
KINNEY THIN LANCETS.....	195	LAMICTAL.....	82	DOSE).....	54
<i>kinray insulin syringe</i>	195	LAMICTAL ODT.....	82	LENVIMA (12 MG DAILY	
<i>kionex</i>	126	LAMICTAL XR.....	83	DOSE).....	54
KISQALI (200 MG DOSE)....	48	LAMISIL.....	30	LENVIMA (14 MG DAILY	
KISQALI (400 MG DOSE)....	48	<i>lamivudine</i>	34, 39	DOSE).....	54
KISQALI (600 MG DOSE)....	48	<i>lamivudine-zidovudine</i>	37	LENVIMA (18 MG DAILY	
KISQALI 200 DOSE.....	48	<i>lamotrigine</i>	83	DOSE).....	54
KISQALI 400 DOSE.....	48	<i>lamotrigine er</i>	83	LENVIMA (20 MG DAILY	
KISQALI 600 DOSE.....	48	<i>lamotrigine starter kit-blue</i>	83	DOSE).....	55
KISQALI FEMARA (400		<i>lamotrigine starter kit-green</i>	83	LENVIMA (24 MG DAILY	
MG DOSE).....	48	<i>lamotrigine starter kit-orange</i> ...	83	DOSE).....	55
KISQALI FEMARA (600		LAMPIT.....	31	LENVIMA (4 MG DAILY	
MG DOSE).....	48	<i>lancet device</i>	195	DOSE).....	55
KISQALI FEMARA(200		<i>lancet transporter case</i>	195	LENVIMA (8 MG DAILY	
MG DOSE).....	48	<i>lancets</i>	195	DOSE).....	55
KITABIS PAK.....	29	<i>lancets 28g</i>	195	LESCOL XL.....	67
KLARON.....	242	<i>lancets 30g</i>	195	<i>lessina</i>	130
KLISYRI.....	243	<i>lancets thin</i>	195	LETAIRIS.....	78
Klofensaid Ii.....	256	LANCETS ULTRA FINE...	195	<i>letrozole</i>	50
KLONOPIN.....	82	LANCETS ULTRA THIN...	195	<i>leucovorin calcium</i>	60
Klor-Con.....	206	LANCETS ULTRA THIN		LEUKERAN.....	47
Klor-Con 10.....	206	30G.....	195	<i>leuprolide acetate</i>	50
Klor-Con M10.....	206	<i>lancing device</i>	195	<i>levabuterol hcl</i>	231

<i>levabuterol tartrate</i>	231	LINZESS.....	155	LONHALA MAGNAIR	
LEVAQUIN.....	43	<i>liothyronine sodium</i>	148	STARTER KIT.....	228
LEVEMIR.....	120	LIPICHOL 540.....	211	LONSURF.....	58
LEVEMIR FLEXTOUCH...	120	LIPITOR.....	67	<i>loperamide hcl</i>	157
<i>levetiracetam</i>	83	LIPOFEN.....	67	LOPID.....	67
<i>levetiracetam er</i>	83	<i>lisinopril</i>	62	<i>lopinavir-ritonavir</i>	37
<i>levobunolol hcl</i>	221	<i>lisinopril-hydrochlorothiazide</i> ...	61	Lopreeza.....	138
<i>levocarnitine</i>	125	LISTER-V.....	211	LOPRESSOR.....	70
<i>levocarnitine (dietary)</i>	211	LITE TOUCH LANCETS...	196	LOPRESSOR HCT.....	69
<i>levocarnitine l-tartrate</i>	211	LITE TOUCH PEN		LOPROX.....	245
<i>levocarnitine-b5-aurine</i>	211	NEEDLES.....	196	<i>loratadine</i>	230
<i>levocetirizine dihydrochloride</i> ..	230	LITETOUCH INSULIN		<i>loratadine childrens</i>	230
<i>levofloxacin</i>	43, 223	SYRINGE.....	196	<i>loratadine-d 12hr</i>	233
<i>levonest</i>	130	LITETOUCH PEN		<i>loratadine-d 24hr</i>	233
<i>levonorgest-eth estrad 91-day</i> .	130	NEEDLES.....	196	<i>lorazepam</i>	80
<i>levonorgestrel</i>	130	<i>lithium</i>	106	Lorazepam Intensol.....	80
<i>levonorgestrel-ethinyl estrad</i> ...	130	<i>lithium carbonate</i>	106	LORBRENA.....	55
<i>levonorg-eth estrad triphasic</i> ...	130	<i>lithium carbonate er</i>	106	<i>lorcet</i>	23
<i>levora 0.15/30 (28)</i>	130	LITHOBID.....	96	<i>lorcet hd</i>	23
<i>levorphanol tartrate</i>	23	LITHOSTAT.....	163	Lorcet Plus.....	23
Levo-T.....	148	LIVALO.....	67	LORTAB.....	23
<i>levothyroxine sodium</i>	148	LIVE BETTER LANCET		<i>loryna</i>	130
<i>levoxyl</i>	148	SUPER THIN.....	196	Lorzone.....	110
LEVULAN KERASTICK...	256	LIVE BETTER LANCET		<i>losartan potassium</i>	64
LEXAPRO.....	89	ULTRA THIN.....	196	<i>losartan potassium-hetz</i>	63
LEXETTE.....	252	<i>l-methylfolate</i>	212	LOTEMAX.....	225
LEXIVA.....	34	<i>l-methylfolate ca me-cbl nac</i> ...	212	LOTEMAX SM.....	225
LIALDA.....	154	<i>l-methylfolate calcium</i>	212	LOTENSIN.....	62
LIBERTY NEXT		<i>l-methylfolate forte</i>	212	LOTENSIN HCT.....	61
GENERATION TEST.....	195	<i>l-methylfolate-algae-b12-b6</i> ...	212	<i>loteprednol etabonate</i>	225
LIBERTY TEST.....	196	<i>l-methylfolate-b6-b12</i>	212	LOTREL.....	61
LIBRAX.....	151	<i>l-methyl-mc</i>	212	LOTRISONE.....	245
LICART.....	256	<i>l-methyl-mc nac</i>	212	LOTRONEX.....	155
<i>lidocaine</i>	254	LO LOESTRIN FE.....	130	<i>lovastatin</i>	67
<i>lidocaine hcl</i>	254, 258	LOCOID.....	252	LOVAZA.....	68
<i>lidocaine hcl urethral mucosal</i> .	254	LOCOID LIPOCREAM.....	252	LOVENOX.....	167
<i>lidocaine pain relief</i>	254	LODINE.....	17	<i>low-ogestrel</i>	130
<i>lidocaine pak</i>	254	LODOSYN.....	92	<i>loxapine succinate</i>	96
<i>lidocaine viscous</i>	258	Loestrin 1.5/30 (21).....	130	LOZI-FLUR.....	212
<i>lidocaine-prilocaine</i>	254	Loestrin 1/20 (21).....	130	Lo-Zumandimine.....	130
<i>lidocaine-tetracaine</i>	254	LOKELMA.....	126	<i>lubiprostone</i>	155
LIDODERM.....	254	LOMOTIL.....	157	LUCEMYRA.....	112
LIDOTREX.....	258	<i>longs insulin syringe</i>	196	<i>ludent</i>	212
LIDOTREX (ALOE VERA)	258	LONGS LANCETS		<i>lugols</i>	256
LILETTA (52 MG).....	130	STANDARD.....	196	<i>lugols strong iodine</i>	256
LIMBREL.....	211	LONGS LANCETS THIN...	196	<i>luliconazole</i>	245
LIMBREL250.....	211	LONGS LANCETS ULTRA		LUMAKRAS.....	55
LIMBREL500.....	211	THIN.....	196	LUMIGAN.....	221
<i>lindane</i>	258	LONHALA MAGNAIR		LUNESTA.....	102
<i>linezolid</i>	31	REFILL KIT.....	228	LUPANETA PACK.....	147

LUPKYNIS.....	181	MAXI-COMFORT		<i>mesalamine-cleanser</i>	155
LUPRON DEPOT (1-MONTH).....	50	INSULIN SYRINGE.....	196	MESNEX.....	60
LUPRON DEPOT (3-MONTH).....	50	MAXIDEX.....	225	MESTINON.....	106, 107
LUPRON DEPOT (4-MONTH).....	50	MAXITROL.....	222	<i>metadate er</i>	100
LUPRON DEPOT (6-MONTH).....	50	MAXZIDE.....	75	METAFOLBIC.....	213
LUPRON DEPOT-PED (1-MONTH).....	50	MAXZIDE-25.....	75	METAFOLBIC PLUS.....	213
LUPRON DEPOT-PED (3-MONTH).....	50	MAYZENT.....	109	METAFOLBIC PLUS RF ...	213
<i>luter</i>	130	MAYZENT STARTER		METANX.....	213
LUXIQ.....	252	PACK.....	109	<i>metaproterenol sulfate</i>	231
LUZU.....	245	<i>meclizine hcl</i>	152	Metaxall.....	110
LYNPARZA.....	49, 58	<i>meclofenamate sodium</i>	17	<i>metaxalone</i>	110
LYRICA.....	83	MEDISENSE THIN		<i>metformin hcl</i>	115
LYRICA CR.....	112	LANCETS.....	196	<i>metformin hcl er</i>	115
LYSODREN.....	50	MEDLANCE EXTRA 21G..	196	<i>metformin hcl er (mod)</i>	115
LYSTEDA.....	171	MEDLANCE LITE 25G.....	196	<i>metformin hcl er (osm)</i>	115
LYUMJEV.....	120	MEDLANCE PLUS EXTRA		<i>methadone hcl</i>	23, 24
LYUMJEV KWIKPEN.....	120	21G.....	196	<i>methadone hcl intensol</i>	23
<i>lyza</i>	130	MEDLANCE PLUS		METHADOSE.....	24
MACROBID.....	31	LANCETS.....	196	Methadose.....	24
MACRODANTIN.....	31	MEDLANCE PLUS LITE		METHADOSE SUGAR-FREE.....	24
MACUTEK.....	213	25G.....	196	<i>methamphetamine hcl</i>	100
MAGELLAN INSULIN		MEDLANCE PLUS		<i>methazolamide</i>	75
SAFETY SYR.....	196	SUPERLITE 30G.....	196	<i>methenamine hippurate</i>	31
MAGNEBIND 400.....	206	MEDLANCE PLUS		<i>methenamine mandelate</i>	31
MAKENA.....	148	UNIVERSAL 21G.....	196	Methergine.....	145
MALARONE.....	33	MEDLANCE UNIVERSAL		<i>methimazole</i>	148
<i>malathion</i>	258	21G.....	196	METHITEST.....	114
<i>maprotiline hcl</i>	89	MEDROL.....	141	<i>methocarbamol</i>	110
MARINOL.....	152	<i>medroxyprogesterone acetate</i>		<i>methotrexate</i>	47
<i>marlissa</i>	130	.....	130, 131, 148	<i>methotrexate sodium</i>	47
MARPLAN.....	89	<i>mefenamic acid</i>	17	<i>methoxsalen</i>	247
MATULANE.....	58	<i>mefloquine hcl</i>	33	<i>methoxsalen rapid</i>	247
<i>matzim la</i>	73	MEGACE ES.....	148	<i>methscopolamine bromide</i>	151
MAVENCLAD (10 TABS)...	108	<i>megestrol acetate</i>	50	<i>methyclothiazide</i>	75
MAVENCLAD (4 TABS).....	108	MEKINIST.....	55	<i>methylropa</i>	76
MAVENCLAD (5 TABS).....	108	MEKTOVI.....	58	<i>methylropa-</i>	
MAVENCLAD (6 TABS).....	108	<i>meloxicam</i>	17, 18	<i>hydrochlorothiazide</i>	76
MAVENCLAD (7 TABS).....	108	<i>melphalan</i>	47	METHYLIN.....	100
MAVENCLAD (8 TABS).....	108	<i>memantine hcl</i>	87	<i>methylphenidate hcl</i>	100
MAVENCLAD (9 TABS).....	109	<i>memantine hcl er</i>	86	<i>methylphenidate hcl er</i>	100
MAVYRET.....	43	MENEST.....	138	<i>methylphenidate hcl er (cd)</i>	100
MAXALT.....	104	MENOPUR.....	139	<i>methylphenidate hcl er (la)</i>	100
MAXALT-MLT.....	104	MENOSTAR.....	138	<i>methylphenidate hcl er (xr)</i>	100
		MENTAX.....	245	<i>methylprednisolone</i>	141
		<i>mepredine hcl</i>	23	<i>methyltestosterone</i>	114
		MEPHYTON.....	213	<i>metipranolol</i>	221
		<i>meprobamate</i>	80	<i>metoclopramide hcl</i>	152
		<i>mercaptapurine</i>	47	<i>metolazone</i>	75
		<i>mesalamine</i>	154	<i>metoprolol succinate er</i>	70
		<i>mesalamine er</i>	154		

<i>metoprolol tartrate</i>	70	MIRAPEX.....	92	MULTAQ.....	65
<i>metoprolol-hetz er</i>	69	MIRAPEX ER.....	92	<i>multi-lancet device</i>	197
<i>metoprolol-hydrochlorothiazide</i>	69	MIRCERA.....	168	<i>multi-vit/fluoride</i>	213
METROCREAM.....	257	MIRENA (52 MG).....	131	<i>multivitamin/fluoride</i>	213
METROGEL.....	257	<i>mirtazapine</i>	89	<i>multi-vitamin/fluoride</i>	213
METROGEL-VAGINAL.....	166	MIRVASO.....	257	<i>multivitamins/fluoride</i>	213
METROLOTION.....	257	<i>misoprostol</i>	157	<i>mupirocin</i>	244
<i>metronidazole</i>	31, 32, 166, 257	MITIGARE.....	15	<i>mupirocin calcium</i>	244
METRONIDAZOLE		MOBIC.....	18	Mvc-Fluoride.....	213
BENZO+SYRSPEND.....	31	<i>modafinil</i>	111	<i>m-vit</i>	213
<i>metirosine</i>	76	<i>moderiba</i>	43	<i>my way</i>	131
MEVACOR.....	67	MODERIBA 1200 DOSE		MYALEPT.....	136
<i>mexiletine hcl</i>	64	PACK.....	43	MYAMBUTOL.....	38
MIACALCIN.....	145	MODERIBA 800 DOSE		MYCAPSSA.....	145
Mibelas 24 Fe.....	131	PACK.....	43	MYCOBUTIN.....	38
MICARDIS.....	64	<i>moexipril hcl</i>	62	<i>mycophenolate mofetil</i>	181
MICARDIS HCT.....	63	<i>moexipril-hydrochlorothiazide</i> ..	61	<i>mycophenolate sodium</i>	182
<i>miconazole 3</i>	166	<i>mometasone furoate</i>	236, 252	MYDAYIS.....	101
<i>miconazole-zinc oxide-petrolat</i>	245	Mondoxyne NI.....	46	MYDRIACYL.....	171
MICORT-HC.....	252	MONOJECT INSULIN		MYFORTIC.....	182
MICRODOT TEST.....	196	SYRINGE.....	197	MYGLUCOHEALTH	
<i>microgestin 1.5/30</i>	131	MONOJECT ULTRA		LANCETS 30G.....	197
<i>microgestin 1/20</i>	131	COMFORT SYRINGE.....	197	MYGLUCOHEALTH TEST	
<i>microgestin fe 1.5/30</i>	131	MONOLET LANCETS.....	197	.....	197
<i>microgestin fe 1/20</i>	131	<i>mono-lynyah</i>	131	MYLERAN.....	47
MICRO-K.....	206	<i>mononessa</i>	131	<i>mynatal</i>	213
MICROLET LANCETS.....	196	<i>montelukast sodium</i>	235	<i>mynatal advance</i>	213
MICROZIDE.....	75	MONUROL.....	29	<i>mynatal plus</i>	213
<i>midazolam hcl</i>	102	Morgidox.....	46	<i>mynatal-z</i>	213
MIDAZOLAM+SYRSPEN		MORPHABOND ER.....	24	<i>myorisan</i>	242
D SF PH4.....	103	<i>morphine sulfate</i>	24, 25	Myorisan.....	242
<i>midodrine hcl</i>	76	<i>morphine sulfate (concentrate)</i>	24	MYRBETRIQ.....	147, 165
MIGERGOT.....	104	<i>morphine sulfate er</i>	24	MYSOLINE.....	83
<i>miglitol</i>	115	<i>morphine sulfate er beads</i>	24	MYTESI.....	158
<i>miglustat</i>	135	MOTTEGRITY.....	157	<i>myzilra</i>	131
MIGRANAL.....	104	MOTOFEN.....	157	<i>nabumetone</i>	18
MILLIPRED.....	141	<i>mouth wash-gp</i>	258	<i>nadolol</i>	70
MILLIPRED DP.....	141	<i>mouthwash-af</i>	258	<i>nadolol-bendroflumethiazide</i>	69
MILLIPRED DP 12-DAY...	141	<i>mouthwash-om</i>	258	Nafrinse.....	213
<i>mimvey</i>	138	MOVANTIK.....	157	<i>naftifine hcl</i>	245
Mimvey Lo.....	138	MOVIPREP.....	156	NAFTIN.....	245
MINASTRIN 24 FE.....	131	MOXATAG.....	45	NALFON.....	18
MINIPRESS.....	62	MOXEZA.....	223	<i>nalocet</i>	25
Minitran.....	77	<i>moxifloxacin hcl</i>	43, 224	<i>naloxone hcl</i>	112, 113
MINIVELLE.....	138	<i>moxifloxacin hcl (2x day)</i>	223	<i>naltrexone hcl</i>	113
MINOCIN.....	46	MOZOBIL.....	171	NAMENDA.....	87
<i>minocycline hcl</i>	46	MS CONTIN.....	25	NAMENDA TITRATION	
<i>minocycline hcl er</i>	46	<i>ms insulin syringe</i>	197	PAK.....	87
MINOLIRA.....	46	MUCINEX ALLERGY.....	230	NAMENDA XR.....	87
<i>minoxidil</i>	76	MULPLETA.....	168		

NAMENDA XR	NEORAL.....	182	<i>nitazoxanide</i>	32
TITRATION PACK.....	NEOSPORIN.....	224	<i>nitisinone</i>	136
NAMZARIC.....	NEO-SYNALAR.....	244	NITRO-BID.....	77
NAPRELAN.....	NEOTUSS PLUS.....	233	NITRO-DUR.....	77
NAPROSYN.....	NEPHPLEX RX.....	214	<i>nitrofurantoin</i>	32
<i>naproxen</i>	NERLYNX.....	55	<i>nitrofurantoin macrocrystal</i>	32
<i>naproxen dr</i>	NESINA.....	116	<i>nitrofurantoin monohyd macro</i>	32
<i>naproxen sodium</i>	NESTABS.....	214	<i>nitroglycerin</i>	77
<i>naproxen sodium er</i>	NESTABS DHA.....	214	NITROLINGUAL.....	78
<i>naproxen-esomeprazole</i>	Neuac.....	242	NITROMIST.....	78
<i>naratriptan hcl</i>	NEULASTA.....	168	NITROSTAT.....	78
NARCAN.....	NEULASTA ONPRO.....	168	NITYR.....	136
NARDIL.....	NEUPOGEN.....	168	NIVESTYM.....	168
NASACORT ALLERGY	NEUPRO.....	92	<i>nizatidine</i>	153
24HR.....	NEURONTIN.....	83	NIZORAL.....	248
NASCOBAL.....	NEUTEK 2TEK TEST.....	197	NOCDURNA.....	150
NASONEX.....	<i>neutral sodium fluoride</i>	258	NOCTIVA.....	150
NATACHEW.....	NEVANAC.....	225	<i>nora-be</i>	131
NATACYN.....	<i>nevirapine</i>	34	NORCO.....	25
NATALVIT.....	<i>nevirapine er</i>	34	NORDITROPIN FLEXPRO.....	143
NATAZIA.....	NEWGEN.....	214	<i>norethin ace-eth estrad-fe</i>	131
<i>nateglinide</i>	NEXA PLUS.....	214	<i>norethindrone</i>	131
NATELLE ONE.....	NEVARAR.....	55	<i>norethindrone acetate</i>	148
NATESTO.....	NEXIUM.....	160	<i>norethindrone acet-ethinyl est</i>	131
NATPARA.....	NEXIUM 24HR.....	160	<i>norethindrone-eth estradiol</i>	138
NATROBA.....	NEXLETOL.....	65	<i>norethin-eth estradiol-fe</i>	132
NATURE-THROID.....	NEXLIZET.....	65	<i>norgesic forte</i>	110
NAYZILAM.....	NEXPLANON.....	131	<i>norgestimate-eth estradiol</i>	132
NEBUPENT.....	<i>next choice one dose</i>	131	<i>norgestim-eth estrad triphasic</i>	132
<i>nebusal</i>	NEXTSTELLIS.....	131	NORITATE.....	257
NEBUSAL.....	<i>niacin (antihyperlipidemic)</i>	68	<i>norlyroc</i>	132
<i>necon 0.5/35 (28)</i>	<i>niacin er (antihyperlipidemic)</i>	68	NORPACE.....	65
<i>necon 1/35 (28)</i>	NIACOR.....	68	NORPACE CR.....	65
<i>necon 7/7/7</i>	NIASPAN.....	68	NORPRAMIN.....	89
NEEVO DHA.....	<i>nicardipine hcl</i>	73	NORTHERA.....	76
<i>nefazodone hcl</i>	<i>nicotine</i>	113	<i>nortrel 0.5/35 (28)</i>	132
<i>neomycin sulfate</i>	<i>nicotine polacrilex</i>	113	<i>nortrel 1/35 (21)</i>	132
<i>neomycin-bacitracin zn-</i>	NICOTROL.....	113	<i>nortrel 1/35 (28)</i>	132
<i>polymyx</i>	NICOTROL NS.....	113	<i>nortrel 7/7/7</i>	132
<i>neomycin-polymyxin b gu</i>	<i>nifedical xl</i>	73	<i>nortriptyline hcl</i>	89, 90
<i>neomycin-polymyxin-dexameth</i>	<i>nifedipine</i>	73	NORVASC.....	73
.....	<i>nifedipine er</i>	73	NORVIR.....	34
<i>neomycin-polymyxin-</i>	<i>nifedipine er osmotic release</i>	73	NOURIANZ.....	92
<i>gramicidin</i>	NIFEREX.....	171	NOVA MAX GLUCOSE	
<i>neomycin-polymyxin-hc</i>	<i>nikki</i>	131	TEST.....	197
<i>neonatal + dha</i>	NILANDRON.....	50	NOVA SAFETY LANCETS	
<i>neonatal 19</i>	<i>nilutamide</i>	50	23G.....	197
<i>neonatal fe</i>	<i>nimodipine</i>	73	NOVA SAFETY LANCETS	
<i>neo-polycin</i>	NINLARO.....	60	28G.....	197
<i>neo-polycin hc</i>	<i>nisoldipine er</i>	73		

NOVA SUREFLEX	NUPLAZID.....	96	<i>omeprazole magnesium</i>	160
LANCETS.....	NURTEC.....	105	<i>omeprazole-sodium</i>	
<i>novarel</i>	NUTROPIN AQ NUSPIN 10		<i>bicarbonate</i>	160
NOVOFINE.....	.....	143, 144	OMNARIS.....	236
NOVOFINE AUTOCOVER	NUTROPIN AQ NUSPIN 20		OMNIPOD 10 PACK.....	197
NOVOFINE AUTOCOVER	.....	144	OMNIPOD DASH 5 PACK	
PEN NEEDLE.....	NUTROPIN AQ NUSPIN 5	144	PODS.....	197
NOVOFINE PEN NEEDLE	NUVAIL.....	256	OMNIPOD DASH SYSTEM	
NOVOLIN 70/30.....	NUVARING.....	132	.....	197
NOVOLIN 70/30 FLEXPEN	NUVESSA.....	166	OMNIPOD STARTER.....	197
RELION.....	NUVIGIL.....	111	OMNITROPE.....	144
NOVOLIN 70/30 RELION...	NUZYRA.....	46	ON CALL LANCETS.....	197
NOVOLIN N.....	Nyamyc.....	245	ON CALL PLUS BLOOD	
NOVOLIN N FLEXPEN.....	Nyata.....	245	GLUCOSE.....	198
NOVOLIN N FLEXPEN	NYMALIZE.....	73	ON CALL PLUS LANCETS	198
RELION.....	<i>nystatin</i>	30, 245, 246, 258	ON CALL VIVID BLOOD	
NOVOLIN N RELION.....	<i>nystatin-triamcinolone</i>	246	GLUCOSE.....	198
NOVOLIN R.....	Nystop.....	246	ONCASPAR.....	59
NOVOLIN R FLEXPEN.....	NYVEPRIA.....	169	<i>ondansetron</i>	152
NOVOLIN R FLEXPEN	OB COMPLETE.....	214	<i>ondansetron hcl</i>	152
RELION.....	OB COMPLETE GOLD.....	214	ONETOUCH CLUB	
NOVOLIN R RELION.....	OB COMPLETE ONE.....	214	LANCETS FINE PT.....	198
NOVOLOG.....	OB COMPLETE PREMIER	214	ONETOUCH DELICA	
NOVOLOG 70/30 FLEXPEN	OB COMPLETE/DHA.....	214	LANCETS 30G.....	198
RELION.....	O-CAL FA.....	214	ONETOUCH DELICA	
NOVOLOG FLEXPEN.....	O-CAL PRENATAL.....	214	LANCETS 33G.....	198
NOVOLOG FLEXPEN	OCALIVA.....	158	ONETOUCH DELICA	
RELION.....	<i>ocella</i>	132	LANCETS FINE.....	198
NOVOLOG MIX 70/30.....	OCTAGAM.....	180	ONETOUCH DELICA	
NOVOLOG MIX 70/30	<i>octreotide acetate</i>	145	LANCETS 33G.....	198
FLEXPEN.....	OCUFLOX.....	224	ONETOUCH DELICA	
NOVOLOG MIX 70/30	OCUVEL.....	214	LANCETS FINE.....	198
RELION.....	ODACTRA.....	173	ONETOUCH DELICA	
NOVOLOG PENFILL.....	ODEFSEY.....	37	LANCING DEV.....	198
NOVOLOG RELION.....	ODOMZO.....	58	ONETOUCH DELICA	
NOVOTWIST.....	OFEV.....	237	SAFETY LANCING.....	198
NOVOTWIST PEN	<i>ofloxacin</i>	43, 224, 259	ONETOUCH FINEPOINT	
NEEDLE.....	<i>ogestrel</i>	132	LANCETS.....	198
NOXAFIL.....	<i>olanzapine</i>	96	ONETOUCH SURESOFT	
<i>np thyroid</i>	<i>olanzapine-fluoxetine hcl</i>	113	LANCING DEV.....	198
NPLATE.....	<i>olmesartan medoxomil</i>	64	ONETOUCH ULTRA.....	198
NUBEQA.....	<i>olmesartan medoxomil-hctz</i>	63	ONETOUCH ULTRA	
NUCALA.....	<i>olmesartan-amlodipine-hctz</i>	63	BLUE.....	198
NUCYNTA.....	<i>olopatadine hcl</i>	220, 230	ONETOUCH ULTRASOFT	
NUCYNTA ER.....	OLUMIANT.....	176	LANCETS.....	198
NUEDEXTA.....	OLUX.....	252	ONETOUCH VERIO.....	198
NUFERA.....	OLUX-E.....	252	ONEXTON.....	242
Nulev.....	OMECLAMOX-PAK.....	162	ONFI.....	83
NULYTELY WITH	<i>omega-3-acid ethyl esters</i>	68	ONGENTYS.....	92
FLAVOR PACKS.....	<i>omeprazole</i>	160	ONGLYZA.....	116
			ONMEL.....	30
			ONUREG.....	47
			ONZETRA XSAIL.....	105
			OPANA.....	25

OPANA ER.....	25	OXAYDO.....	25	PALFORZIA (80 MG	
OPCICON ONE-STEP.....	132	<i>oxazepam</i>	80	DAILY DOSE).....	173
OPSUMIT.....	78	OXBRYTA.....	171	PALFORZIA INITIAL	
OPTICHAMBER FACE		<i>oxcarbazepine</i>	83	ESCALATION.....	173
MASK-LARGE.....	205	OXERVATE.....	171	<i>paliperidone er</i>	96
OPTION 2.....	132	<i>oxiconazole nitrate</i>	246	PALYNZIQ.....	136
OPTIONS CONCEPTROL..	162	OXISTAT.....	246	PAMELOR.....	90
OPTIONS GYNOL II		OXSORALEN ULTRA.....	247	PANCREAZE.....	159
CONTRACEPTIVE.....	162	OXTELLAR XR.....	83, 84	PANDEL.....	252
ORACEA.....	257	<i>oxybutynin chloride</i>	165	<i>panlor</i>	26
ORACIT.....	163	<i>oxybutynin chloride er</i>	165	PANRETIN.....	256
ORALAIR.....	173	<i>oxycodone hcl</i>	25	<i>pantoprazole sodium</i>	160
<i>oralone</i>	258	<i>oxycodone hcl er</i>	25	PANZYGA.....	180
ORAP.....	107	<i>oxycodone-acetaminophen</i>	26	PARAGARD	
ORAPRED ODT.....	141	<i>oxycodone-aspirin</i>	26	INTRAUTERINE COPPER	132
ORAVIG.....	258	<i>oxycodone-ibuprofen</i>	26	<i>paregoric</i>	158
ORENCIA.....	176	OXYCONTIN.....	26	PAREMYD.....	171
ORENCIA CLICKJECT.....	176	<i>oxymorphone hcl</i>	26	<i>paricalcitol</i>	125
ORENITRAM.....	78	<i>oxymorphone hcl er</i>	26	PARLODEL.....	93
ORFADIN.....	136	OXYTROL FOR WOMEN..	165	PARNATE.....	90
ORGANIC NUTRITION		OZEMPIC (0.25 OR 0.5		<i>paroex</i>	259
SHAKE.....	214	MG/DOSE).....	117	<i>paromomycin sulfate</i>	29
ORGOVYX.....	51	OZEMPIC (1 MG/DOSE)....	117	<i>paroxetine hcl</i>	90
ORIAHNN.....	138	OZOBAX.....	111	<i>paroxetine hcl er</i>	90
ORILISSA.....	135	<i>pacerone</i>	65	<i>paroxetine mesylate</i>	90
ORKAMBI.....	236	<i>pain relief maximum strength.</i>	254	PASER.....	38
ORLADEYO.....	171	<i>pain relieving lidocaine</i>	254	PATADAY.....	171
<i>orphenadrine citrate er</i>	111	PALFORZIA (12 MG		PATANASE.....	227
<i>orphenadrine-asa-caffeine</i>	111	DAILY DOSE).....	173	PATANOL.....	171
Orphengesic Forte.....	111	PALFORZIA (120 MG		PAXIL.....	90
<i>orsythia</i>	132	DAILY DOSE).....	173	PAXIL CR.....	90
ORTHO TRI-CYCLEN LO.	132	PALFORZIA (160 MG		PAZEO.....	220
ORTHO-NOVUM 7/7/7 (28)	132	DAILY DOSE).....	173	PEDIATRIC PANDA	
ORTIKOS.....	155	PALFORZIA (20 MG		MASK.....	205
<i>oscimin</i>	151	DAILY DOSE).....	173	<i>peg 3350</i>	156
<i>oscimin sr</i>	151	PALFORZIA (200 MG		<i>peg 3350/electrolytes</i>	156
<i>oseltamivir phosphate</i>	39	DAILY DOSE).....	173	<i>peg 3350-kcl-na bicarb-nacl</i>	156
OSENI.....	117	PALFORZIA (240 MG		<i>peg-3350/electrolytes</i>	156
OSMOLEX ER.....	92, 93	DAILY DOSE).....	173	<i>peg-3350/electrolytes/ascorbat</i>	156
OSMOPREP.....	156	PALFORZIA (3 MG DAILY		PEGANONE.....	84
OSPHENA.....	145	DOSE).....	173	PEGASYS.....	43
OTEZLA.....	178	PALFORZIA (300 MG		PEGASYS PROCLICK.....	43
OTIPRIO.....	259	MAINTENANCE).....	173	PEGINTRON.....	43
OTOVEL.....	259	PALFORZIA (300 MG		<i>peg-kcl-nacl-nasulf-na asc-c</i>	156
OTREXUP.....	179	TITRATION).....	173	PEG-PREP.....	156
OVIDE.....	258	PALFORZIA (40 MG		PEMAZYRE.....	59
OVIDREL.....	140	DAILY DOSE).....	173	<i>pen needles</i>	198
OXANDRIN.....	114	PALFORZIA (6 MG DAILY		<i>pen needles 1/2"</i>	198
<i>oxandrolone</i>	114	DOSE).....	173	<i>pen needles 3/16"</i>	198
<i>oxaprozin</i>	18			<i>pen needles 5/16"</i>	198

<i>penicillamine</i>	126	<i>pimozide</i>	107	<i>potassium bicarbonate</i>	206
<i>penicillin v potassium</i>	45	<i>pimtreea</i>	132	<i>potassium chloride</i>	206, 207
PENLAC.....	246	<i>pindolol</i>	70	<i>potassium chloride crys er</i>	206
PENNSAID.....	256	<i>pioglitazone hcl</i>	122	<i>potassium chloride er</i>	206
<i>pentamidine isethionate</i>	32	<i>pioglitazone hcl-glimepiride</i>	122	<i>potassium citrate er</i>	163
PENTASA.....	155	<i>pioglitazone hcl-metformin hcl</i>	122	<i>pr natal 400</i>	215
<i>pentazocine-naloxone hcl</i>	19	PIQRAY (200 MG DAILY		<i>pr natal 430</i>	215
<i>pentoxifylline er</i>	171	DOSE).....	55	<i>pr natal 430 ec</i>	215
PEPCID.....	153	PIQRAY (250 MG DAILY		PRADAXA.....	167
PERCOCET.....	26	DOSE).....	55	PRALUENT.....	68, 69
PERCURA.....	215	PIQRAY (300 MG DAILY		<i>pramipexole dihydrochloride</i>	93
PERFOROMIST.....	231	DOSE).....	55	<i>pramipexole dihydrochloride er</i>	93
PERIDEX.....	259	<i>pirmella 1/35</i>	132	PRAMOSONE.....	254
<i>perindopril erbumine</i>	62	<i>pirmella 7/7/7</i>	132	PRAMOTIC.....	259
<i>periogard</i>	259	<i>piroxicam</i>	18	PRANDIN.....	122
<i>permethrin</i>	258	PLAQUENIL.....	179	<i>prasugrel hcl</i>	172
<i>perphenazine</i>	96	PLAVIX.....	172	PRAVACHOL.....	67
<i>perphenazine-amitriptyline</i>	113	PLEGRIDY.....	109	<i>pravastatin sodium</i>	67
PERSERIS.....	96	PLEGRIDY STARTER		<i>praziquantel</i>	32
PERTZYE.....	159	PACK.....	109	<i>prazosin hcl</i>	62
PEXEVA.....	90	PLENVU.....	156	PRECISION PCX.....	198
PHARMACIST CHOICE		PLEXION.....	242, 243	PRECISION PCX PLUS	
AUTOCODE.....	198	PLEXION CLEANSER.....	242	TEST.....	198
PHARMACIST CHOICE		PLEXION CLEANSING		PRECISION POINT OF	
LANCETS.....	198	CLOTH.....	242	CARE TEST.....	199
<i>phenadoz</i>	152	PLIXDA.....	243	PRECISION QID TEST.....	199
<i>phendimetrazine tartrate</i>	107	PNV FOLIC ACID + IRON	215	PRECISION SOF-TACT	
<i>phendimetrazine tartrate er</i>	107	<i>pnv prenatal plus multivitamin</i>	215	TEST.....	199
<i>phenelzine sulfate</i>	90	<i>pnv-dha</i>	215	PRECISION SUREDOSE	
Phenergan.....	152	PNV-DHA+DOCUSATE....	215	PLUS SYR.....	199
<i>phenobarbital</i>	84	PNV-OMEGA.....	215	PRECISION SURE-DOSE	
<i>phenoxybenzamine hcl</i>	76	<i>pnv-select</i>	215	SYRINGE.....	199
<i>phentermine hcl</i>	107	POCKETCHEM EZ TEST..	198	PRECISION XTRA BLOOD	
<i>phenylephrine hcl</i>	171	<i>podofilox</i>	256	GLUCOSE.....	199
PHENYTEK.....	84	POGO AUTOMATIC TEST		PRECOSE.....	115
<i>phenytoin</i>	84	CARTRIDGES.....	198	PRED MILD.....	226
<i>phenytoin infatabs</i>	84	<i>polycin</i>	224	PRED-G.....	222
<i>phenytoin sodium extended</i>	84	<i>polyethylene glycol 3350</i>	156	PRED-G S.O.P.....	223
PHEXXI.....	162	<i>polymyxin b-trimethoprim</i>	224	<i>prednicarbate</i>	252
<i>philith</i>	132	POLY-PREP.....	156	<i>prednisolone</i>	141
PHOSLYRA.....	147	POLYTRIM.....	224	<i>prednisolone acetate</i>	226
<i>phospha 250 neutral</i>	206	POLY-VI-FLOR.....	215	<i>prednisolone sodium phosphate</i>	
PHOSPHOLINE IODIDE.....	221	POMALYST.....	180	.....	141, 226
<i>physiolyte</i>	226	PONSTEL.....	18	<i>prednisone</i>	141, 142
Physiosol Irrigation.....	226	PONVORY.....	109	PREDNISONE INTENSOL	141
<i>phytonadione</i>	215	PONVORY STARTER		PREFERA OB.....	215
PICATO.....	244	PACK.....	109	PREFERA OB ONE.....	215
PIFELTRO.....	34	<i>portia-28</i>	132	PREFERRED PLUS	
<i>pilocarpine hcl</i>	221, 259	<i>posaconazole</i>	30	INSULIN SYRINGE.....	199
<i>pimecrolimus</i>	256	<i>pot bicarb-pot chloride</i>	206		

PREFERRED PLUS	PRIMSOL.....	32	<i>propranolol hcl</i>	71
LANCETS COLORED.....	PRINIVIL.....	62	<i>propranolol hcl er</i>	71
PREFERRED PLUS	PRISTIQ.....	90	<i>propranolol-hctz</i>	69
LANCETS THIN.....	PROAIR DIGIHALER.....	231	<i>propylthiouracil</i>	149
PREFERRED PLUS	PROAIR HFA.....	231	PROSCAR.....	162
UNIFINE PENTIPS.....	PROAIR RESPICLICK.....	231	PROSTIN E2.....	146
PREFEST.....	<i>probenecid</i>	15	PROTEOLIN.....	216
<i>pregabalin</i>	PROCARDIA.....	73	PROTEOLIN DS.....	216
<i>pregabalin er</i>	PROCARDIA XL.....	73	PROTONIX.....	161
<i>pregen dha</i>	Procentra.....	101	PROTOPIC.....	256
<i>pregenna</i>	<i>prochlorperazine</i>	152	<i>protriptyline hcl</i>	90
PREGNYL.....	<i>prochlorperazine edisylate</i>	96	PROVENTIL HFA.....	231
PREMARIN.....	<i>prochlorperazine maleate</i>	152	PROVERA.....	148
<i>premium lidocaine</i>	PROCRIT.....	169	PROVIGIL.....	111
PREMPHASE.....	PROCTOCORT.....	161	PROZAC.....	90
PREMPRO.....	PROCTOFOAM HC.....	161	PRUDOXIN.....	246
PRENAISSANCE.....	Procto-Med Hc.....	161	<i>pseudoeph-chlorphen-hydrocod</i>	234
PRENAISSANCE PLUS.....	Procto-Pak.....	161	<i>psorcon</i>	252
<i>prenara</i>	<i>procto-pak</i>	161	PULMICORT.....	238
PRENATA.....	Proctosol Hc.....	161	PULMICORT	
<i>prenatabs rx</i>	<i>proctosol hc</i>	161	FLEXHALER.....	238
<i>prenatal 19</i>	Proctozone-Hc.....	161	PULMONA.....	216
<i>prenatal low iron</i>	<i>proctozone-hc</i>	161	Pulmosal.....	234
PRENATAL PLUS IRON... 215	PROCYSBI.....	163	PULMOZYME.....	238
PRENATAL-U.....	PRODIGY INSULIN		PURIXAN.....	48
PRENATE.....	SYRINGE.....	199	PYLERA.....	158
<i>prenatvite complete</i>	PRODIGY LANCETS 28G..	199	<i>pyrazinamide</i>	38
<i>prenatvite plus</i>	PRODIGY NO CODING		<i>pyridostigmine bromide</i>	107
<i>prenatvite rx</i>	BLOOD GLUC.....	199	<i>pyridostigmine bromide er</i>	107
PREPIDIL.....	PRODIGY TWIST TOP		<i>pyridoxine hcl</i>	216
PREPOPIK.....	LANCETS 28G.....	199	<i>pyrimethamine</i>	32
PRESTALIA.....	<i>progesterone</i>	148	QBRELIS.....	62
<i>pretab</i>	<i>progesterone micronized</i>	148	QBREXZA.....	256
<i>pretomanid</i>	PROGLYCEM.....	143	<i>qc azo</i>	163
PREVACID.....	PROGRAF.....	182	<i>qc lidocaine pain relief</i>	254
PREVACID 24HR.....	PROLATE.....	26	<i>qc urinary pain relief</i>	164
PREVACID SOLUTAB.....	PROLENSA.....	226	QDOLO.....	26
<i>prevalite</i>	PROLIA.....	145, 146	QELBREE.....	101
<i>previfem</i>	PROMACTA.....	169	QINLOCK.....	59
PREVPAC.....	<i>promethazine hcl</i>	152	QMIIZ ODT.....	18
PREVYMIS.....	<i>promethazine vc</i>	233	QNASL.....	237
PREZCOBIX.....	<i>promethazine vclcodeine</i>	234	QNASL CHILDRENS.....	237
PREZISTA.....	<i>promethazine-dm</i>	234	QTERN.....	122
PRIFTIN.....	<i>promethazine-phenylephrine</i> ... 234		QUALAQUIN.....	33
PRILOSEC.....	<i>promethegan</i>	152	QUARTETTE.....	132
PRILOSEC OTC.....	PROMETRIUM.....	148	<i>quasense</i>	132
PRIMACARE.....	<i>propafenone hcl</i>	65	<i>quazepam</i>	103
<i>primaquine phosphate</i>	<i>propafenone hcl er</i>	65	QUDEXY XR.....	84
<i>primidone</i>	<i>propantheline bromide</i>	151	QUESTRAN.....	66
PRIMLEV.....	<i>proparacaine hcl</i>	171	QUESTRAN LIGHT.....	66

<i>quetiapine fumarate</i>	96	REGRANEX.....	258	RESTASIS.....	172
<i>quetiapine fumarate er</i>	96	Relafen.....	18	RESTASIS MULTIDOSE	
QUFLORA FE PEDIATRIC		RELAFEN DS.....	18	.....	171, 172
.....	216	RELENZA DISKHALER.....	39	RESTORIL.....	103
QUILLICHEW ER.....	101	RELEXXII.....	101	RETACRIT.....	169
QUILLIVANT XR.....	101	RELHIST.....	234	RETEVMO.....	55
<i>quinapril hcl</i>	62	RELION BLOOD		RETIN-A.....	243
<i>quinapril-hydrochlorothiazide</i> ...	61	GLUCOSE TEST.....	199	RETIN-A MICRO.....	243
<i>quinidine gluconate er</i>	65	RELION GLUCOSE.....	143	RETIN-A MICRO PUMP...243	
<i>quinidine sulfate</i>	65	RELION GLUCOSE		RETROVIR.....	35
<i>quinine sulfate</i>	33	DRINK.....	143	REVATIO.....	78
QVAR.....	239	RELION INSULIN		REVEAL BLOOD	
QVAR REDIHALER.....	239	SYRINGE.....	200	GLUCOSE TEST.....	200
<i>ra lice treatment</i>	258	RELI-ON INSULIN		REVLIMID.....	180, 181
<i>ra lidocaine pain relieving</i>	255	SYRINGE.....	199, 200	REXULTI.....	96
<i>ra pain relieving</i>	255	RELION KETONE.....	200	REYATAZ.....	35
<i>ra sleep aid</i>	103	RELION LANCETS		REYVOW.....	105
<i>ra urinary pain relief</i>	164	STANDARD 21G.....	200	RHINOCORT ALLERGY..	237
<i>rabeprazole sodium</i>	161	RELION LANCETS THIN		RHOFADE.....	257
RADIOGARDASE.....	171	26G.....	200	RHOPRESSA.....	226
RAGWITEK.....	173	RELION LANCETS		<i>ribasphere</i>	44
Rajani.....	132	ULTRA-THIN 30G.....	200	RIBASPHERE RIBAPAK....	44
<i>raloxifene hcl</i>	146	RELION MINI PEN		<i>ribavirin</i>	39, 44
<i>ramelteon</i>	103	NEEDLES.....	200	RIDAURA.....	15
<i>ramipril</i>	62	RELION PEN NEEDLES...200		<i>rifabutin</i>	38
RANEXA.....	77, 78	RELION SHORT PEN		RIFADIN.....	38
<i>ranitidine hcl</i>	153	NEEDLES.....	200	RIFAMATE.....	38
<i>ranolazine er</i>	77	RELION ULTRA THIN		<i>rifampin</i>	38
RAPAFLO.....	162	LANCETS 30G.....	200	RIFAMPIN+SYRSPEND	
RAPAMUNE.....	182	RELION ULTRA THIN		SF PH4.....	38
<i>rasagiline mesylate</i>	93	PLUS LANCETS.....	200	RIFATER.....	38
RASUVO.....	179	RELISTOR.....	158	RIGHTEST GL300	
RAVICTI.....	136	RELNATE DHA.....	216	LANCETS.....	200
RAYALDEE.....	125	RELPAK.....	105	RIGHTEST GS100 BLOOD	
RAZADYNE.....	87	RELTONE.....	158	GLUCOSE.....	200
RAZADYNE ER.....	87	REMERON.....	90	RIGHTEST GS300 BLOOD	
REACT.....	132	REMERON SOLTAB.....	90	GLUCOSE.....	200
<i>reality insulin syringe</i>	199	REMODULIN.....	78	RIGHTEST GS550 BLOOD	
REBETOL.....	43	RENACIDIN.....	164	GLUCOSE.....	200
REBIF.....	109	RENAGEL.....	147	RILUTEK.....	107
REBIF REBIDOSE.....	109	REVELA.....	147	<i>riluzole</i>	107
REBIF REBIDOSE		<i>repaglinide</i>	122	<i>rimantadine hcl</i>	39
TITRATION PACK.....	109	<i>repaglinide-metformin hcl</i>	116	<i>ringers irrigation</i>	226
REBIF TITRATION PACK	109	REPATHA.....	69	RINVOQ.....	176
<i>reclipsen</i>	133	REPATHA PUSHTRONEX		RIOMET.....	115
RECTIV.....	162	SYSTEM.....	69	RIOMET ER.....	115
REDITREX.....	179	REPATHA SURECLICK.....	69	<i>risedronate sodium</i>	124
REFUAH PLUS BLOOD		REQUIP.....	93	RISPERDAL.....	96
GLUCOSE TEST.....	199	REQUIP XL.....	93	RISPERDAL CONSTA.....	96
REGLAN.....	153	RESCRIPTOR.....	35	<i>risperidone</i>	96

<i>risperidone m-tab</i>	96	SALAGEN.....	259	SHOPKO UNILET	
RITALIN.....	101	<i>saline laxative</i>	157	LANCETS 30G.....	201
RITALIN LA.....	101	SAMSCA.....	146	SHUR-SEAL	
<i>ritonavir</i>	35	SANCUSO.....	153	CONTRACEPTIVE.....	163
<i>rivastigmine</i>	87	SANDIMMUNE.....	182	SIGNIFOR.....	146
<i>rivastigmine tartrate</i>	87	SANDOSTATIN.....	146	SIGNIFOR LAR.....	146
Rivelsa.....	133	SANDOSTATIN LAR		SIKLOS.....	172
<i>rizatriptan benzoate</i>	105	DEPOT.....	146	<i>sildenafil citrate</i>	79
ROBAXIN.....	111	SANTYL.....	256	SILENOR.....	103
ROBAXIN-750.....	111	SAPHRIS.....	97	SILIQ.....	247
ROBINUL.....	151	<i>sapropterin dihydrochloride</i>	136	<i>silodosin</i>	162
ROBINUL-FORTE.....	151	SARAFEM.....	90	SILVADENE.....	256
ROCALTROL.....	125	SAVAYSA.....	167	<i>silver sulfadiazine</i>	244
ROCKLATAN.....	226	SAVELLA.....	107	SIMBRINZA.....	221
<i>ropinirole hcl</i>	93	SAVELLA TITRATION		Simliya.....	133
<i>ropinirole hcl er</i>	93	PACK.....	107	Simpesse.....	133
<i>rosadan</i>	257	<i>scopolamine</i>	153	SIMPONI.....	176
<i>rosuvastatin calcium</i>	67	SECONAL.....	84	<i>simvastatin</i>	67, 68
ROSZET.....	67	SECUADO.....	97	SINEMET.....	93
Roweepra.....	84	SEEBRI NEOHALER.....	228	SINEMET CR.....	93
ROXICODONE.....	26	SEGLUROMET.....	123	SINGLE-LET.....	201
ROZEREM.....	103	SELECT-OB.....	216	SINGULAIR.....	235
ROZLYTREK.....	55	<i>selegiline hcl</i>	93	<i>sirolimus</i>	182
RUBRACA.....	49	<i>selenium sulfide</i>	248	SIRTURO.....	38
RUCONEST.....	172	SELZENTRY.....	35	SITAVIG.....	39
<i>rufinamide</i>	84	SEMGLEE.....	121	SIVEXTRO.....	32
RUKOBIA.....	35	SEMPREX-D.....	234	SKELAXIN.....	111
RUZURGI.....	107	<i>se-natal 19</i>	216	SKLICE.....	258
RYBELSUS.....	117	SENSIPAR.....	125	SKYLA.....	133
RYCLORA.....	230	SENTRA AM.....	216	SKYRIZI.....	176
RYDAPT.....	49	SENTRA PM.....	216	SKYRIZI (150 MG DOSE)..	176
RYTARY.....	93	SEREVENT DISKUS.....	231	SKYRIZI PEN.....	176
RYTHMOL SR.....	65	SERNIVO.....	252	<i>sleep-aid</i>	103
RYVENT.....	230	SEROQUEL.....	97	SLYND.....	133
SABRIL.....	84	SEROQUEL XR.....	97	<i>sm lice treatment</i>	258
SAFESNAP INSULIN		SEROSTIM.....	144	<i>sm sleep aid</i>	103
SYRINGE.....	200	<i>sertraline hcl</i>	90	SMART SENSE COLOR	
<i>safety lancet 21g/pressure act.</i>	200	Setlakin.....	133	LANCETS 33G.....	201
<i>safety lancet 28g/pressure act.</i>	200	<i>sevelamer carbonate</i>	147	SMART SENSE	
SAFETY LANCETS.....	200	<i>sevelamer hcl</i>	147	STANDARD LANCETS....	201
SAFETY LANCETS 21G.....	200	SEVENFACT.....	167	SMART SENSE SUPER	
<i>safety lancets 28g</i>	200	SEYSARA.....	46	THIN LANCETS.....	201
SAFETY LET LANCETS....	200	<i>sf</i>	259	SMART SENSE THIN	
SAFETY SEAL LANCETS..	201	SFROWASA.....	155	LANCETS 26G.....	201
SAFETY-GLIDE SYRINGE		<i>sharobel</i>	133	SMARTEST BLOOD	
.....	201	SHOPKO UNIFINE		GLUCOSE TEST.....	201
SAFYRAL.....	133	PENTIPS.....	201	SMARTEST LANCETS 28G	
SAIZEN.....	144	SHOPKO UNILET		.....	201
SAIZENPREP.....	144	LANCETS 28G.....	201	<i>sodium chloride</i>	164, 236
Sajazir.....	28			<i>sodium fluoride</i>	216, 217

<i>sodium phenylbutyrate</i>	136	STARLIX.....	122	SURE COMFORT	
<i>sodium polystyrene sulfonate</i> ..	126	<i>stavudine</i>	35	LANCETS 30G.....	201
<i>sofosbuvir-velpatasvir</i>	44	STEGLATRO	123	<i>sure comfort pen needles</i>	201
<i>solia</i>	133	STEGLUJAN.....	122	SURE EDGE TEST	201
<i>solifenacin succinate</i>	165	STELARA	176, 177	SURECHEK BLOOD	
SOLIQUA	118	STERILANCE PA	201	GLUCOSE TEST	201
SOLODYN	46	STERILANCE TL.....	201	SURE-FINE PEN	
SOLOSEC	32	STIMATE	150	NEEDLES.....	202
SOLTAMOX.....	51	STIOLTO RESPIMAT	227	SURE-JECT INSULIN	
SOLUS V2 LANCETS 28G..	201	STIVARGA	56	SYRINGE.....	202
SOLUS V2 TEST	201	STRATTERA	101	SURE-LANCE FLAT	
SOLUS V2 TWIST		STRENSIQ.....	125	LANCETS.....	202
LANCETS 30G.....	201	STRIBILD.....	37	SURE-LANCE THIN	
SOMA	111	STRIVERDI RESPIMAT ...	231	LANCETS 28G.....	202
SOMATULINE DEPOT	146	SUBLOCADE.....	28	SURE-LANCE ULTRA	
SOMAVERT	146	SUBOXONE.....	19	THIN LANCETS.....	202
SONATA.....	103	SUBSYS.....	26	SURE-TEST EASYPLUS	
SOOLANTRA.....	257	SUCRAID	159	MINI TEST	202
<i>sorbitol-mannitol</i>	164	<i>sucralfate</i>	158	SURE-TOUCH LANCETS	
SORIATANE	247	SULAR	73	UNIVERSAL	202
SORILUX.....	247	<i>sulconazole nitrate</i>	246	SURMONTIL.....	90
<i>sorine</i>	65	<i>sulfacetamide sodium</i>	224	SUSTIVA	35
<i>sotalol hcl</i>	65	<i>sulfacetamide sodium (acne)</i> ..	243	SUTAB.....	157
<i>sotalol hcl (af)</i>	65	<i>sulfacetamide-prednisolone</i>	223	SUTENT	56
SOTYLIZE	71	<i>sulfadiazine</i>	29	<i>syeda</i>	133
SOVALDI.....	44	<i>sulfamethoxazole-trimethoprim</i>	32	SYLATRON	59
SPECTRACEF	41	SULFAMYLON	244, 256	Symax-Sl.....	151
<i>spinosad</i>	258	<i>sulfasalazine</i>	155	Symax-Sr	151
SPIRIVA HANDIHALER... 228		<i>sulfatrim pediatric</i>	32	SYMBICORT	239
SPIRIVA RESPIMAT	228	<i>sulfazine</i>	155	SYMBYAX.....	113
<i>spironolactone</i>	75	<i>sulindac</i>	18	SYMDEKO	236
<i>spironolactone-hctz</i>	75	<i>sumatriptan</i>	105	SYMFI.....	38
SPORANOX.....	30	<i>sumatriptan succinate</i>	105	SYMFI LO.....	37
SPORANOX PULSEPAK.....	30	<i>sumatriptan succinate refill</i>	105	SYMJEPI.....	227
<i>sprintec 28</i>	133	<i>sumatriptan-naproxen sodium</i> ..	105	SYMLINPEN 120.....	115
SPRITAM.....	84	SUMAVEL DOSEPRO	105	SYMLINPEN 60.....	115
SPRIX.....	18	SUMAXIN	243	SYMPAZAN	84
SPRYCEL.....	55, 56	SUMAXIN TS.....	243	SYMPROIC	158
SPS.....	126	<i>sunitinib malate</i>	56	SYMTUZA	38
<i>sronyx</i>	133	SUNOSI.....	111	SYNAGEX.....	217
<i>ssd</i>	244	SUPER THIN LANCETS....	201	SYNAGIS.....	39
SSKI.....	234	SUPPRELIN LA	135	SYNALAR	252, 253
<i>sss 10-5</i>	243	SUPRAX.....	41	SYNALGOS-DC.....	234
<i>st joseph aspirin</i>	28	SUPREP BOWEL PREP KIT		SYNAREL.....	135
STALEVO 100.....	93	.....	157	SYNDROS	153
STALEVO 125.....	93	SURE COMFORT		SYNERA	255
STALEVO 150.....	93	INSULIN SYRINGE.....	201	SYNJARDY	122
STALEVO 200.....	93	SURE COMFORT		SYNJARDY XR.....	122
STALEVO 50.....	94	LANCETS 28G.....	201	SYNTHROID	149
STALEVO 75.....	101			SYPRINE	126

TABLOID.....	48	<i>telmisartan</i>	64	TIBSOVO.....	59
TABRECTA.....	59	<i>telmisartan-amlodipine</i>	63	TICE BCG.....	59
TACLONEX.....	253	<i>telmisartan-hctz</i>	63	<i>ticlopidine hcl</i>	172
<i>tacrolimus</i>	182, 256	<i>temazepam</i>	103	TIGAN.....	153
<i>tadalafil</i>	163	TEMIXYS.....	38	TIGLUTIK.....	107
<i>tadalafil (pah)</i>	79	TEMODAR.....	47	TIKOSYN.....	65
TAFINLAR.....	56	TEMOVATE.....	253	<i>tilia fe</i>	133
TAGRISSE.....	56	<i>temozolomide</i>	47	<i>timolol maleate</i>	71, 221
<i>take action</i>	133	<i>tencon</i>	16	<i>timolol maleate pf</i>	221
TAKHZYRO.....	172	<i>tenofovir disoproxil fumarate</i>	35	TIMOPTIC.....	222
TALICIA.....	162	TENORETIC 100.....	69	TIMOPTIC OCUDOSE.....	221
TALTZ.....	177	TENORETIC 50.....	69	TIMOPTIC-XE.....	222
TALZENNA.....	49	TENORMIN.....	71	TINDAMAX.....	29
TAMIFLU.....	39	TEPMETKO.....	56	<i>tinidazole</i>	29
<i>tamoxifen citrate</i>	51	TERAZOL 7.....	166	<i>tiopronin</i>	164
<i>tamsulosin hcl</i>	162	<i>terazosin hcl</i>	62	TIROSINT.....	149
TAPAZOLE.....	149	<i>terbinafine hcl</i>	30	TIROSINT-SOL.....	149
TAPERDEX 12-DAY.....	142	<i>terbutaline sulfate</i>	231	Tis-U-Sol.....	226
Taperdex 6-Day.....	142	<i>terconazole</i>	166	TIVICAY.....	35
TAPERDEX 7-DAY.....	142	<i>teriparatide (recombinant)</i>	146	TIVICAY PD.....	35
TARCEVA.....	56	TESSALON PERLES.....	234	TIVORBEX.....	18
Targadox.....	46	TESTIM.....	114	<i>tizanidine hcl</i>	111
TARGRETIN.....	59, 256	<i>testosterone</i>	114	<i>tl-care dha</i>	217
Tarina 24 Fe.....	133	<i>testosterone cypionate</i>	114	TL-SELECT.....	217
Tarina Fe 1/20.....	133	<i>testosterone enanthate</i>	114	TOBI.....	29
TARKA.....	61	<i>tetrabenazine</i>	107	TOBI PODHALER.....	29
TARON-BC.....	217	<i>tetracycline hcl</i>	46	TOBRADEX.....	223
TARON-C DHA.....	217	TEXACORT.....	253	TOBRADEX ST.....	223
<i>taron-crystals</i>	164	THALOMID.....	181	<i>tobramycin</i>	29, 224
TARON-PREX.....	217	THEO-24.....	240	<i>tobramycin-dexamethasone</i>	223
TASIGNA.....	56	<i>theochron</i>	240	TOBREX.....	224
TASMAR.....	94	<i>theophylline</i>	240	TODAY SPONGE.....	163
TAVALISSE.....	172	<i>theophylline er</i>	240	TOFRANIL.....	91
TAYTULLA.....	133	<i>theracare pain relief</i>	255	TOLAK.....	244
<i>tazarotene</i>	243, 247	THERAMINE.....	217	<i>tolazamide</i>	124
TAZORAC.....	247	THERAMINE PLUS.....	217	<i>tolbutamide</i>	124
<i>taztia xt</i>	73	THIOLA.....	164	<i>tolcapone</i>	94
TAZVERIK.....	59	THIOLA EC.....	164	<i>tolmetin sodium</i>	18
TECFIDERA.....	109	<i>thioridazine hcl</i>	97	<i>tolsura</i>	30
TECHLITE AST LANCETS.....	202	<i>thiothixene</i>	97	<i>tolterodine tartrate</i>	165
TECHLITE LANCETS.....	202	THRIVE.....	113	<i>tolterodine tartrate er</i>	165
TECHLITE LANCETS 30G.....	202	THYQUIDITY.....	149	<i>tolvaptan</i>	146
TECHNIVIE.....	44	THYROLAR-1.....	149	TOPAMAX.....	85
TEGRETOL.....	84	THYROLAR-1/2.....	149	TOPAMAX SPRINKLE.....	85
TEGRETOL-XR.....	85	THYROLAR-1/4.....	149	<i>topcare clickfine pen needles</i> ...	202
TEGSEDI.....	111	THYROLAR-2.....	149	TOPCARE ULTRA	
TEKTURNA.....	74	THYROLAR-3.....	149	COMFORT INS SYR.....	202
TEKTURNA HCT.....	74	Tiadylt Er.....	73	TOPICORT.....	253
TELCARE BLOOD		<i>tiagabine hcl</i>	85	TOPICORT SPRAY.....	253
GLUCOSE TEST.....	202	TIAZAC.....	73	<i>topiramate</i>	85

<i>topiramate er</i>	85	TRICOR.....	67	TRUEPLUS INSULIN	
TOPROL XL.....	71	<i>triderm</i>	253	SYRINGE.....	202
<i>toremifene citrate</i>	51	Triderm.....	253	TRUEPLUS LANCETS 28G	202
<i>torseamide</i>	75	TRIDESILON.....	253	TRUEPLUS LANCETS 30G	202
TOSYMRA.....	105	<i>trientine hcl</i>	126	TRUEPLUS LANCETS 33G	202
TOUJEO MAX SOLOSTAR	121	<i>tri-estarylla</i>	133	TRUEPLUS SAFETY	
TOUJEO SOLOSTAR.....	121	<i>trifluoperazine hcl</i>	97	LANCETS 28G.....	202
TOVIAZ.....	165	<i>trifluridine</i>	224	TRUETEST TEST.....	202
TRACLEER.....	79	TRIGLIDE.....	67	TRUETRACK TEST.....	202
TRADJENTA.....	116	<i>trihexyphenidyl hcl</i>	94	TRULANCE.....	155
<i>tramadol hcl</i>	27	TRIJARDY XR.....	117	TRULICITY.....	117
<i>tramadol hcl er</i>	26, 27	TRIKAFTA.....	236	TRUSELTIQ (100MG	
<i>tramadol hcl er (biphasic)</i>	26	<i>tri-lestest fe</i>	133	DAILY DOSE).....	56
<i>tramadol-acetaminophen</i>	27	TRILEPTAL.....	85	TRUSELTIQ (125MG	
<i>trandolapril</i>	62	<i>tri-lynyah</i>	133	DAILY DOSE).....	56
<i>trandolapril-verapamil hcl er</i>	61	TRILIPIX.....	67	TRUSELTIQ (50MG DAILY	
<i>tranexamic acid</i>	172	Tri-Lo-Estarylla.....	133	DOSE).....	56
TRANSDERM-SCOP (1.5		Tri-Lo-Marzia.....	133	TRUSELTIQ (75MG DAILY	
MG).....	153	Tri-Lo-Sprintec.....	134	DOSE).....	57
TRANXENE-T.....	85	<i>trilyte</i>	157	TRUSOPT.....	222
<i>tranylcypromine sulfate</i>	91	<i>trimethobenzamide hcl</i>	153	TRUVADA.....	38
TRAVATAN Z.....	222	<i>trimethoprim</i>	32	TUDORZA PRESSAIR.....	228
<i>travoprost (bak free)</i>	222	Tri-Mili.....	134	TUKYSA.....	57
<i>trazodone hcl</i>	91	<i>trimipramine maleate</i>	91	Tulana.....	134
TRECTOR.....	38	<i>trimpex</i>	32	TURALIO.....	57
TRELEGY ELLIPTA... 227, 228		<i>trinatal rx 1</i>	217	TUSSICAPS.....	234
TRELSTAR MIXJECT.....	51	TRINATE.....	217	Tussigon.....	234
TREMFYA.....	177	<i>trinaz</i>	217	TUSSIONEX	
TREPADONE.....	217	<i>trinessa (28)</i>	134	PENNKINETIC ER.....	234
<i>treprostinil</i>	79	Trinessa Lo.....	134	TUXARIN ER.....	234
TRESIBA.....	121	TRI-NORINYL (28).....	134	TUZISTRA XR.....	234
TRESIBA FLEXTOUCH.....	121	TRINTELLIX.....	91	TWIRLA.....	134
<i>tretinoin</i>	59, 243	<i>tri-previfem</i>	134	TWYNSTA.....	64
<i>tretinoin microsphere</i>	243	TRIPTODUR.....	135	TYBOST.....	35
<i>tretinoin microsphere pump</i>	243	<i>tri-sprintec</i>	134	Tydemy.....	134
TREXALL.....	48	<i>tristart dha</i>	217	TYKERB.....	57
TREXIMET.....	105	TRISTART FREE.....	217	TYLENOL WITH	
TREZIX.....	27	TRISTART ONE.....	217	CODEINE #3.....	27
Tri Femynor.....	133	<i>tri-tabs dha</i>	218	TYLENOL WITH	
<i>triamcinolone acetonide</i>		TRIUMEQ.....	38	CODEINE #4.....	27
.....	237, 253, 259	TRIVEEN-DUO DHA.....	218	TYMLOS.....	146
<i>triamterene</i>	75	TRI-VI-FLOR.....	218	TYVASO.....	79
<i>triamterene-hctz</i>	75	TRI-VI-FLORO.....	218	TYVASO REFILL.....	79
<i>triazolam</i>	103	<i>trivora (28)</i>	134	TYVASO STARTER.....	79
TRIBENZOR.....	64	Tri-Vylibra Lo.....	134	UBRELVY.....	105
<i>tricare</i>	217	TRIZIVIR.....	38	UCERIS.....	155
TRICARE PRENATAL		TROKENDI XR.....	85	UDENYCA.....	169
DHA ONE.....	217	<i>tropicamide</i>	172	UKONIQ.....	57
TRICITRASOL.....	167	<i>trospium chloride</i>	165	ULESFIA.....	258
<i>tricitrates</i>	164	<i>trospium chloride er</i>	165	ULORIC.....	15

ULTICARE INSULIN SAFETY SYR.....	203	UNILET G.P. SUPERLITE LANCET	204	VALUE PLUS LANCETS SUPER THIN	204
ULTICARE INSULIN SYRINGE.....	203	UNILET GP 28 ULTRA THIN.....	204	VALUE PLUS LANCETS THIN 26G.....	204
ULTICARE MICRO PEN NEEDLES.....	203	UNILET LANCET	204	VALUMARK LANCET SUPER THIN 30G.....	204
ULTICARE MINI PEN NEEDLES.....	203	UNILET SUPERLITE LANCET	204	VALUMARK LANCET ULTRA THIN 28G.....	204
ULTICARE PEN NEEDLES	203	UNISTIK 3 COMFORT.....	204	VALUMARK PEN NEEDLES.....	205
ULTICARE SHORT PEN NEEDLES.....	203	UNISTIK 3 EXTRA.....	204	Vanadom.....	111
ULTILET CLASSIC LANCETS.....	203	UNISTIK 3 NORMAL.....	204	Vanatol Lq.....	16
ULTILET LANCETS.....	203	UNISTIK CZT COMFORT.....	204	Vanatol S.....	16
ULTILET SAFETY LANCETS 23G.....	203	UNISTIK CZT NORMAL... ..	204	VANCOCIN HCL.....	32
ULTIMA TEST.....	203	<i>unithroid</i>	149, 150	<i>vancomycin hcl</i>	32
<i>ultimatecare one</i>	218	Unithroid.....	149	<i>vandazole</i>	166
ULTRA COMFORT INSULIN SYRINGE.....	203	Unithroid Direct.....	149	VANISHPOINT INSULIN SYRINGE.....	205
ULTRACET.....	27	UNIVERSAL 1 LANCETS THIN 26G.....	204	VANOS.....	254
ULTRA-COMFORT INSULIN SYRINGE.....	203	UNIVERSAL 1 LANCETS ULTRA THIN.....	204	VARUBI.....	153
ULTRALANCE.....	203	UPNEEQ.....	172	VARUBI (180 MG DOSE)... ..	153
ULTRAM.....	27	UPTRAVI.....	79	VASCAZEN.....	218
ULTRA-THIN II AUTO LANCET.....	203	URECHOLINE.....	158	VASCEPA.....	68
ULTRA-THIN II INS SYR SHORT.....	203	UROCIT-K 10.....	164	VASCULERA.....	218
ULTRA-THIN II INSULIN SYRINGE.....	203	UROCIT-K 15.....	164	VASERETIC.....	61
ULTRA-THIN II LANCETS	204	UROCIT-K 5.....	164	VASOTEC.....	62
ULTRA-THIN II MINI PEN NEEDLE.....	204	UROXATRAL.....	162	VAYACOG.....	218
ULTRA-THIN II PEN NEEDLE SHORT.....	204	URSO 250.....	158	VAYARIN.....	218
ULTRA-THIN II PEN NEEDLES.....	204	URSO FORTE.....	158	VAYAROL.....	218
ULTRATRAK PRO TEST..	204	<i>ursodiol</i>	158	VCF VAGINAL CONTRACEPTIVE.....	163
ULTRATRAK ULTIMATE TEST.....	204	UTIBRON NEOHALER.....	228	VECAMYL.....	77
ULTRAVATE.....	253, 254	VAGIFEM.....	139	VECTICAL.....	248
UNIFINE PENTIPS.....	204	<i>valacyclovir hcl</i>	39	VELETRI.....	79
UNILET COMFORTOUCH LANCET.....	204	VALCHLOR.....	256	<i>velivet</i>	134
UNILET EXCELITE.....	204	VALCYTE.....	40	VELPHORO.....	147
UNILET EXCELITE II.....	204	<i>valganciclovir hcl</i>	40	VELTASSA.....	126
UNILET G.P. LANCET.....	204	VALIUM.....	85	VEMLIDY.....	40
		<i>valproate sodium</i>	85	VENA-BAL DHA.....	218
		<i>valproic acid</i>	85	VENCLEXTA.....	60
		<i>valsartan</i>	64	VENCLEXTA STARTING PACK.....	60
		<i>valsartan-hydrochlorothiazide</i>	64	<i>venlafaxine hcl</i>	91
		VALTOCO 10 MG DOSE.....	85	<i>venlafaxine hcl er</i>	91
		VALTOCO 15 MG DOSE.....	85	VENTAVIS.....	79
		VALTOCO 20 MG DOSE.....	85	VENTOLIN HFA.....	231
		VALTOCO 5 MG DOSE.....	85	<i>verapamil hcl</i>	73
		VALTRESX.....	40	<i>verapamil hcl er</i>	73
		VALUE HEALTH INSULIN SYRINGE.....	204	VERDESO.....	254
		<i>value plus glucose</i>	143	VERDROCET.....	27
		VALUE PLUS LANCET STANDARD 21G.....	204		

VEREGEN.....	256	VIRT-PN DHA.....	218	VYZULTA.....	222
VERELAN.....	73	<i>virt-pn plus</i>	218	WAKIX.....	111
VERELAN PM.....	73	<i>virt-vite forte</i>	218	<i>wal-som</i>	103
VERIPRED 20.....	142	VISTARIL.....	230	<i>warfarin sodium</i>	167
VERQUVO.....	75	VISTOGARD.....	59	WAVESENSE PRESTO.....	205
VERSACLOZ.....	97	Vitafol.....	218	WELCHOL.....	66
VERZENIO.....	49	VITAFOL FE+.....	218	WELLBUTRIN SR.....	91
VESICARE.....	165	VITAFOL STRIPS.....	219	WELLBUTRIN XL.....	91
VESICARE LS.....	165	VITAFOL-OB.....	219	<i>wera</i>	134
<i>vestura</i>	134	VITAFOL-ONE.....	219	<i>westab max</i>	219
VFEND.....	30	VITAL HP 1.0 CAL.....	219	WESTHROID.....	150
V-GO 20.....	205	VITAL-D RX.....	219	WIDE-SEAL DIAPHRAGM	
V-GO 30.....	205	VITAMEDMD ONE		60.....	182
V-GO 40.....	205	RX/QUATREFOLIC.....	219	WIDE-SEAL DIAPHRAGM	
VIBERZI.....	155	<i>vitamin b-6</i>	219	65.....	182
VIBRAMYCIN.....	46, 47	<i>vitamin d2</i>	219	WIDE-SEAL DIAPHRAGM	
<i>vicodin</i>	27	<i>vitamin d3</i>	219	70.....	182
<i>vicodin es</i>	27	VITAPEARL.....	219	WIDE-SEAL DIAPHRAGM	
<i>vicodin hp</i>	27	VITRAKVI.....	57	75.....	183
VICTORY AGM-4000 TEST	205	VIVA DHA.....	219	WIDE-SEAL DIAPHRAGM	
VICTOZA.....	117	VIVELLE-DOT.....	139	80.....	183
VIDA MIA UNIFINE		VIVITROL.....	113	WIDE-SEAL DIAPHRAGM	
PENTIPS.....	205	VIVLODEX.....	18	85.....	183
VIDA MIA UNILET		VIZIMPRO.....	57	WIDE-SEAL DIAPHRAGM	
LANCETS 28G.....	205	VOCAL POINT BLOOD		90.....	183
VIDA MIA UNILET		GLUCOSE TEST.....	205	WIDE-SEAL DIAPHRAGM	
LANCETS 30G.....	205	VOGELXO.....	114	95.....	183
VIDEX.....	35	VOGELXO PUMP.....	114	WINLEVI.....	243
VIDEX EC.....	35	VOL-NATE.....	219	Wixela Inhub.....	239
VIEKIRA PAK.....	44	VOL-PLUS.....	219	WP THYROID.....	150
VIEKIRA XR.....	44	VOL-TAB RX.....	219	<i>wymzya fe</i>	134
Vienna.....	134	VOLTAREN.....	256	WYNZORA.....	248
<i>vigabatrin</i>	85	<i>voriconazole</i>	30	XADAGO.....	94
Vigadrone.....	86	VOSEVI.....	44	XALATAN.....	222
VIGAMOX.....	224	VOTRIENT.....	57	XALKORI.....	57
VIIBRYD.....	91	<i>vp-gstn</i>	219	XANAX.....	80
VIIBRYD STARTER PACK	91	<i>vp-heme ob + dha</i>	219	XANAX XR.....	80
VIMOVO.....	19	VP-PNV-DHA.....	219	XARELTO.....	167
VIMPAT.....	86	VRAYLAR.....	97	XARELTO STARTER	
<i>vinate ii</i>	218	VSL#3.....	158	PACK.....	167
<i>vinate one</i>	218	VSL#3 JUNIOR.....	158	XATMEP.....	48
VIOKACE.....	159	VTOL LQ.....	16	XCOPRI.....	86
<i>viorele</i>	134	VUMERITY.....	110	XCOPRI (250 MG DAILY	
VIRACEPT.....	36	VUMERITY (STARTER)...	109	DOSE).....	86
VIRAMUNE.....	36	<i>vyfemla</i>	134	XCOPRI (350 MG DAILY	
VIRAMUNE XR.....	36	VYLEESI.....	113	DOSE).....	86
VIREAD.....	36	VYNDAMAX.....	77	XELJANZ.....	177, 178
VIROPTIC.....	224	VYNDAQEL.....	77	XELJANZ XR.....	178
<i>virt-phos 250 neutral</i>	207	VYTORIN.....	68	XELODA.....	48
VIRT-PN.....	218	VYVANSE.....	101	XELPROS.....	222

XEMBIFY.....	180	YUPELRI.....	228	ZIRGAN.....	224
XENAZINE.....	107	Yuvaferm.....	139	ZITHROMAX.....	42
XENLETA.....	32	ZADITOR.....	172	ZITHROMAX TRI-PAK.....	42
XEPI.....	244	<i>zafirlukast</i>	235	ZITHROMAX Z-PAK.....	42
XERAC AC.....	257	<i>zaleplon</i>	103	ZOCOR.....	68
XERESE.....	40	ZANAFLEX.....	111	ZOFRAN.....	153
XERMELO.....	158	ZANTAC.....	154	ZOFRAN ODT.....	153
XGEVA.....	146	<i>zarah</i>	134	ZOHYDRO ER.....	27
XHANCE.....	237	ZARONTIN.....	86	ZOKINVY.....	146
XIFAXAN.....	32	ZARXIO.....	169	ZOLINZA.....	49
XIGDUO XR.....	123	ZATEAN-PN DHA.....	219	<i>zolmitriptan</i>	105
XIIDRA.....	226	ZATEAN-PN PLUS.....	219	ZOLOFT.....	91
XIMINO.....	47	ZAVESCA.....	136	<i>zolpidem tartrate</i>	103
XODOL.....	27	<i>zcort 7-day</i>	142	<i>zolpidem tartrate er</i>	103
XOFLUZA (40 MG DOSE)...	40	<i>zebutal</i>	16	ZOLPIMIST.....	103
XOFLUZA (80 MG DOSE)...	40	ZEGALOGUE.....	143	ZOMACTON.....	144
XOLAIR.....	232	ZEGERID.....	161	ZOMACTON (FOR ZOMA- JET 10).....	144
XOLEGEL.....	246	ZEGERID OTC.....	161	ZOMIG.....	105
XOPENEX.....	232	ZEJULA.....	49	ZOMIG ZMT.....	106
XOPENEX CONCENTRATE.....	232	ZELAPAR.....	94	ZONALON.....	246
XOPENEX HFA.....	232	ZELBORAF.....	57	ZONATUSS.....	234
XOSPATA.....	57	ZELNORM.....	155	ZONEGRAN.....	86
XPOVIO (100 MG ONCE WEEKLY).....	59	ZEMBRACE SYMTOUCH.....	105	<i>zonisamide</i>	86
XPOVIO (40 MG ONCE WEEKLY).....	59	ZEMPLAR.....	125	ZONTIVITY.....	172
XPOVIO (40 MG TWICE WEEKLY).....	59	Zenatane.....	243	ZORBTIVE.....	144
XPOVIO (60 MG ONCE WEEKLY).....	59	<i>zenchent</i>	134	ZORTRESS.....	182
XPOVIO (60 MG TWICE WEEKLY).....	59	ZENPEP.....	159	ZORVOLEX.....	18
XPOVIO (80 MG ONCE WEEKLY).....	59, 60	Zenedi.....	101, 102	<i>zovia 1/35e (28)</i>	134
XPOVIO (80 MG TWICE WEEKLY).....	60	ZENZEDI.....	102	ZOVIRAX.....	40, 257
XTAMPZA ER.....	27	ZEPATIER.....	44	ZUBSOLV.....	19
XTANDI.....	51	ZEPOSIA.....	110	Zumandimine.....	134
<i>xulane</i>	134	ZEPOSIA 7-DAY STARTER PACK.....	110	ZUPLENZ.....	153
XULTOPHY.....	118	ZEPOSIA STARTER KIT... ZERIT.....	110	ZURAMPIC.....	15
XURIDEN.....	146	ZERViate.....	220	ZYCLARA.....	244
XYOSTED.....	114	ZESTORETIC.....	61	ZYCLARA PUMP.....	244, 257
XYREM.....	111	ZESTRIL.....	62	ZYDELIG.....	57
XYWAV.....	111	ZETIA.....	66	ZYFLO.....	234
XYZAL ALLERGY 24HR... CHILDRENS.....	230	ZETONNA.....	237	ZYFLO CR.....	235
XYZAL ALLERGY 24HR CHILDRENS.....	230	ZIAC.....	69	ZYKADIA.....	57, 60
YONSA.....	51	ZIAGEN.....	36	ZYLET.....	223
YOSPRALA.....	172	<i>zidovudine</i>	36	ZYLOPRIM.....	15
		ZIEXTENZO.....	169	ZYMAXID.....	224
		<i>zileuton er</i>	234	ZYPITAMAG.....	68
		ZILXI.....	257	ZYPREXA.....	97
		ZIOPTAN.....	222	ZYPREXA RELPREVV.....	97
		<i>ziprasidone hcl</i>	97	ZYPREXA ZYDIS.....	97
		<i>ziprasidone mesylate</i>	97	ZYRTEC ALLERGY.....	230
		ZIPSOR.....	18	ZYRTEC-D ALLERGY & CONGESTION.....	234

ZYTAZE.....	220
ZYTIGA.....	51
ZYVOX.....	32