

Plan for your best health

2019 Aetna Pharmacy Drug Guide
Aetna Performance Plan



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2019 Performance Plan

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How to use this guide

Your guide includes a list of 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 fills specialty drug prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine'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. 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
- **Preferred brand specialty:** cost for 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

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 mailbox.

How to get started with a specialty pharmacy

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

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

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

CVS Caremark Mail Service Pharmacy®

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification?

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

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

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

What is step therapy?

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

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

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

What are quantity limits?

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

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

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

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

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

How can your provider request a medical exception?

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

How is the formulary (drug list) developed?

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

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

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

Can the formulary change during the year?

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

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

Commercial 1557 Nondiscrimination Notice

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

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

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

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at:

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

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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 լեզվախոս ծառայություններին 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)

M̄ dyi wuḍu-dù kà kò dò bě dyi móuñ 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 në nɔmba de abac tɔ
në ID kard du kɔu. (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)

Mo le mauaina o au aunaga tau gagana e au noa ma se totogi, vala'au le numera I luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

Syriac-) ܟܘܢܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ ܟܘܠܟܘܢܐ
(Assyrian)

మీరు భాష సవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau 'oku ke fiema'u ta'etotōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікаційній картці. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטארט שפראך באַדינונגען אין קיין פּאַרץ צו איר, רופן די נומער אויף דיין שײַן קאַרט. (Yiddish)

Lati wonú awon isẹ èdè l’ọfẹ fun ọ, pe nomba ori káádi idánimọ rẹ. (Yoruba)

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

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

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

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

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

Aetna may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and drug coverage review programs are not available in all service areas.

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

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

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

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



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2019 Performance Plan

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

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.

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.

UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois

UF9 = Drug tier for Student Health members residing in Colorado

UN6 = Prior Authorization does not apply to members residing in Pennsylvania and Washington

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.

PB = Preferred Brand

PBS = Preferred Brand Specialty

PG = Preferred Generic

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amphetamine-dextroamphet er</i>	PG	QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	QL (2 tabs per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (3 tabs per 1 day)
<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>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	PG	QL (2 tablets per 1 Day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	PG	QL (1 tablet per 1 Day)
<i>benzphetamine hcl oral tablet 50 mg</i>	PG	
<i>clonidine hcl er</i>	PG	PA; QL (4 tabs per 1 day)
<i>dexmethylphenidate hcl</i>	PG	QL (4 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>dextroamphetamine sulfate er</i>	PG	QL (3 caps per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	PG	QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet</i>	PG	QL (4 tabs per 1 day)
<i>diethylpropion hcl er</i>	PG	
<i>diethylpropion hcl oral</i>	PG	
<i>methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)</i>	PG	QL (3 tabs per 1 day)
<i>methamphetamine hcl</i>	PG	PA; QL (4 tabs per 1 day)
<i>methylphenidate hcl er (cd)</i>	PG	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	PG	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	PG	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	PG	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, 54 mg</i>	PG	QL (2 tablets per 1 day)

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The formulary is updated the first week of each month.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	PG	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	PG	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable</i>	PG	QL (6 tablets per 1 day)
<i>modafinil</i>	PG	PA; QL (2 tabs per 1 day)
<i>phendimetrazine tartrate</i>	PG	
<i>phendimetrazine tartrate er</i>	PG	
<i>phentermine hcl oral</i>	PG	
VYVANSE ORAL CAPSULE (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 capsules per 1 day)
VYVANSE ORAL TABLET CHEWABLE (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 tablets per 1 Day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	PG	QL (4 tabs per 1 day)
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI (<i>glutamine (sickle cell)</i>)	PB	PA; QL (6 packets per 1 Day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
<i>neomycin sulfate oral</i>	PG	
<i>paromomycin sulfate oral</i>	PG	
<i>tobramycin inhalation</i>	PG	SP Pharmacy; QL (56 vials per 1 fill)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
<i>celecoxib oral</i>	PG	QL (2 capsules per 1 day)
<i>diclofenac potassium</i>	PG	
<i>diclofenac sodium er</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
<i>diclofenac-misoprostol oral tablet delayed release</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI (<i>etanercept</i>)	PBS	PA; NPL; SP Pharmacy; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PBS	PA; NPL; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PBS	PA; NPL; SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	PBS	PA; NPL; SP Pharmacy; QL (8 injections per 1 month)
<i>etodolac er</i>	PG	
<i>etodolac oral</i>	PG	
<i>fenoprofen calcium oral capsule 200 mg</i>	PG	QL (16 capsules per 1 Day)
<i>fenoprofen calcium oral capsule 400 mg</i>	PG	
<i>fenoprofen calcium oral tablet</i>	PG	
<i>flurbiprofen oral</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	LGC
<i>indomethacin oral</i>	PG	QL (3 capsules per 1 day)
<i>ketorolac tromethamine oral</i>	PG	QL (20 tablets per 5 days)
<i>leflunomide oral</i>	PG	QL (1 tab per 1 day)
<i>meclofenamate sodium oral</i>	PG	
<i>mefenamic acid oral</i>	PG	QL (30 capsules per 7 days)
<i>meloxicam oral tablet</i>	PG	LGC
<i>nabumetone oral</i>	PG	
<i>naproxen dr oral tablet delayed release 375 mg</i>	PG	LGC
<i>naproxen dr oral tablet delayed release 500 mg</i>	PG	
<i>naproxen oral suspension</i>	PG	
<i>naproxen oral tablet</i>	PG	LGC
<i>naproxen sodium er</i>	PG	
<i>naproxen sodium oral tablet</i>	PG	
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
<i>oxaprozin</i>	PG	
<i>piroxicam oral</i>	PG	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 injection per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 injection per 1 month)
<i>sulindac oral</i>	PG	
<i>tolmetin sodium</i>	PG	
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PBS	PA; NPL; SP Pharmacy; QL (2 tablets per 1 Day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PBS	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
XELJANZ XR (<i>tofacitinib citrate</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALKA-SELTZER (<i>aspirin effervescent</i>)	CE	
<i>aspirin 81 oral tablet delayed release</i>	CE	
<i>aspirin adult low dose</i>	CE	
<i>aspirin adult low strength</i>	CE	
<i>aspirin childrens</i>	CE	
<i>aspirin ec</i>	CE	
<i>aspirin ec low dose</i>	CE	
<i>aspirin ec low strength</i>	CE	
<i>aspirin low dose oral tablet chewable</i>	CE	
<i>aspirin low dose oral tablet delayed release</i>	CE	
<i>aspirin low strength</i>	CE	
<i>aspirin oral tablet 325 mg</i>	CE	
<i>aspirin oral tablet chewable</i>	CE	AL
<i>aspirin oral tablet delayed release 325 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	AL
<i>aspirin rectal suppository 300 mg</i>	CE	
ASPIR-LOW (<i>aspirin</i>)	CE	
<i>aspirin tab</i>	CE	
BAYER ADVANCED ASPIRIN REG ST (<i>aspirin</i>)	CE	
BAYER ASPIRIN EC LOW DOSE (<i>aspirin</i>)	CE	
BAYER ASPIRIN ORAL TABLET (<i>aspirin</i>)	CE	
BAYER LOW DOSE (<i>aspirin</i>)	CE	
BUFFERIN (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	
<i>butalbital-apap-caffeine oral capsule</i>	PG	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-asa-caffeine</i>	PG	
<i>butalbital-aspirin-caffeine oral capsule</i>	PG	
<i>childrens aspirin</i>	CE	
<i>childrens aspirin low strength</i>	CE	
<i>choline-mag trisalicylate</i>	PG	
<i>cvs aspirin adult low dose</i>	CE	
<i>cvs aspirin adult low strength</i>	CE	
<i>cvs aspirin ec</i>	CE	
<i>cvs aspirin low dose</i>	CE	
<i>cvs aspirin oral tablet 325 mg</i>	CE	
<i>cvs buffered aspirin</i>	CE	
<i>cvs effervescent antacid</i>	CE	
<i>diflunisal oral</i>	PG	
<i>duraxin</i>	PG	
ECOTRIN (<i>aspirin</i>)	CE	
ECOTRIN LOW STRENGTH (<i>aspirin</i>)	CE	
ECPIRIN (<i>aspirin</i>)	CE	
<i>effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	CE	
<i>eq adult aspirin low strength</i>	CE	
<i>eq antacid & pain relief</i>	CE	
<i>eq aspirin adult low dose</i>	CE	
<i>eq aspirin low dose oral tablet chewable</i>	CE	
<i>eq aspirin low dose oral tablet delayed release</i>	CE	
<i>eq aspirin oral tablet</i>	CE	
<i>eq aspirin oral tablet delayed release 325 mg</i>	CE	
<i>eq buffered aspirin</i>	CE	
<i>eq childrens aspirin</i>	CE	
<i>eq effervescent pain relief</i>	CE	
<i>eq antacid/pain relief</i>	CE	
<i>eq aspirin</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	CE	
<i>eql aspirin low dose</i>	CE	
<i>butalbital-apap-caffeine (Esgic Oral Capsule)</i>	PG	
<i>gnp adult aspirin low strength oral tablet chewable</i>	CE	
<i>gnp aspirin low dose</i>	CE	
<i>gnp aspirin oral tablet 325 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release</i>	CE	
<i>gnp effervescent antacid/pain</i>	CE	
<i>goodsense aspirin low dose</i>	CE	
<i>hm aspirin</i>	CE	
<i>hm aspirin ec</i>	CE	
<i>hm aspirin ec low dose</i>	CE	
<i>kls aspirin ec</i>	CE	
<i>kls aspirin low dose</i>	CE	
<i>kp aspirin</i>	CE	
<i>medi-seltzer oral tablet effervescent 325 mg</i>	CE	
<i>meijer aspirin ec</i>	CE	
MINIPRIN LOW DOSE (<i>aspirin</i>)	CE	AL
<i>mm aspirin</i>	CE	
<i>neutralin</i>	CE	
NORWICH ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	CE	
<i>px aspirin</i>	CE	
<i>px effervescent</i>	CE	
<i>px enteric aspirin</i>	CE	
<i>qc aspirin</i>	CE	
<i>qc aspirin low dose oral tablet delayed release</i>	CE	
<i>qc childrens aspirin</i>	CE	
<i>qc effervescent antacid/pain</i>	CE	
<i>ra antacid pain relief</i>	CE	
<i>ra aspirin adult low dose</i>	CE	
<i>ra aspirin adult low strength</i>	CE	
<i>ra aspirin childrens</i>	CE	
<i>ra aspirin ec</i>	CE	
<i>ra aspirin ec adult low st</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra aspirin oral tablet 325 mg</i>	CE	
<i>ra childrens aspirin</i>	CE	
<i>ra tri-buffered aspirin</i>	CE	
<i>salsalate oral tablet 500 mg</i>	PG	
<i>sb aspirin</i>	CE	
<i>sb aspirin ec</i>	CE	
<i>sb childrens aspirin</i>	CE	
<i>sb effervescent pain relief</i>	CE	
<i>sb low dose asa ec</i>	CE	
<i>sm aspirin</i>	CE	
<i>sm aspirin adult low strength</i>	CE	
<i>sm aspirin ec</i>	CE	
<i>sm aspirin ec low strength</i>	CE	
<i>sm aspirin tri-buffered</i>	CE	
<i>sm childrens aspirin</i>	CE	
<i>sm effervescent pain relief</i>	CE	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	CE	AL
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	PG	
<i>tgt aspirin</i>	CE	
<i>tgt aspirin ec</i>	CE	
<i>tgt aspirin low dose oral tablet delayed release</i>	CE	
<i>tgt childrens aspirin</i>	CE	
<i>tri-buffered aspirin oral tablet 325 mg</i>	CE	
<i>butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)</i>	PG	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
<i>acetaminophen-codeine #2</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3</i>	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4</i>	PG	PA; QL (10 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine oral solution</i>	PG	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
<i>apap-caff-dihydrocodeine oral capsule</i>	PG	PA; QL (10 capsules per 1 day)
<i>butalbital-asa-caff-codeine (Ascomp-Codeine)</i>	PG	PA; QL (6 capsules per 1 day)
<i>buprenorphine hcl sublingual</i>	PG	UF11; QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 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</i>	PG	UF11; QL (3 tabs per 1 day)
<i>buprenorphine transdermal</i>	PG	PA; QL (4 patches per 28 Days)
<i>butalbital-apap-caff-cod</i>	PG	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine</i>	PG	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal</i>	PG	PA; QL (2 bottles per 30 days)
BUTRANS (buprenorphine)	PB	PA; QL (90 MME per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	PG	PA; QL (6 tablets per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (morphine-naltrexone)	PB	PA; MPG; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (morphine-naltrexone)	PB	PA; MPG; QL (2 capsules per 1 day)
<i>oxycodone-acetaminophen (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, 5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)</i>	PG	PA; QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl</i>	PG	PA; QL (10 patches per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	PG	PA; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	PA; QL (120 tablets per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	PG	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er</i>	PG	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	PG	PA; QL (4 suppositories per 1 day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>)	PB	PA; #; QL (1 tablet per 1 day)
<i>levorphanol tartrate oral</i>	PG	PA; QL (4 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet)</i>	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Hd)</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>	PG	PA; QL (9 tablets per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	PG	PA; QL (18 tablets per 1 day)
<i>methadone hcl (Methadone Hcl Intensol)</i>	PG	PA; UN6; UF11; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate</i>	PG	PA; UN6; UF11; QL (3 MLS per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; UN6; UF11; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; UN6; UF11; QL (6 tablets per 1 day)
<i>morphine sulfate er beads</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>	PG	PA; QL (1 capsule per 1 Day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	PG	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	PA; QL (3 suppositories per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule</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</i>	PG	PA; QL (60 MLS per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen</i>	PG	PA; QL (12 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxycodone hcl</i>)	PB	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral</i>	PG	PA; QL (8 tablets per 1 day)
<i>tramadol-acetaminophen</i>	PG	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	PG	PA; QL (9 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	PB	PA; QL (5 grams per 1 day)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%) (<i>testosterone</i>)	PB	PA; QL (5 grams per 1 day)
<i>danazol oral</i>	PG	
<i>oxandrolone oral</i>	PG	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution</i>	PG	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	PG	QL (4 grams per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	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 gel 25 mg/2.5gm (1%)</i>	PG	QL (2.5 grams per 1 day)
ANORECTAL AGENTS - RECTAL PREPARATIONS		
<i>hydrocortisone</i> (Colocort)	PG	
<i>hydrocortisone rectal</i>	PG	
<i>hydrocortisone</i> (Proctocare-Hc)	PG	
<i>hydrocortisone</i> (Procto-Pak)	PG	
<i>hydrocortisone</i> (Proctosol Hc)	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone</i> (Proctozone-Hc Rectal)	PG	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>benznidazole oral tablet 100 mg</i>	PB	PA; QL (2 tablets per 1 Day)
<i>benznidazole oral tablet 12.5 mg</i>	PB	PA; QL (6 tablets per 1 Day)
EMVERM (<i>mebendazole</i>)	PG	
<i>praziquantel oral</i>	PG	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
<i>isosorbide dinitrate er</i>	PG	
<i>isosorbide dinitrate oral</i>	PG	
<i>isosorbide mononitrate</i>	PG	
<i>isosorbide mononitrate er</i>	PG	
<i>nitroglycerin</i> (Minitran)	PG	
<i>nitroglycerin sublingual</i>	PG	
<i>nitroglycerin transdermal patch 24 hour</i>	PG	
<i>nitroglycerin translingual solution</i>	PG	
<i>ranolazine er</i>	PG	QL (2 tablets per 1 day)
ANTIANSIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er</i>	PG	QL (2 tabs per 1 day); AL
<i>alprazolam oral</i>	PG	AL
<i>alprazolam xr</i>	PG	QL (2 tabs per 1 day); AL
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	PG	
<i>chlordiazepoxide hcl</i>	PG	AL
<i>clorazepate dipotassium</i>	PG	AL
<i>diazepam injection</i>	PG	
<i>diazepam oral solution 5 mg/5ml</i>	PG	
<i>diazepam oral tablet</i>	PG	
<i>hydroxyzine hcl oral syrup</i>	PG	
<i>hydroxyzine hcl oral tablet</i>	PG	
<i>hydroxyzine pamoate oral</i>	PG	
<i>lorazepam oral tablet</i>	PG	
<i>meprobamate</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxazepam</i>	PG	AL
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral</i>	PG	
<i>disopyramide phosphate oral</i>	PG	
<i>dofetilide</i>	PG	
<i>flecainide acetate</i>	PG	
<i>mexiletine hcl oral</i>	PG	
MULTAQ (<i>dronedarone hcl</i>)	PB	QL (2 tabs per 1 day)
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	PG	
<i>propafenone hcl</i>	PG	
<i>propafenone hcl er</i>	PG	QL (2 caps per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	PB	QL (1 inhaler per 1 month)
<i>albuterol sulfate er</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact</i>	PG	
<i>albuterol sulfate inhalation</i>	PG	
<i>albuterol sulfate oral</i>	PG	
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>)	PB	QL (1 kit per 1 fill)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX HFA (<i>mometasone furoate</i>)	PB	QL (1 inhaler per 1 month)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blisters per 1 day)
<i>budesonide inhalation</i>	PG	PA; QL (4 milliliters per 1 day)
<i>cromolyn sodium inhalation</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	PG	QL (2 inhalations per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	PG	QL (1 inhaler per 1 month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>)	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation</i>	PG	
<i>ipratropium-albuterol</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	PG	
<i>metaproterenol sulfate oral syrup</i>	PG	
<i>montelukast sodium oral packet</i>	PG	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet</i>	PG	QL (1 tab per 1 day)
<i>montelukast sodium oral tablet chewable</i>	PG	QL (1 tab per 1 day)
QVAR REDIHALER (<i>beclomethasone diprop hfa</i>)	PB	QL (1 inhaler per 1 month)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>)	PB	QL (1 box per 1 fill)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 cap per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	
SYMBICORT (<i>budesonide-formoterol fumarate</i>)	PB	QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral</i>	PG	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>theophylline</i>)	PG	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	PG	
<i>theophylline</i>	PG	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour</i>	PG	
VENTOLIN HFA (<i>albuterol sulfate</i>)	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub)	PG	QL (2 inhalations per 1 day)
<i>zafirlukast</i>	PG	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	PB	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (75 tablets per 30 days)
ELIQUIS STARTER PACK (<i>apixaban</i>)	PB	QL (1 pack per 365 Days)
<i>enoxaparin sodium</i>	PG	QL (2 syringes per 1 day)
<i>fondaparinux sodium</i>	PG	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>warfarin sodium</i> (Jantoven)	PG	LGC
<i>warfarin sodium oral</i>	PG	LGC
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	PB	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	PB	QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	PB	QL (2 tablets per 1 Day)
XARELTO STARTER PACK (<i>rivaroxaban</i>)	PB	
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>carbamazepine er</i>	PG	
<i>carbamazepine oral</i>	PG	
<i>clobazam oral suspension</i>	PG	
<i>clobazam oral tablet</i>	PG	QL (2 tablets per 1 day)
<i>clonazepam oral</i>	PG	
<i>diazepam rectal</i>	PG	QL (1 pack per 1 fill)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	PG	
<i>divalproex sodium oral tablet delayed release</i>	PG	
<i>carbamazepine</i> (Epitol)	PG	
<i>ethosuximide oral</i>	PG	
<i>felbamate</i>	PG	
<i>gabapentin oral capsule</i>	PG	QL (6 caps per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	
<i>gabapentin oral tablet</i>	PG	QL (6 tabs per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PG	PA; QL (1 tab per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	PG	PA; QL (3 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>lamotrigine oral tablet</i>	PG	
<i>lamotrigine oral tablet chewable</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	PG	QL (6 tabs per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	PG	QL (4 tabs per 1 day)
<i>levetiracetam intravenous</i>	PG	
<i>levetiracetam oral</i>	PG	
<i>oxcarbazepine</i>	PG	
<i>phenytoin (Phenytoin Infatabs)</i>	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable</i>	PG	
<i>phenytoin sodium extended</i>	PG	
<i>pregabalin oral</i>	PG	
<i>primidone oral</i>	PG	
<i>tiagabine hcl oral tablet 12 mg</i>	PG	QL (4 tablets per 1 Day)
<i>tiagabine hcl oral tablet 16 mg</i>	PG	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	PG	QL (1 tablet per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	PG	QL (4 tablets per 1 day)
<i>topiramate oral capsule sprinkle</i>	PG	QL (4 caps per 1 day)
<i>topiramate oral tablet</i>	PG	
<i>valproic acid oral capsule</i>	PG	
<i>valproic acid oral solution</i>	PG	
<i>zonisamide oral</i>	PG	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	LGC
<i>amitriptyline hcl oral tablet 150 mg</i>	PG	
<i>amoxapine</i>	PG	
<i>bupropion hcl er (sr)</i>	PG	QL (2 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	QL (1 tab per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	PG	QL (1 tablet per 1 Day)
<i>bupropion hcl oral</i>	PG	QL (6 tabs per 1 day)
<i>citalopram hydrobromide oral solution</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	PG	LGC; QL (1 tabs per 1 day)
<i>clomipramine hcl oral</i>	PG	
<i>desipramine hcl oral</i>	PG	
<i>doxepin hcl oral</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	PG	QL (2 tabs per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	PG	QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	PG	QL (1 tabs per 1 day)
<i>escitalopram oxalate oral solution</i>	PG	
<i>escitalopram oxalate oral tablet</i>	PG	QL (1 tab per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	PG	LGC; QL (1 cap per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	PG	LGC; QL (4 caps per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PG	LGC; QL (2 caps per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	PG	QL (4 caps per 1 month)
<i>fluoxetine hcl oral solution</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	PG	QL (4 tabs per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	PG	QL (1 tablet per 1 Day)
<i>fluvoxamine maleate oral tablet 100 mg</i>	PG	QL (3 tabs per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	PG	QL (1 tab per 1 day)
<i>imipramine hcl oral</i>	PG	
<i>imipramine pamoate</i>	PG	
<i>maprotiline hcl oral tablet 25 mg</i>	PG	QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	PG	QL (2 tablets per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	PG	QL (3 tablets per 1 day)
<i>mirtazapine oral tablet</i>	PG	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible</i>	PG	QL (1 tab per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	PG	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution</i>	PG	
<i>paroxetine hcl er</i>	PG	QL (2 tabs per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	PG	LGC; QL (2 tabs per 1 day)
<i>phenelzine sulfate oral</i>	PG	
<i>protriptyline hcl</i>	PG	
<i>sertraline hcl oral concentrate</i>	PG	
<i>sertraline hcl oral tablet 100 mg</i>	PG	LGC; QL (2 tabs per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	PG	LGC; QL (1.5 tag per 1 day)
<i>tranylcypromine sulfate</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	LGC
<i>trazodone hcl oral tablet 300 mg</i>	PG	
<i>trimipramine maleate oral</i>	PG	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	PG	QL (2 cap per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	PG	QL (1 cap per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	PG	QL (2 tab per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	PG	QL (1 tab per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	PG	QL (3 tabs per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	PG	QL (4 tabs per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	PG	QL (6 tabs per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	PG	QL (5 tabs per 1 day)
ANTIDIABETICS - HORMONES		
<i>acarbose oral</i>	PG	
<i>cvs glucose oral gel</i>	PG	
<i>cvs glucose shot oral liquid 15 gm/59ml</i>	PG	
<i>glimepiride</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	PG	
<i>glipizide oral</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg</i>	PG	LGC

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<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	PG	
<i>glipizide-metformin hcl</i>	PG	
GLUCO BURST ORAL GEL (<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</i>	PG	
<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
<i>glyburide-metformin</i>	PG	
HUMALOG (<i>insulin lispro</i>)	PB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	PB	
HUMULIN 70/30 (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN N (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN R (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	PB	
<i>insulin lispro subcutaneous solution</i>	PG	
INVOKANA (<i>canagliflozin</i>)	PB	QL (1 tab per 1 day)

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JANUMET (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (1 tab per 1 day)
JANUVIA (<i>sitagliptin phosphate</i>)	PB	QL (1 tab per 1 day)
JARDIANCE (<i>empagliflozin</i>)	PB	QL (1 tablet per 1 day)
JENTADUETO (<i>linagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 Day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (1 tablet per 1 Day)
LEVEMIR (<i>insulin detemir</i>)	PB	
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>)	PB	
<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 tablet</i>	PG	LGC
<i>nateglinide</i>	PG	
<i>pioglitazone hcl</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-glimepiride</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-metformin hcl</i>	PG	QL (2 tabs per 1 day)
<i>ra glucose oral gel</i>	PG	
RELION GLUCOSE DRINK (<i>dextrose (diabetic use)</i>)	PG	
RELION GLUCOSE ORAL GEL (<i>dextrose (diabetic use)</i>)	PG	
<i>repaglinide</i>	PG	
<i>repaglinide-metformin hcl</i>	PG	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	PB	PA; #; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	PB	PA; #
<i>tolbutamide</i>	PG	
TRADJENTA (<i>linagliptin</i>)	PB	QL (1 tab per 1 day)
TRESIBA (<i>insulin degludec</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH (<i>insulin degludec</i>)	PB	
TRULICITY (<i>dulaglutide</i>)	PB	PA; QL (4 injections per 30 days)
<i>value plus glucose oral gel</i>	PG	
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine</i>	PG	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
VISTOGARD (<i>uridine triacetate</i>)	PBS	SP Pharmacy; QL (20 packs per 1 prescription)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
<i>naltrexone hcl oral</i>	PG	UF11
NARCAN (<i>naloxone hcl</i>)	PB	#; UF11; QL (4 sprays per 30 days and a 30 day supply per fills)
VISTOGARD (<i>uridine triacetate</i>)	PBS	SP Pharmacy; QL (20 packs per 1 prescription)
ANTIEMETICS - DRUGS FOR THE STOMACH		
<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 (<i>doxylamine-pyridoxine</i>)	PB	PA; QL (2 tablets per 1 Day)
<i>doxylamine-pyridoxine</i>	PG	PA; QL (4 tablets per 1 day)
<i>dronabinol</i>	PG	PA; QL (2 caps per 1 day)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	PB	#
<i>granisetron hcl oral</i>	PG	
<i>ondansetron</i>	PG	
<i>ondansetron hcl oral tablet</i>	PG	
<i>trimethobenzamide hcl oral</i>	PG	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
<i>fluconazole oral</i>	PG	
<i>flucytosine oral</i>	PG	
<i>griseofulvin microsize oral</i>	PG	
<i>griseofulvin ultramicrosize</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>itraconazole oral capsule</i>	PG	QL (1 cap per 1 day)
<i>itraconazole oral solution</i>	PG	
<i>nystatin oral tablet</i>	PG	
<i>terbinafine hcl oral</i>	PG	
<i>voriconazole oral tablet</i>	PG	
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
<i>carbinoxamine maleate oral solution</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>cyproheptadine hcl oral</i>	PG	
<i>desloratadine oral tablet</i>	PG	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	PG	
<i>promethazine hcl (Phenadoz)</i>	PG	
<i>promethazine hcl oral</i>	PG	
<i>promethazine hcl rectal</i>	PG	
<i>promethazine hcl (Promethegan)</i>	PG	
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	QL (1 tab per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	QL (1 tab per 1 day)
<i>cholestyramine light</i>	PG	
<i>cholestyramine oral</i>	PG	
<i>colesevelam hcl</i>	PG	
<i>colestipol hcl</i>	PG	
<i>ezetimibe</i>	PG	QL (1 tablet per 1 Day)
<i>ezetimibe-simvastatin</i>	PG	QL (1 tablet per 1 Day)
<i>fenofibrate micronized</i>	PG	QL (1 cap per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	PG	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	PG	QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	QL (1 tab per 1 day)
<i>fluvastatin sodium</i>	PG	QL (2 caps per 1 day)
<i>fluvastatin sodium er</i>	PG	QL (1 tablet per 1 day)
<i>gemfibrozil oral</i>	PG	LGC
<i>lovastatin</i>	PG	LGC; QL (2 tabs per 1 day)
<i>omega-3-acid ethyl esters</i>	PG	QL (4 tabs per 1 day)

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<i>pravastatin sodium</i>	PG	QL (1 tab per 1 day)
<i>cholestyramine light (Prevalite)</i>	PG	
<i>rosuvastatin calcium</i>	PG	QL (1 tablet per 1 Day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; QL (1 tab per 1 day); AL
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	PB	QL (4 caps per 1 day)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
<i>aliskiren fumarate</i>	PG	QL (1 tablet per 1 day)
<i>amlodipine besy-benazepril hcl</i>	PG	
<i>amlodipine besylate-valsartan</i>	PG	QL (1 tablet per 1 day)
<i>atenolol-chlorthalidone</i>	PG	
<i>benazepril hcl oral</i>	PG	LGC
<i>benazepril-hydrochlorothiazide</i>	PG	
<i>bisoprolol-hydrochlorothiazide</i>	PG	LGC
<i>candesartan cilexetil</i>	PG	QL (1 tab per 1 day)
<i>candesartan cilexetil-hctz</i>	PG	QL (1 tab per 1 day)
<i>captopril oral</i>	PG	
<i>captopril-hydrochlorothiazide</i>	PG	
<i>clonidine hcl oral</i>	PG	LGC
<i>doxazosin mesylate oral</i>	PG	
EDARBI (<i>azilsartan medoxomil</i>)	PB	QL (1 tab per 1 day)
EDARBYCLOR (<i>azilsartan-chlorthalidone</i>)	PB	QL (1 tab per 1 day)
<i>enalapril maleate oral</i>	PG	LGC
<i>enalapril-hydrochlorothiazide</i>	PG	LGC
<i>eplerenone</i>	PG	
<i>eprosartan mesylate</i>	PG	QL (1 tab per 1 day)
<i>fosinopril sodium</i>	PG	
<i>fosinopril sodium-hctz</i>	PG	
<i>guanfacine hcl oral</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>irbesartan</i>	PG	QL (1 tab per 1 day)
<i>irbesartan-hydrochlorothiazide</i>	PG	QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>lisinopril-hydrochlorothiazide</i>	PG	LGC
<i>losartan potassium oral tablet 100 mg</i>	PG	LGC
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>losartan potassium-hctz</i>	PG	LGC
<i>methyldopa oral</i>	PG	
<i>methyldopa-hydrochlorothiazide</i>	PG	
<i>metoprolol-hydrochlorothiazide</i>	PG	
<i>minoxidil oral</i>	PG	
<i>moexipril hcl</i>	PG	
<i>olmesartan medoxomil oral</i>	PG	QL (1 tablet per 1 Day)
<i>olmesartan medoxomil-hctz</i>	PG	QL (1 tablet per 1 Day)
<i>perindopril erbumine</i>	PG	
<i>phenoxybenzamine hcl oral</i>	PG	QL (12 capsules per 1 day)
<i>prazosin hcl oral</i>	PG	
<i>propranolol-hctz</i>	PG	
<i>quinapril hcl</i>	PG	
<i>quinapril-hydrochlorothiazide</i>	PG	
<i>ramipril</i>	PG	
<i>telmisartan</i>	PG	QL (1 tab per 1 day)
<i>telmisartan-amlodipine</i>	PG	QL (1 tab per 1 day)
<i>telmisartan-hctz</i>	PG	QL (1 tab per 1 day)
<i>terazosin hcl oral</i>	PG	LGC
<i>trandolapril</i>	PG	
<i>trandolapril-verapamil hcl er</i>	PG	
<i>valsartan</i>	PG	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide</i>	PG	QL (1 tab per 1 day)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
<i>atovaquone oral</i>	PG	
<i>clindamycin hcl oral</i>	PG	
<i>clindamycin palmitate hcl</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dapsone oral</i>	PG	
<i>linezolid oral suspension reconstituted</i>	PG	
<i>linezolid oral tablet</i>	PG	QL (28 tablets per 1 fill)
<i>metronidazole oral</i>	PG	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric)</i>	PG	LGC
<i>tinidazole oral</i>	PG	
<i>trimethoprim oral</i>	PG	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA; QL (3 tablets per 1 day)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
<i>atovaquone-proguanil hcl</i>	PG	
<i>chloroquine phosphate oral</i>	PG	
<i>hydroxychloroquine sulfate oral</i>	PG	
<i>mefloquine hcl</i>	PG	
<i>primaquine phosphate oral</i>	PG	
<i>quinine sulfate oral</i>	PG	
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>guanidine hcl oral</i>	PG	
<i>pyridostigmine bromide er</i>	PG	
<i>pyridostigmine bromide oral solution</i>	PG	
<i>pyridostigmine bromide oral tablet</i>	PG	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>guanidine hcl oral</i>	PG	
<i>pyridostigmine bromide er</i>	PG	
<i>pyridostigmine bromide oral solution</i>	PG	
<i>pyridostigmine bromide oral tablet</i>	PG	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral</i>	PG	
<i>ethambutol hcl oral</i>	PG	
<i>isoniazid oral</i>	PG	
<i>pyrazinamide oral</i>	PG	

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<i>rifabutin</i>	PG	
<i>rifampin oral</i>	PG	
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	N2 (Not Covered); QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	N2 (Not Covered); QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	N2 (Not Covered); QL (1 tablet per 1 day)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate</i>	CE	PA; SP Pharmacy; N2 (PG); QL (4 tablets per 1 day)
<i>anastrozole oral</i>	CE	N2 (PG)
<i>bexarotene</i>	CE	PA; SP Pharmacy; N2 (PG)
<i>bicalutamide</i>	CE	N2 (PG); QL (1 tab per 1 day)
CABOMETYX (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tablet per 1 day)
<i>capecitabine</i>	CE	PA; SP Pharmacy; N2 (PG)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 tabs per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tab per 1 day)
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (3 capsules per 1 day)
<i>cyclophosphamide oral capsule</i>	CE	N2 (PG)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PBS	PA; SP Pharmacy

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EMCYT (<i>estramustine phosphate sodium</i>)	CE	N2 (PB)
ERIVEDGE (<i>vismodegib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 cap per 1 day)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (PG); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (PG); QL (2 tablets per 1 day)
<i>etoposide oral</i>	CE	N2 (PG)
<i>exemestane</i>	CE	N2 (PG)
<i>flutamide</i>	CE	N2 (PG)
GILOTRIF (<i>afatinib dimaleate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tab per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (PB)
HYCAMTIN ORAL (<i>topotecan hcl</i>)	CE	PA; SP Pharmacy; N2 (PBS)
<i>hydroxyurea oral</i>	CE	N2 (PG)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	SP Pharmacy; N2 (PG); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	SP Pharmacy; N2 (PG); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 capsule per 1 Day)
IMBRUVICA ORAL TABLET 140 MG (<i>ibrutinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tablet per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tablet per 1 Day)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 tabs per 1 day)
INTRON A (<i>interferon alfa-2b</i>)	PBS	PA; SP Pharmacy

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JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (PBS)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 tabs per 1 day)
<i>letrozole oral</i>	CE	N2 (PG)
<i>leucovorin calcium oral</i>	CE	N2 (PG)
LEUKERAN (<i>chlorambucil</i>)	CE	N2 (PB)
<i>leuprolide acetate injection</i>	PG	SP Pharmacy
LUPRON DEPOT (1-MONTH) (<i>leuprolide acetate</i>)	PBS	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) (<i>leuprolide acetate (3 month)</i>)	PBS	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) (<i>leuprolide acetate (4 month)</i>)	PBS	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) (<i>leuprolide acetate (6 month)</i>)	PBS	PA; #; SP Pharmacy
LYSODREN (<i>mitotane</i>)	CE	N2 (PB)
MATULANE (<i>procarbazine hcl</i>)	CE	N2 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (PG)
<i>megestrol acetate oral tablet</i>	CE	N2 (PG)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (3 tabs per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tab per 1 day)
<i>melphalan</i>	CE	N2 (PG)
<i>mercaptopurine oral</i>	CE	N2 (PG)
<i>methotrexate oral</i>	CE	N2 (PG)
<i>methotrexate sodium oral</i>	CE	N2 (PG)
<i>nilutamide</i>	CE	N2 (PG)
POMALYST (<i>pomalidomide</i>)	CE	PA; #; SP Pharmacy; N2 (PBS); QL (21 capsules per 1 month)
SOLTAMOX (<i>tamoxifen citrate</i>)	CE	#; N2 (PB)
SPRYCEL ORAL TABLET 100 MG, 140 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tab per 1 day)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (3 tablets per 1 day)

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SPRYCEL ORAL TABLET 50 MG, 70 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 tabs per 1 day)
SPRYCEL ORAL TABLET 80 MG (<i>dasatinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 tablet per 1 day)
STIVARGA (<i>regorafenib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (84 tablets per 1 month)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (1 cap per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	PBS	PA; SP Pharmacy; QL (4 injections per 1 month)
TABLOID (<i>thioguanine</i>)	CE	N2 (PB)
TAFINLAR (<i>dabrafenib mesylate</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 caps per 1 day)
<i>tamoxifen citrate oral</i>	CE	AL
TARGRETIN ORAL (<i>bexarotene</i>)	CE	SP Pharmacy; N2 (Not Covered)
<i>temozolomide</i>	CE	PA; SP Pharmacy; N2 (PG)
<i>toremifene citrate</i>	CE	N2 (PG)
<i>tretinoin oral</i>	CE	SP Pharmacy; N2 (PG)
TREXALL (<i>methotrexate sodium</i>)	CE	N2 (PB)
TYKERB (<i>lapatinib ditosylate</i>)	CE	PA; #; SP Pharmacy; N2 (PBS); QL (6 tablets per 1 day)
XALKORI (<i>crizotinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 caps per 1 day)
XTANDI (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 caps per 1 day)
ZELBORAF (<i>vemurafenib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (8 tabs per 1 day)

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ZYKADIA ORAL TABLET (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; SP Pharmacy; N2 (PBS); QL (2 tablets per 1 Day)
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR EATING DISORDERS		
CONTRAVE (<i>naltrexone-bupropion hcl</i>)	PB	QL (4 tablets per 1 day)
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral</i>	PG	
<i>benztropine mesylate oral</i>	PG	LGC
<i>bromocriptine mesylate oral</i>	PG	
<i>carbidopa oral</i>	PG	
<i>carbidopa-levodopa</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa-entacapone</i>	PG	
<i>entacapone</i>	PG	
<i>pramipexole dihydrochloride</i>	PG	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	PG	QL (1 tablet per 1 Day)
<i>rasagiline mesylate oral</i>	PG	QL (1 tablet per 1 day)
<i>ropinirole hcl</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	PG	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>	PG	QL (1 tab per 1 day)
<i>selegiline hcl oral</i>	PG	
<i>tolcapone</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	PG	LGC
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	PG	

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ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>aripiprazole</i>)	PB	
<i>aripiprazole oral solution</i>	PG	QL (30 ml per 1 day)
<i>aripiprazole oral tablet</i>	PG	QL (1 tablet per 1 day)
ARISTADA (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INITIO (<i>aripiprazole lauroxil</i>)	PB	
<i>chlorpromazine hcl injection</i>	PG	
<i>chlorpromazine hcl oral</i>	PG	
<i>clozapine oral tablet 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	PG	QL (1 tab per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	PG	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	PG	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	PG	QL (3 tabs per 1 day)
<i>prochlorperazine (Compro)</i>	PG	
<i>fluphenazine decanoate injection</i>	PG	
<i>fluphenazine hcl injection</i>	PG	
<i>fluphenazine hcl oral</i>	PG	
HALDOL (<i>haloperidol lactate</i>)	PB	
HALDOL DECANOATE (<i>haloperidol decanoate</i>)	PB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate injection solution 5 mg/ml</i>	PG	
<i>haloperidol oral</i>	PG	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	PB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG (<i>lurasidone hcl</i>)	PB	#: QL (1 tab per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 60 MG (<i>lurasidone hcl</i>)	PB	#
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	PB	#: QL (2 tablets per 1 day)
<i>lithium</i>	PG	
<i>lithium carbonate er</i>	PG	
<i>lithium carbonate oral</i>	PG	
<i>loxapine succinate oral</i>	PG	
<i>olanzapine intramuscular</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	QL (1 tab per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	PG	QL (2 tabs per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	PG	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	PG	QL (1 tablets per 1 day)
<i>perphenazine oral</i>	PG	
<i>prochlorperazine</i>	PG	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	PG	
<i>prochlorperazine maleate oral</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	PG	QL (1 tablet per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	PG	QL (2 tablets per 1 Day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	PG	QL (6 tabs per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral solution</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	PG	QL (4 tabs per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	PG	QL (4 tabs per 1 day)

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<i>thioridazine hcl oral</i>	PG	
<i>thiothixene oral</i>	PG	
<i>trifluoperazine hcl oral</i>	PG	
<i>ziprasidone hcl</i>	PG	QL (2 caps per 1 day)
ZYPREXA INTRAMUSCULAR (<i>olanzapine</i>)	PB	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution</i>	PG	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet</i>	PG	QL (2 tablets per 1 day)
<i>abacavir sulfate-lamivudine</i>	PG	
<i>abacavir-lamivudine-zidovudine</i>	PG	QL (2 tablets per 1 day)
<i>acyclovir oral capsule</i>	PG	LGC
<i>acyclovir oral suspension</i>	PG	
<i>acyclovir oral tablet 400 mg</i>	PG	LGC
<i>acyclovir oral tablet 800 mg</i>	PG	
<i>acyclovir sodium intravenous solution</i>	PG	
<i>adefovir dipivoxil</i>	PG	SP Pharmacy; QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	PB	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	PB	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (1 capsule per 1 Day)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (2 capsules per 1 Day)
ATRIPLA (<i>efavirenz-emtricitab-tenofovir</i>)	PB	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	PB	SP Pharmacy
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (1 tablet per 1 day)
COMBIVIR (<i>lamivudine-zidovudine</i>)	PB	QL (2 tablets per 1 day)
COMPLERA (<i>emtricitab-rilpivir-tenofovir</i>)	PB	QL (1 tab 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)
DESCOVY (<i>emtricitabine-tenofovir af</i>)	PB	QL (1 tablet per 1 Day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	QL (1 capsule per 1 day)
EDURANT (<i>rilpivirine hcl</i>)	PB	QL (1 tab per 1 day)
<i>efavirenz oral capsule</i>	PG	QL (3 capsules per 1 day)
<i>efavirenz oral tablet</i>	PG	QL (1 tablet per 1 day)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	PB	QL (1 cap per 1 day)

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EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	PB	QL (4 bottles per 30 days)
<i>entecavir</i>	PG	SP Pharmacy; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	PB	#
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	PB	QL (4 bottles per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	PB	QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	PB	QL (1 tablet per 1 day)
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	PB	QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 500 mg</i>	PG	QL (21 tabs per 1 fill)
<i>famciclovir oral tablet 250 mg</i>	PG	QL (2 tablets per 1 day)
<i>ganciclovir sodium intravenous solution reconstituted</i>	PG	SP Pharmacy
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 TABLET (<i>saquinavir mesylate</i>)	PB	QL (4 tablets per 1 day)
ISENTRESS HD (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 Day)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	PB	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	PB	QL (2 tabs per 1 day)
ISENTRESS ORAL TABLET CHEWABLE (<i>raltegravir potassium</i>)	PB	QL (6 tablets per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	PB	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	PB	#; QL (4 tablets per 1 day)
<i>lamivudine oral solution</i>	PG	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>lamivudine oral tablet 150 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine</i>	PG	QL (2 tablets per 1 day)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	PB	#; QL (8 bottles per 30 days)
<i>lopinavir-ritonavir</i>	PG	QL (3 bottles per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (1 tab per 1 day)
<i>nevirapine oral suspension</i>	PG	QL (5 bottles per 30 days)
<i>nevirapine oral tablet</i>	PG	QL (2 tablets per 1 day)
NORVIR ORAL PACKET (<i>ritonavir</i>)	PB	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	PB	#; QL (2 bottles per 30 days)

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NORVIR ORAL TABLET (<i>ritonavir</i>)	PB	QL (12 tablets per 1 day)
<i>oseltamivir phosphate oral capsule</i>	PG	QL (20 tablets per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	PG	QL (180 ML per 1 fill)
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	PB	QL (2 bottles per 1 fill)
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)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	PB	QL (1 cap per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	PB	QL (2 caps per 1 day)
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	PB	#; QL (6 packets per 1 day)
<i>ribavirin oral capsule</i>	PG	SP Pharmacy
<i>ribavirin oral tablet 200 mg</i>	PG	SP Pharmacy
<i>rimantadine hcl</i>	PG	
<i>ritonavir</i>	PG	QL (12 tablets per 1 day)
SELZENTRY ORAL SOLUTION (<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)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
<i>stavudine oral capsule</i>	PG	QL (2 capsules per 1 day)
STRIBILD (<i>elviteg-cobic-emtricit-tenofdf</i>)	PB	PA; QL (1 tab per 1 day)
SUSTIVA ORAL CAPSULE (<i>efavirenz</i>)	PB	QL (3 capsules per 1 day)
SUSTIVA ORAL TABLET (<i>efavirenz</i>)	PB	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate</i>	PG	QL (1 tablet per 1 Day)
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 Day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tabs per 1 day)
TRIZIVIR (<i>abacavir-lamivudine-zidovudine</i>)	PB	QL (2 tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	PB	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PB	#; QL (1 tablet per 1 day)

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<i>valacyclovir hcl oral</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	PBS	PA; SP Pharmacy; QL (1000 mls per 30 days)
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	PBS	SP Pharmacy; QL (102 tablets per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	PG	PA; SP Pharmacy; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet</i>	PG	PA; SP Pharmacy; QL (102 tablets per 30 days)
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 (<i>nevirapine</i>)	PB	QL (5 bottles per 30 days)
VIRAMUNE ORAL TABLET (<i>nevirapine</i>)	PB	QL (2 tablets per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	PB	QL (1 tab per 1 day)
VIREAD ORAL POWDER (<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>)	PB	QL (1 tab per 1 day)
ZIAGEN ORAL TABLET (<i>abacavir sulfate</i>)	PB	QL (2 tablets per 1 day)
<i>zidovudine oral capsule</i>	PG	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	PG	QL (8 bottles per 30 days)
<i>zidovudine oral tablet</i>	PG	QL (2 tablets per 1 day)
ASSORTED CLASSES - VITAMINS AND MINERALS		
<i>azathioprine oral</i>	PG	
<i>cyclosporine modified</i>	PG	
<i>cyclosporine oral capsule</i>	PG	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	PG	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	PG	
<i>mycophenolate mofetil</i>	PG	SP Pharmacy
<i>sirolimus oral tablet</i>	PG	SP Pharmacy
<i>sodium polystyrene sulfonate oral suspension</i>	PG	
<i>sodium polystyrene sulfonate rectal</i>	PG	

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<i>sodium polystyrene sulfonate (Sps)</i>	PG	
<i>tacrolimus oral</i>	PG	SP Pharmacy
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral</i>	PG	
<i>atenolol oral</i>	PG	LGC
<i>betaxolol hcl oral</i>	PG	
<i>bisoprolol fumarate</i>	PG	
<i>carvedilol</i>	PG	LGC
<i>labetalol hcl oral</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	PG	QL (1.5 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	PG	QL (2 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	PG	QL (1 tab per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol</i>	PG	
<i>propranolol hcl er</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	
<i>sotalol hcl (Sorine Oral Tablet 120 Mg, 80 Mg)</i>	PG	LGC
<i>sotalol hcl (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	
<i>timolol maleate oral</i>	PG	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)</i>	PG	QL (1 tab per 1 day)
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tabs per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine besylate oral</i>	PG	LGC
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)</i>	PG	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	PG	QL (1 tab per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	PG	QL (2 tab 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</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	PG	
<i>diltiazem hcl oral</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsules per 1 day)
<i>felodipine er</i>	PG	QL (1 tab per 1 day)
<i>isradipine</i>	PG	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	PG	QL (1 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	PG	QL (2 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	PG	
<i>nicardipine hcl oral</i>	PG	
<i>nifedipine (Nifedical Xl Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tabs per 1 day)

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<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine oral</i>	PG	
<i>nimodipine oral</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	QL (1 tab per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	PG	QL (2 tabs per 1 day)
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)</i>	PG	QL (2 caps per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	PG	QL (1 cap per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	PG	QL (2 caps per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral</i>	PG	LGC
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin (Digitek)</i>	PG	
<i>digoxin (Digox)</i>	PG	
<i>digoxin oral tablet</i>	PG	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
<i>tadalafil (pah) (Alyq)</i>	PG	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan</i>	PG	PA; NPL; SP Pharmacy
<i>amlodipine-atorvastatin</i>	PG	QL (1 tablet per 1 day)
<i>epoprostenol sodium</i>	PG	PA; NPL; SP Pharmacy
LETAIRIS (<i>ambrisentan</i>)	PBS	PA; NPL; SP Pharmacy

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OPSUMIT (<i>macitentan</i>)	PBS	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; NPL; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah)</i>	PG	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	PG	PA; QL (6 tablets per 1 month)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA; QL (1 tablet per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
<i>cefaclor</i>	PG	
<i>cefaclor er</i>	PG	
<i>cefadroxil</i>	PG	
<i>cefдинир</i>	PG	
<i>cefditoren pivoxil</i>	PG	
<i>cefixime oral suspension reconstituted</i>	PG	
<i>cefprozime proxetil</i>	PG	
<i>cefprozil</i>	PG	
<i>cefuroxime axetil oral tablet</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	LGC
<i>cephalexin oral capsule 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted</i>	PG	
<i>cephalexin oral tablet</i>	PG	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE (<i>plecanatide</i>)	PB	QL (1 tablet per 1 day)
CONTRACEPTIVES - DRUGS FOR WOMEN		
<i>levonorgestrel-ethinyl estrad (Afirmelle)</i>	CE	N2 (PG)
AFTERA (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad (Altavera)</i>	CE	
<i>alyacen 1/35</i>	CE	
<i>alyacen 7/7/7</i>	CE	
<i>levonorgest-eth estrad 91-day (Amethia)</i>	CE	
<i>levonorgest-eth estrad 91-day (Amethia Lo)</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANNOVERA (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NC); QL (1 ring per 365 days)
<i>desogestrel-ethinyl estradiol</i> (Apri)	CE	
<i>norethin-eth estrad triphasic</i> (Aranelle)	CE	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aviane)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette)	CE	
<i>norethindrone-eth estradiol</i> (Balziva)	CE	
<i>desogestrel-ethinyl estradiol</i> (Bekyree)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30)	CE	
<i>briellyn</i>	CE	
<i>norethindrone</i> (Camila)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo)	CE	
<i>desogestrel-ethinyl estradiol</i> (Caziant)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cesia)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq)	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28)	CE	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35)	CE	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred)	CE	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35)	CE	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7)	CE	
<i>levonorgest-eth estrad 91-day</i> (Daysee)	CE	
<i>norethindrone</i> (Deblitane)	CE	

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<i>levonorgestrel-ethinyl estrad (Delyla)</i>	CE	
<i>desogestrel-ethinyl estradiol</i>	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	PG	
<i>drospirenone-ethinyl estradiol</i>	CE	
ECONTRA EZ (<i>levonorgestrel</i>)	CE	
<i>norgestrel-ethinyl estradiol (Elinest)</i>	CE	
ELLA (<i>ulipristal acetate</i>)	CE	#
<i>desogestrel-ethinyl estradiol (Emoquette)</i>	CE	
<i>levonorg-eth estrad triphasic (Enpresse-28)</i>	CE	
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>norethindrone (Errin)</i>	CE	
<i>norgestimate-eth estradiol (Estarylla)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Falmina)</i>	CE	
<i>levonorgest-eth estrad 91-day (Fayosim)</i>	CE	
<i>drospirenone-ethinyl estradiol (Gianvi)</i>	CE	
<i>norethin ace-eth estrad-fe (Hailey 24 Fe)</i>	CE	
<i>norethindrone (Heather)</i>	CE	
<i>levonorgest-eth estrad 91-day (Introvale)</i>	CE	
<i>desogestrel-ethinyl estradiol (Isibloom)</i>	CE	
<i>drospirenone-ethinyl estradiol (Jasmiel)</i>	CE	N2 (PG)
<i>norethindrone (Jencycla)</i>	CE	
<i>levonorgest-eth estrad 91-day (Jolessa)</i>	CE	
<i>desogestrel-ethinyl estradiol (Juleber)</i>	CE	
<i>norethindrone acet-ethinyl est (Junel 1.5/30)</i>	CE	
<i>norethindrone acet-ethinyl est (Junel 1/20)</i>	CE	
<i>norethin ace-eth estrad-fe (Junel Fe 1.5/30)</i>	CE	
<i>norethin ace-eth estrad-fe (Junel Fe 1/20)</i>	CE	
<i>norethin ace-eth estrad-fe (Junel Fe 24)</i>	CE	
<i>norethin-eth estradiol-fe (Kaitlib Fe)</i>	CE	
<i>desogestrel-ethinyl estradiol (Kariva)</i>	CE	
<i>ethynodiol diac-eth estradiol (Kelnor 1/35)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Kurvelo)</i>	CE	
KYLEENA (<i>levonorgestrel</i>)	CE	

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<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20)	CE	
<i>norethin-eth estradiol-fe</i> (Layolis Fe)	CE	
<i>norethin-eth estrad triphasic</i> (Leena)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest)	CE	
<i>levonorgest-eth estrad 91-day</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28))	CE	
<i>drospirenone-ethinyl estradiol</i> (Loryna)	CE	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel)	CE	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera)	CE	
<i>norethindrone</i> (Lyza)	CE	
<i>marlissa</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension</i>	CE	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20)	CE	
MIRENA (52 MG) (<i>levonorgestrel</i>)	CE	#
<i>norgestimate-eth estradiol</i> (Mono-Linyah)	CE	
<i>norgestimate-eth estradiol</i> (Mononessa)	CE	
MY WAY (<i>levonorgestrel</i>)	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28))	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28))	CE	
NEXPLANON (<i>etonogestrel</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki)	CE	
<i>norethindrone</i> (Nora-Be)	CE	

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<i>norethin ace-eth estrad-fe</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	
<i>norethindrone oral</i>	CE	
<i>norethin-eth estradiol-fe</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic</i>	CE	
<i>norethindrone (Norlyroc)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28))</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 1/35 (21))</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 1/35 (28))</i>	CE	
<i>norethin-eth estrad triphasic (Nortrel 7/7/7)</i>	CE	
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	CE	#
<i>drospirenone-ethinyl estradiol (Ocella)</i>	CE	
OGESTREL (<i>norgestrel-ethinyl estradiol</i>)	CE	
OPCICON ONE-STEP (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad (Orsythia)</i>	CE	
<i>norethindrone-eth estradiol (Philith)</i>	CE	
<i>desogestrel-ethinyl estradiol (Pimtrea)</i>	CE	
<i>norethindrone-eth estradiol (Pirmella 1/35)</i>	CE	
<i>norethin-eth estrad triphasic (Pirmella 7/7/7)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Portia-28)</i>	CE	
<i>norgestimate-eth estradiol (Previfem)</i>	CE	
<i>desogestrel-ethinyl estradiol (Reclipsen)</i>	CE	
<i>levonorgest-eth estrad 91-day (Rivelsa)</i>	CE	
<i>levonorgest-eth estrad 91-day (Setlakin)</i>	CE	
<i>norethindrone (Sharobel)</i>	CE	
<i>desogestrel-ethinyl estradiol (Simliya)</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Simpesse)</i>	CE	N2 (PG)
SKYLA (<i>levonorgestrel</i>)	CE	
SLYND (<i>drospirenone</i>)	CE	N2 (NC)
<i>desogestrel-ethinyl estradiol (Solia)</i>	CE	
<i>norgestimate-eth estradiol (Sprintec 28)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Sronyx)</i>	CE	
<i>drospirenone-ethinyl estradiol (Syeda)</i>	CE	

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TAKE ACTION (<i>levonorgestrel</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28))	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28))	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo)	CE	
<i>norethindrone</i> (Tulana)	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy)	CE	
<i>desogestrel-ethinyl estradiol</i> (Velivet)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Vienva)	CE	
<i>viorele</i>	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla)	CE	
<i>norethindrone-eth estradiol</i> (Wera)	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe)	CE	
XULANE (<i>norelgestromin-eth estradiol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Zarah)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28))	CE	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine)	CE	N2 (PG)
CORTICOSTEROIDS - HORMONES		
<i>cortisone acetate oral</i>	PG	
<i>dexamethasone oral elixir</i>	PG	
<i>dexamethasone oral solution</i>	PG	
<i>dexamethasone oral tablet</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fludrocortisone acetate oral</i>	PG	
<i>hydrocortisone oral</i>	PG	
<i>methylprednisolone oral tablet</i>	PG	
<i>prednisolone oral solution</i>	PG	
<i>prednisolone oral syrup 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	PG	
<i>prednisone oral solution</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	
<i>prednisone oral tablet therapy pack</i>	PG	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation</i>	PG	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>pseudoeph-bromphen-dm (Bromfed Dm)</i>	PG	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	PG	QL (120 MLS per 1 fill)
<i>hydrocodone-homatropine</i>	PG	
<i>hydromet</i>	PG	
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	PG	
<i>promethazine-codeine oral syrup</i>	PG	
<i>promethazine-dm oral syrup</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	
<i>sodium chloride (Pulmosal)</i>	PG	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>	PG	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
<i>IBRANCE (palbociclib)</i>	CE	PA; SP Pharmacy; N2 (PBS); QL (21 capsules per 28 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 25 mg</i>	PG	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	PG	QL (2 capsules per 1 day)
<i>acyclovir external</i>	PG	

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<i>adapalene external cream</i>	PG	PA; AL
<i>adapalene external gel 0.3 %</i>	PG	PA; AL
<i>adapalene-benzoyl peroxide</i>	PG	PA; AL
<i>ala-cort external cream 1 %</i>	PG	
<i>alclometasone dipropionate</i>	PG	
<i>amcinonide</i>	PG	
<i>isotretinoin (Amnesteem)</i>	PG	PA; QL (2 capsules per 1 day)
<i>tretinoin (Avita)</i>	PG	PA; AL
<i>azelaic acid external</i>	PG	
BENZI Q WASH (<i>benzoyl peroxide</i>)	PG	
<i>benzoyl peroxide wash external liquid 10 %</i>	PG	
<i>benzoyl peroxide-erythromycin</i>	PG	
<i>betamethasone dipropionate aug external cream</i>	PG	
<i>betamethasone dipropionate aug external gel</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	PG	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate external lotion</i>	PG	
<i>betamethasone dipropionate external ointment</i>	PG	QL (120 grams per 1 month)
<i>betamethasone valerate external cream</i>	PG	
<i>betamethasone valerate external foam</i>	PG	
<i>betamethasone valerate external lotion</i>	PG	
<i>betamethasone valerate external ointment</i>	PG	QL (120 grams per 1 month)
<i>bp wash external liquid 2.5 %</i>	PG	
<i>calcipotriene external cream</i>	PG	QL (120 grams per 1 month)
<i>calcipotriene external ointment</i>	PG	
<i>calcipotriene external solution</i>	PG	
<i>calcipotriene (Calcitrene)</i>	PG	
<i>ciclopirox external gel</i>	PG	
<i>ciclopirox external shampoo</i>	PG	
<i>ciclopirox olamine external</i>	PG	
<i>isotretinoin (Claravis Oral Capsule 10 Mg)</i>	PG	PA; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	PG	
<i>clindamycin phosphate</i> (Clindacin-P)	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	PG	
<i>clindamycin phosphate external foam</i>	PG	
<i>clindamycin phosphate external gel</i>	PG	
<i>clindamycin phosphate external lotion</i>	PG	
<i>clindamycin phosphate external solution</i>	PG	QL (2 ml per 1 day)
<i>clindamycin phosphate external swab</i>	PG	
<i>clindamycin-tretinoin</i>	PG	PA; AL
<i>clobetasol propionate e</i>	PG	QL (120 grams per 30 days)
<i>clobetasol propionate emulsion</i>	PG	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	PG	QL (120 grams per 30 days)
<i>clobetasol propionate external foam</i>	PG	QL (100 grams per 30 days)
<i>clobetasol propionate external gel</i>	PG	QL (120 grams per 30 days)
<i>clobetasol propionate external liquid</i>	PG	QL (125 milliliters per 30 days)
<i>clobetasol propionate external lotion</i>	PG	QL (236 milliliters per 30 days)
<i>clobetasol propionate external ointment</i>	PG	QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	PG	QL (236 milliliters per 30 days)
<i>clobetasol propionate external solution</i>	PG	QL (100 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	PG	QL (236 milliliters per 30 days)
<i>clotrimazole-betamethasone external cream</i>	PG	QL (45 grams per 1 month)
<i>clotrimazole-betamethasone external lotion</i>	PG	
<i>dapsone external</i>	PG	QL (60 grams per 30 Days)
<i>desonide external</i>	PG	
<i>desoximetasone external cream</i>	PG	
<i>desoximetasone external gel</i>	PG	
<i>desoximetasone external ointment 0.05 %</i>	PG	
<i>desoximetasone external ointment 0.25 %</i>	PG	QL (120 grams per 1 month)
<i>diclofenac sodium transdermal gel 1 %</i>	PG	QL (200 grams per 30 days)
<i>diflorasone diacetate external cream</i>	PG	QL (60 grams per 30 days)
<i>doxepin hcl external</i>	PG	QL (45 grams per 30 days)

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<i>doxycycline</i>	PG	QL (1 capsule per 1 day)
<i>econazole nitrate external</i>	PG	QL (85 grams per 30 days)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	PB	PA; #; AL
<i>ery</i>	PG	
<i>erythromycin external gel</i>	PG	
<i>erythromycin external solution</i>	PG	
<i>fluocinolone acetonide body</i>	PG	
<i>fluocinolone acetonide external</i>	PG	
<i>fluocinolone acetonide scalp</i>	PG	
<i>fluocinonide external</i>	PG	QL (120 grams per 30 days)
<i>fluorouracil external</i>	PG	
<i>fluticasone propionate external</i>	PG	
<i>gentamicin sulfate external</i>	PG	
<i>halobetasol propionate external cream</i>	PG	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	PG	QL (50 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	PG	
<i>hydrocortisone butyrate external ointment</i>	PG	
<i>hydrocortisone butyrate external solution</i>	PG	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone external lotion 2.5 %</i>	PG	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	PG	
<i>hydrocortisone valerate</i>	PG	
<i>imiquimod external</i>	PG	QL (1 packet per 1 day)
<i>imiquimod pump</i>	PG	QL (1 pump per 1 month)
<i>isotretinoin oral</i>	PG	PA; QL (2 capsules per 1 Day)
<i>ketoconazole external cream</i>	PG	QL (2 grams per 1 day)
<i>ketoconazole external shampoo 2 %</i>	PG	
<i>lactic acid e</i>	PG	
<i>lidocaine external ointment</i>	PG	PA; QL (50 grams per 30 days)
<i>lidocaine external patch 5 %</i>	PG	PA; QL (3 patches per 3 days)
<i>lidocaine hcl external lotion</i>	PG	
<i>lidocaine hcl external solution</i>	PG	QL (50 ml per 30 days)

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<i>lidocaine-prilocaine external cream</i>	PG	PA; QL (30 grams per 30 days)
<i>malathion external</i>	PG	
<i>methoxsalen rapid</i>	PG	
<i>metronidazole external</i>	PG	
<i>mometasone furoate external</i>	PG	
<i>mupirocin external</i>	PG	QL (60 grams per 30 days)
<i>isotretinoin (Myorisan)</i>	PG	PA; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 1 %</i>	PG	
<i>clindamycin-benzoyl per (refr) (Neuac External Gel)</i>	PG	
<i>nystatin external cream</i>	PG	
<i>nystatin external ointment</i>	PG	
<i>nystatin-triamcinolone external cream</i>	PG	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment</i>	PG	
<i>permethrin external cream</i>	PG	
PICATO (ingenol mebutate)	PB	QL (1 box per 1 fill)
<i>pimecrolimus</i>	PG	
<i>podofilox external</i>	PG	
<i>prednicarbate</i>	PG	
<i>premium lidocaine</i>	PG	PA; QL (50 gm per 30 days)
RHOFADE (oxymetazoline hcl)	PB	QL (4 tubes per 1 year)
<i>metronidazole (Rosadan External Cream)</i>	PG	
<i>metronidazole (Rosadan External Gel)</i>	PG	
<i>salicylic acid external liquid 27.5 %</i>	PG	
<i>selenium sulfide external lotion</i>	PG	
<i>silver sulfadiazine external</i>	PG	
<i>spinosad</i>	PG	
<i>silver sulfadiazine (Ssd)</i>	PG	
<i>sss 10-5 external foam</i>	PG	
<i>sulfacetamide sodium (acne)</i>	PG	
TACLONEX EXTERNAL SUSPENSION (calcipotriene-betameth diprop)	PB	#; QL (60 gm per 30 days)
<i>tacrolimus external</i>	PG	PA
<i>silver sulfadiazine (Thermazene)</i>	PG	

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TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 injection per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 injection per 2 monthss)
<i>tretinoin external</i>	PG	PA; AL
<i>triamcinolone acetonide external aerosol solution</i>	PG	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	PG	LGC
<i>triamcinolone acetonide external cream 0.1 %</i>	PG	LGC; QL (60 grams per 1 month)
<i>triamcinolone acetonide external lotion</i>	PG	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	PG	LGC
<i>triamcinolone acetonide external ointment 0.1 %</i>	PG	LGC; QL (60 grams per 1 month)
<i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %)	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)	PG	
<i>isotretinoin</i> (Zenatane)	PG	PA; QL (2 capsules per 1 day)
DIAGNOSTIC PRODUCTS		
<i>blood glucose test</i>	PG	QL (300 strips per 30 days)
CHEMSTRIP 10 MD (<i>multiple urine tests</i>)	PB	
CHEMSTRIP 10/SG (<i>multiple urine tests</i>)	PB	
CHEMSTRIP 2 GP (<i>multiple urine tests</i>)	PB	
CHEMSTRIP 5 OB (<i>multiple urine tests</i>)	PB	
CHEMSTRIP 7 (<i>multiple urine tests</i>)	PB	
CHEMSTRIP 9 (<i>multiple urine tests</i>)	PB	
CHEMSTRIP K (<i>acetone (urine) test</i>)	PB	
CHEMSTRIP MICRAL (<i>albumin (urine) test</i>)	PB	
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>)	PB	
CVS KETONE CARE (<i>urine glucose-ketones test</i>)	PB	
DIASTIX (<i>glucose urine test-glucose ox</i>)	PB	
FREESTYLE INSULINX TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE LITE TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE PRECISION NEO TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
KETO-DIASTIX (<i>urine glucose-ketones test</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketone test</i>	PG	
KETOSTIX (<i>acetone (urine) test</i>)	PB	
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>)	PB	
ONETOUCH ULTRA BLUE (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION PCX (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION PCX PLUS TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION QID TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION SOF-TACT TEST (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION XTRA KETONE (<i>ketone blood test</i>)	PB	QL (300 strips per 30 days)
PTS PANELS KETONE TEST (<i>ketone blood test</i>)	PB	
RELION KETONE (<i>acetone (urine) test</i>)	PB	
RELION KETONE TEST (<i>acetone (urine) test</i>)	PB	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tabs per 1 day)
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er</i>	PG	
<i>acetazolamide oral</i>	PG	
<i>amiloride hcl oral</i>	PG	
<i>amiloride-hydrochlorothiazide</i>	PG	LGC
<i>bumetanide oral</i>	PG	
<i>chlorothiazide oral</i>	PG	
<i>ethacrynic acid oral</i>	PG	
<i>furosemide oral tablet</i>	PG	LGC
<i>hydrochlorothiazide oral capsule</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral</i>	PG	

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<i>methazolamide oral</i>	PG	
<i>metolazone</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz</i>	PG	
<i>toremide oral</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet</i>	PG	LGC
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
<i>alendronate sodium oral tablet 10 mg</i>	PG	QL (1 tablets per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	PG	
<i>alendronate sodium oral tablet 40 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>alendronate sodium oral tablet 70 mg</i>	PG	LGC; QL (4 tabs per 1 month)
<i>cabergoline</i>	PG	
<i>calcitonin (salmon)</i>	PG	QL (1 bottle per 1 fill)
<i>calcitriol intravenous solution 1 mcg/ml</i>	PG	
<i>calcitriol oral</i>	PG	
<i>desmopressin ace spray refrag</i>	PG	
<i>desmopressin acetate oral</i>	PG	
<i>desmopressin acetate spray</i>	PG	
<i>doxercalciferol oral</i>	PG	SP Pharmacy; QL (1 capsule per 1 day)
<i>levocarnitine oral solution</i>	PG	
<i>levocarnitine oral tablet</i>	PG	
LUPRON DEPOT-PED (1-MONTH) (<i>leuprolide acetate</i>)	PBS	PA; #; SP Pharmacy
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; SP Pharmacy
OMNITROPE (<i>somatropin</i>)	PBS	PA; NPL; SP Pharmacy
OSPHENA (<i>ospemifene</i>)	PB	QL (1 tablet per 1 day)
<i>pamidronate disodium</i>	PG	SP Pharmacy
<i>paricalcitol oral</i>	PG	SP Pharmacy; QL (1 capsule per 1 day)
<i>raloxifene hcl</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate sodium oral tablet 150 mg</i>	PG	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	PG	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	PG	QL (4 tablets per 28 days)
SENSIPAR (<i>cinacalcet hcl</i>)	PB	PA; SP Pharmacy; QL (2 tablets per 1 day)
TYMLOS (<i>abaloparatide</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 pen per 1 month)
<i>zoledronic acid intravenous concentrate</i>	PG	SP Pharmacy
<i>zoledronic acid intravenous solution</i>	PG	SP Pharmacy
ESTROGENS - HORMONES		
<i>estradiol oral</i>	PG	LGC
<i>estradiol transdermal patch weekly</i>	PG	QL (4 patches per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	PG	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	PG	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol (Fyavolv)</i>	PG	
<i>norethindrone-eth estradiol (Jinteli)</i>	PG	
<i>estradiol-norethindrone acet (Lopreeza)</i>	PG	
<i>estradiol-norethindrone acet (Mimvey)</i>	PG	QL (1 tab per 1 day)
<i>norethindrone-eth estradiol</i>	PG	
PREMARIN ORAL (<i>estrogens conjugated</i>)	PB	
PREMPHASE (<i>conj estrog-medroxyprogest ace</i>)	PB	
PREMPRO (<i>conj estrog-medroxyprogest ace</i>)	PB	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE (<i>conj estrogens-basedoxifene</i>)	PB	QL (1 tab per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	PG	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	PG	LGC
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	PG	
<i>levofloxacin oral tablet</i>	PG	
<i>moxifloxacin hcl oral</i>	PG	
<i>ofloxacin oral tablet 300 mg</i>	PG	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
<i>alosetron hcl</i>	PG	PA
<i>balsalazide disodium</i>	PG	QL (9 caps per 1 day)
<i>calcium acetate (phos binder) oral capsule</i>	PG	
<i>cromolyn sodium oral</i>	PG	
<i>enulose</i>	PG	LGC
<i>generlac</i>	PG	LGC
INFLECTRA (<i>infliximab-dyyb</i>)	PBS	PA; NPL; SP Pharmacy
<i>lactulose encephalopathy</i>	PG	LGC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	PB	QL (1 cap per 1 day)
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	PB	
<i>mesalamine oral capsule delayed release</i>	PG	QL (12 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	PG	QL (4 tablets per 1 Day)
<i>mesalamine oral tablet delayed release 800 mg</i>	PG	QL (6 tablets per 1 day)
<i>mesalamine rectal</i>	PG	
<i>mesalamine-cleanser</i>	PG	
<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</i>	PG	
RENFLEXIS (<i>infliximab-abda</i>)	PBS	PA; NPL; SP Pharmacy
RENVELA ORAL PACKET 2.4 GM (<i>sevelamer carbonate</i>)	PB	
<i>sevelamer carbonate</i>	PG	
<i>sevelamer hcl</i>	PG	
<i>sulfasalazine oral</i>	PG	QL (8 tabs per 1 day)
<i>sulfasalazine (Sulfazine)</i>	PG	QL (8 tabs per 1 day)
<i>ursodiol oral</i>	PG	
VELPHORO (<i>sucroferric oxyhydroxide</i>)	PB	#
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation</i>	PG	
<i>alfuzosin hcl er</i>	PG	QL (1 tab per 1 day)
<i>cytra k crystals</i>	PG	
<i>cytra-k</i>	PG	

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<i>dutasteride oral</i>	PG	QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl</i>	PG	
<i>finasteride oral tablet 5 mg</i>	PG	PA
<i>neomycin-polymyxin b gu</i>	PG	
<i>potassium citrate er</i>	PG	
<i>potassium citrate-citric acid oral solution</i>	PG	
<i>sorbitol-mannitol</i>	PG	
<i>tamsulosin hcl</i>	PG	LGC
<i>potassium citrate-citric acid (Taron-Crystals)</i>	PG	
<i>tricitrates</i>	PG	
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
<i>vancomycin hcl oral capsule</i>	PG	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral</i>	PG	LGC
<i>colchicine oral tablet</i>	PG	QL (2 tablets per 1 day)
<i>colchicine-probenecid</i>	PG	
MITIGARE (<i>colchicine</i>)	PB	
<i>probenecid oral</i>	PG	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
<i>anagrelide hcl</i>	PG	
<i>aspirin-dipyridamole er</i>	PG	
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tabs per 1 day)
<i>cilostazol</i>	PG	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	PG	QL (1 tab per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PG	QL (1 tab per 1 day)
<i>dipyridamole oral</i>	PG	
<i>pentoxifylline er</i>	PG	
<i>prasugrel hcl</i>	PG	PA; QL (1 tablet per 1 Day)
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ABATRON (<i>fe poly cmplx-fa-b cmplx-mg-zn</i>)	CE	
ABATRON AF (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>active fe</i>	CE	
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>)	PBS	PA; NPL; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE (<i>darbepoetin alfa</i>)	PBS	PA; NPL; SP Pharmacy
BIFERA (<i>polysacch fe cmp-fe heme poly</i>)	CE	
BPROTECTED PEDIA IRON (<i>ferrous sulfate</i>)	PG	
CENTRATEX (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	CE	
CERDELGA (<i>eliglustat tartrate</i>)	PBS	PA; SP Pharmacy; QL (2 caps per 1 day)
<i>chewable iron</i>	CE	
<i>iron-folic acid-c-b6-b12-zinc</i> (Corvita 150)	CE	
CORVITE 150 (<i>iron-folic acid-c-b6-b12-zinc</i>)	CE	
<i>corvite fe</i>	CE	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cvs iron oral tablet 240 (27 fe) mg</i>	CE	
<i>cvs iron oral tablet 325 (65 fe) mg</i>	PG	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>eql iron supplement therapy oral tablet 325 mg</i>	PG	
EZFE 200 (<i>polysaccharide iron complex</i>)	CE	
FA-8 (<i>folic acid</i>)	CE	
<i>fe c tab</i>	CE	
<i>fe c tab plus</i>	CE	
FE CAPS/STOOL SOFTENER (<i>ferrous fumarate-dss</i>)	CE	
FE PLUS PROTEIN (<i>iron combinations</i>)	CE	
FEMIRON (<i>ferrous fumarate</i>)	CE	
FEOSOL BIFERA (<i>polysacch fe cmp-fe heme poly</i>)	CE	
FERAHEME (<i>ferumoxytol</i>)	CE	
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	CE	
FERGON (<i>ferrous gluconate</i>)	CE	
FER-IN-SOL (<i>ferrous sulfate</i>)	PG	
FERIVAFA (<i>iron-vit c-fa-b12-biot-cu-dss</i>)	CE	
<i>ferocon</i>	CE	

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<i>ferottrinsic</i>	CE	
<i>ferraplus 90</i>	CE	
<i>ferretts</i>	CE	
<i>ferretts chewable iron</i>	CE	
<i>ferretts ips</i>	CE	
<i>ferrex 150</i>	CE	
FERREX 150 FORTE PLUS (<i>fe-succ ac-c-thre ac-b12-fa</i>)	CE	
<i>ferric x-150</i>	CE	
FERRIMIN 150 (<i>ferrous fumarate</i>)	CE	
FERRLECIT (<i>na ferric gluc cplx in sucrose</i>)	CE	SP Pharmacy
FERROCITE (<i>ferrous fumarate</i>)	CE	
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet)	CE	
FERRO-PLEX HEMATINIC (<i>fe fum-dss-c-e-b12-if-fa</i>)	CE	
<i>ferrotabs</i>	CE	
FERROTRIN (<i>iron-b12-vit c-fa-ifc</i>)	CE	
<i>ferrous fumarate oral tablet 29 mg</i>	CE	
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	CE	
<i>ferrous sulfate oral elixir</i>	PG	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	PG	
<i>ferrous sulfate oral syrup</i>	PG	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	PG	
<i>ferrousul</i>	PG	
<i>folic acid oral capsule 20 mg, 5 mg</i>	CE	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	CE	
FOLITAB 500 (<i>ferrous sulfate-c-folic acid</i>)	CE	
FOLIVANE-F (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	CE	
FOLIVANE-PLUS (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	CE	
<i>foltrin</i>	CE	
FULPHILA (<i>pegfilgrastim-jmdb</i>)	PBS	PA; NPL; SP Pharmacy
FUSION (<i>fe fum-fe poly-vit c-lactobac</i>)	CE	
FUSION PLUS (<i>iron-fa-b cmp-c-biot-probiotic</i>)	CE	
FUSION SPRINKLES (<i>fefum-fepoly-fa-c-probiotic</i>)	CE	
<i>gentle iron</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp folic acid</i>	CE	
<i>gnp iron oral tablet 325 (65 fe) mg</i>	PG	
<i>hematinic plus vit/minerals</i>	CE	
<i>hematinic/folic acid</i>	CE	
<i>iron combinations (Hematogen)</i>	CE	
HEMATOGEN FA (<i>fe fum-vit c-vit b12-fa</i>)	CE	
<i>fe fum-vit c-vit b12-fa (Hematogen Forte)</i>	CE	
HEMATRON-AF (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	CE	
HEMAX ORAL TABLET (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	CE	
<i>hemetab</i>	CE	
HEMOCYTE (<i>ferrous fumarate</i>)	CE	
HEMOCYTE PLUS (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	CE	
<i>ferrous fumarate-folic acid (Hemocyte-F Oral Tablet)</i>	CE	
<i>hemocyte-plus oral tablet 106-1 mg</i>	CE	
<i>high potency iron oral capsule</i>	CE	
<i>hm folic acid</i>	CE	
ICAR ORAL SUSPENSION (<i>carbonyl iron</i>)	CE	
ICAR-C (<i>iron-vitamin c</i>)	CE	
ICAR-C PLUS (<i>iron-vit c-vit b12-folic acid</i>)	CE	
<i>iron polysacch cmplx-b12-fa (Iferec 150 Forte)</i>	CE	
INFED (<i>iron dextran</i>)	CE	
INJECTAFER (<i>ferric carboxymaltose</i>)	CE	
INTEGRA (<i>fe fum-fepoly-vit c-vit b3</i>)	CE	
INTEGRA F (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	CE	
INTEGRA PLUS (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	CE	
IROFOL (<i>iron polysacch cmplx-b12-fa</i>)	CE	
<i>iron (ferrous gluconate)</i>	CE	
<i>iron 100 plus</i>	CE	
<i>iron 100/c</i>	CE	
<i>iron 2117</i>	CE	
<i>iron chews pediatric</i>	CE	
<i>iron complex</i>	CE	
<i>iron high-potency oral tablet</i>	PG	
<i>iron oral tablet 240 (27 fe) mg</i>	CE	

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<i>iron oral tablet 325 (65 fe) mg</i>	PG	
<i>iron oral tablet extended release 18 mg</i>	CE	
<i>iron supplement childrens</i>	PG	
IRON UP (<i>polysaccharide iron complex</i>)	CE	
IROSPAN 24/6 (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	CE	
IS 24/6 (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	CE	
<i>kp ferrous gluconate</i>	CE	
<i>kp ferrous sulfate</i>	PG	
<i>kp folic acid oral tablet 800 mcg</i>	CE	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu (K-Tan Plus)</i>	CE	
MAXFE (<i>fe bisgly-fe polysac-b12-zinc</i>)	CE	
<i>meijer ferrous sulfate</i>	PG	
MULTIGEN (<i>fe-succ-c-thre-b12-des stomach</i>)	CE	
MULTIGEN FOLIC (<i>fe asp gly-succ-c-thre-b12-fa</i>)	CE	
MULTIGEN PLUS (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	CE	
<i>myferon 150</i>	CE	
<i>myferon 150 forte</i>	CE	
<i>na ferric gluc cplx in sucrose</i>	CE	SP Pharmacy
NEPHRON FA (<i>iron-fa-dss-b cmplx-vit c</i>)	CE	
NIVESTYM (<i>filgrastim-aafi</i>)	PBS	PA; NPL; SP Pharmacy
NOVAFERRUM 125 (<i>polysacch fe complex-vit d3</i>)	CE	
NOVAFERRUM 50 (<i>polysaccharide iron complex</i>)	CE	
NOVAFERRUM PEDIATRIC DROPS (<i>polysaccharide iron complex</i>)	CE	
NUFERA (<i>iron combinations</i>)	CE	
NU-IRON (<i>polysaccharide iron complex</i>)	CE	
POLY-IRON 150 (<i>polysaccharide iron complex</i>)	CE	
<i>poly-iron 150 forte</i>	CE	
<i>polysaccharide iron forte</i>	CE	
PROFE (<i>polysaccharide iron complex</i>)	CE	
PROFERRIN ES (<i>iron heme polypeptide</i>)	CE	
PROFERRIN-FORTE (<i>fe heme polypeptide-folic acid</i>)	CE	
PROTECTIRON (<i>fe poly-fa-b cmp-c-e-minerals</i>)	CE	
<i>purevit dualfe plus</i>	CE	

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<i>px folic acid</i>	CE	
<i>qc ferrous sulfate</i>	PG	
<i>ra folic acid</i>	CE	
<i>ra iron oral tablet 325 (65 fe) mg</i>	PG	
RETACRIT (<i>epoetin alfa-epbx</i>)	PBS	PA; NPL; SP Pharmacy
<i>se-tan plus</i>	CE	
<i>sm folic acid</i>	CE	
<i>sm iron oral tablet 325 (65 fe) mg</i>	PG	
SPATONE PUR-ABSORB IRON (<i>ferrous sulfate</i>)	PG	
<i>taron forte</i>	CE	
<i>tl icon</i>	CE	
<i>tl-hem 150</i>	CE	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon)	CE	
<i>trigels-f forte</i>	CE	
UDENYCA (<i>pegfilgrastim-cbqv</i>)	PBS	PA; NPL; SP Pharmacy
VENOFER (<i>iron sucrose</i>)	CE	SP Pharmacy
VITRON-C ORAL TABLET 65-125 MG (<i>iron-vitamin c</i>)	CE	
<i>wee care</i>	CE	
<i>yl folic acid</i>	CE	
ZARXIO (<i>filgrastim-sndz</i>)	PBS	SP Pharmacy
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL TABLET (<i>aminocaproic acid</i>)	PB	
<i>aminocaproic acid oral tablet</i>	PG	
<i>tranexamic acid oral</i>	PG	QL (30 tablet per 1 fill)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA (<i>sofosbuvir-velpatasvir</i>)	PBS	PA; NPL; SP Pharmacy
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PBS	PA; NPL; SP Pharmacy
VOSEVI (<i>sofosbuv-velpatasv-voxilaprev</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 Day)
ZEPATIER (<i>elbasvir-grazoprevir</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
<i>estazolam</i>	PG	AL

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<i>eszopiclone</i>	PG	QL (1 tab per 1 day); AL
<i>midazolam hcl oral</i>	PG	
<i>phenobarbital oral</i>	PG	
<i>quazepam</i>	PG	AL
SILENOR (<i>doxepin hcl</i>)	PB	#; QL (1 tablet per 1 day); AL
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 cap per 1 day); AL
<i>triazolam</i>	PG	AL
<i>zaleplon</i>	PG	QL (1 capsule per 1 day); AL
<i>zolpidem tartrate er</i>	PG	QL (1 tab per 1 day); AL
<i>zolpidem tartrate oral</i>	PG	QL (2 tabs per 1 day); AL
<i>zolpidem tartrate sublingual</i>	PG	
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI (<i>eluxadoline</i>)	PB	PA; QL (2 tablets per 1 day)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA (<i>insulin glargine-lixisenatide</i>)	PB	QL (5 pens per 1 month)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTYVIO (<i>vedolizumab</i>)	PBS	PA; NPL; SP Pharmacy
LAXATIVES - DRUGS FOR THE STOMACH		
CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	PG	
CLENPIQ (<i>sod picosulfate-mag ox-cit acid</i>)	CE	AL
<i>constulose</i>	PG	LGC
CVS PURELAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	PG	
EQ CLEARLAX (<i>polyethylene glycol 3350</i>)	PG	
EQL CLEARLAX (<i>polyethylene glycol 3350</i>)	PG	
<i>gavilax oral powder</i>	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C)	CE	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H)	CE	AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack)	CE	
<i>gentlelax oral powder</i>	PG	

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GLYCOLAX (<i>polyethylene glycol 3350</i>)	PG	
GNP CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	PG	
HM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	PG	
KLS LAXACLEAR (<i>polyethylene glycol 3350</i>)	PG	
<i>lactulose oral solution</i>	PG	LGC
MIRALAX (<i>polyethylene glycol 3350</i>)	CE	AL
MOVIPREP (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	#; AL
<i>peg 3350 oral powder</i>	PG	
<i>peg 3350-kcl-na bicarb-nacl</i>	CE	
<i>peg-3350/electrolytes</i>	CE	
<i>bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep)</i>	CE	AL
<i>polyethylene glycol 3350 oral powder</i>	PG	AL
PREPOPIK (<i>sod picosulfate-mag ox-cit acd</i>)	CE	#; AL
<i>qc natura-lax</i>	PG	
<i>ra laxative oral powder</i>	PG	
<i>sb polyethylene glycol 3350</i>	PG	
SM CLEARLAX (<i>polyethylene glycol 3350</i>)	PG	
SMOOTH LAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	PG	
SUPREP BOWEL PREP KIT (<i>na sulfate-k sulfate-mg sulf</i>)	CE	AL
TGT POWDERLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	PG	
<i>peg 3350-kcl-na bicarb-nacl (Trilyte)</i>	CE	AL
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet</i>	PG	
<i>azithromycin oral suspension reconstituted</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er</i>	PG	
<i>clarithromycin oral</i>	PG	
DIFICID (<i>fidaxomicin</i>)	PB	QL (20 tabs per 1 fill)
<i>erythromycin base oral capsule delayed release particles</i>	PG	
<i>erythromycin base oral tablet</i>	PG	
<i>erythromycin ethylsuccinate oral tablet</i>	PG	

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MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>adjustable lancing device</i>	PG	
<i>alcohol pads</i>	PG	
<i>alcohol prep</i>	PG	
<i>alcohol swabs</i>	PG	
<i>alcohol wipes pad 70 %</i>	PG	
<i>alternate site lancing device</i>	PG	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 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, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN (<i>injection device for insulin</i>)	PB	
BD PEN MINI (<i>injection device for insulin</i>)	PB	
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	PB	
CAYA (<i>diaphragm arc-spring</i>)	CE	N2 (PG); QL (1 diaphragm per 1 year)
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	
FEMCAP (<i>cervical caps</i>)	CE	
FREESTYLE LITE (<i>blood glucose monitoring suppl</i>)	PB	QL (1 meter per 365 Days)
<i>glucose control</i>	PG	
INJECT-EASE AUTOMATIC INJECTOR (<i>injection device</i>)	PB	
<i>insulin syringe</i>	PG	
<i>insulin syringelneedle</i>	PG	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	PG	
<i>lancet device</i>	PG	
<i>lancet transporter case</i>	PG	
<i>lancets</i>	PG	
<i>lancets 28g</i>	PG	
<i>lancets 30g</i>	PG	
<i>lancets thin</i>	PG	
<i>lancing device</i>	PG	
MICROTAINER SAFETY FLOW LANCET (<i>lancets</i>)	PG	
<i>multi-lancet device</i>	PG	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	CE	QL (1 diaphragm per 1 year)
ONETOUCH ULTRA CONTROL (<i>blood glucose calibration</i>)	PB	
ONETOUCH VERIO IN VITRO SOLUTION (<i>blood glucose calibration</i>)	PB	
<i>pen needles</i>	PG	
<i>pen needles 1/2"</i>	PG	
<i>pen needles 3/16"</i>	PG	
<i>pen needles 5/16"</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION XTRA DEVICE (<i>blood glucose monitoring suppl</i>)	PB	QL (1 meter per 365 Days)
<i>safety lancet 21glpressure act</i>	PG	
<i>safety lancet 28glpressure act</i>	PG	
<i>safety lancets 28g</i>	PG	
SURESTEP GLUCOSE CONTROL (<i>blood glucose calibration</i>)	PB	
SURESTEP PRO HIGH GLUCOSE (<i>blood glucose calibration</i>)	PB	
SURESTEP PRO LOW GLUCOSE (<i>blood glucose calibration</i>)	PB	
SURESTEP PRO NORMAL GLUCOSE (<i>blood glucose calibration</i>)	PB	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	CE	QL (1 diaphragm per 1 year)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>almotriptan malate</i>	PG	QL (6 tablets per 30 days)
<i>dihydroergotamine mesylate injection</i>	PG	
<i>dihydroergotamine mesylate nasal</i>	PG	QL (8 vials per 1 fill)
<i>naratriptan hcl</i>	PG	QL (9 tablets per 30 days)
<i>rizatriptan benzoate</i>	PG	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	PG	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	PG	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 carts/30 days per 48 max in 365 days)
<i>zolmitriptan oral</i>	PG	QL (6 tablets per 30 days)

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MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
<i>av-phos 250 neutral</i>	PG	
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	PG	
FLORICAL (<i>sod fluoride-ca carbonate</i>)	CE	
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	CE	
FLUORABON (<i>sodium fluoride</i>)	CE	AL
<i>fluoritab oral solution</i>	CE	
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	AL
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	AL
<i>potassium chloride</i> (Klor-Con 10)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10)	PG	LGC
<i>potassium chloride crys er</i> (Klor-Con M20)	PG	LGC
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	PG	QL (5 packs per 1 day)
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	PG	LGC
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq)	PG	LGC
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 8 Meq)	PG	
<i>potassium bicarbonate</i> (Klor-Con/Ef)	PG	
<i>potassium bicarbonate</i> (K-Prime)	PG	
<i>sodium fluoride</i> (Ludent)	CE	AL
MONOCAL (<i>sod monofluorophosphate-ca carb</i>)	CE	
<i>sodium fluoride</i> (Nafrinse)	CE	
<i>sodium fluoride</i> (Nafrinse Drops)	CE	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral)	PG	
<i>pot bicarb-pot chloride</i>	PG	
<i>potassium bicarbonate oral</i>	PG	
<i>potassium chloride crys er</i>	PG	LGC
<i>potassium chloride er oral capsule extended release 10 meq</i>	PG	LGC
<i>potassium chloride er oral capsule extended release 8 meq</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 8 meq</i>	PG	LGC
<i>potassium chloride oral packet</i>	PG	QL (5 packs per 1 day)
<i>sodium fluoride oral solution</i>	CE	AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	CE	AL
<i>sodium fluoride oral tablet chewable</i>	CE	AL
<i>virt-phos 250 neutral</i>	PG	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ACT ANTICAVITY FLUORIDE RINSE (<i>sodium fluoride</i>)	CE	
ACT RESTORING FLUORIDE RINSE (<i>sodium fluoride</i>)	CE	
ACT TOTAL CARE (<i>sodium fluoride</i>)	CE	
ACT TOTAL CARE DRY MOUTH (<i>sodium fluoride</i>)	CE	
<i>sodium fluoride</i> (Cavarest)	CE	
<i>cevimeline hcl</i>	PG	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat</i>	PG	
<i>sodium fluoride</i> (Clinpro 5000)	CE	
<i>clotrimazole mouth/throat</i>	PG	
CREST COMPLETE (<i>sodium fluoride</i>)	CE	
CREST PRO-HEALTH COMPLETE (<i>sodium fluoride</i>)	CE	
<i>sodium fluoride</i> (Denta 5000 Plus)	CE	AL
<i>sodium fluoride</i> (Dentagel)	CE	
EASYGEL DENTAL (<i>stannous fluoride</i>)	CE	
<i>fluoride mouth rinse</i>	CE	
<i>sod fluoride-potassium nitrate</i> (Fluoridex Sensitivity Relief Dental Paste)	CE	
GEL-KAM DENTAL (<i>stannous fluoride</i>)	CE	
JUST FOR KIDS DENTAL (<i>stannous fluoride</i>)	CE	
<i>lidocaine hcl mouth/throat</i>	PG	
LISTERINE ESSENTIAL CARE DENTAL GEL (<i>sod monofl-eucal-men-mesal-thy</i>)	CE	
LISTERINE RESTORING (<i>sodium fluoride</i>)	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LISTERINE SMART RINSE MOUTH/THROAT SOLUTION 0.0221 (0.01 F) % (<i>sodium fluoride</i>)	CE	
LISTERINE TOTAL CARE (<i>sodium fluoride</i>)	CE	
LISTERINE TOTAL CARE WHITENING (<i>sodium fluoride</i>)	CE	
LISTERINE TOTAL CARE ZERO (<i>sodium fluoride</i>)	CE	
LISTERINE WHITENING/RESTORING (<i>sodium fluoride</i>)	CE	
NAFRINSE DAILY ACIDULATED (<i>sodium fluoride-phosphoric acid</i>)	CE	AL
NAFRINSE DAILY/NEUTRAL (<i>sodium fluoride</i>)	CE	AL
NAFRINSE WEEKLY (<i>sodium fluoride</i>)	CE	AL
<i>neutral sodium fluoride</i>	CE	
<i>nystatin mouth/throat</i>	PG	
OMNI GEL DENTAL (<i>stannous fluoride</i>)	CE	
<i>triamcinolone acetonide</i> (Oralene)	PG	
<i>chlorhexidine gluconate</i> (Paroex)	PG	
PERIOMED (<i>stannous fluoride</i>)	CE	
<i>pilocarpine hcl oral</i>	PG	
PREVIDENT (<i>sodium fluoride</i>)	CE	
PREVIDENT 5000 BOOSTER PLUS (<i>sodium fluoride</i>)	CE	
PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>sodium fluoride</i>)	CE	
PREVIDENT 5000 ENAMEL PROTECT (<i>sod fluoride-potassium nitrate</i>)	CE	
PREVIDENT 5000 PLUS (<i>sodium fluoride</i>)	CE	
PREVIDENT 5000 SENSITIVE (<i>sod fluoride-potassium nitrate</i>)	CE	
<i>ra anticavity fluoride rinse</i>	CE	
<i>ra tooth shield</i>	CE	
SENSODYNE REPAIR & PROTECT (<i>stannous fluoride</i>)	CE	
<i>sf</i>	CE	
<i>sf 5000 plus</i>	CE	AL
<i>sm anticavity fluoride rinse</i>	CE	
<i>stannous fluoride rinse</i>	CE	
<i>triamcinolone acetonide mouth/throat</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVITAMINS - DRUGS FOR NUTRITION		
APETIGEN-PLUS ORAL SOLUTION (<i>b complex-c-iron</i>)	CE	
<i>b complex-c-iron</i>	CE	
<i>bite-a-mins/iron</i>	CE	
BPROTECTED PEDIA POLY-VITE/FE (<i>pediatric multivitamins-iron</i>)	CE	
<i>chewable viteliron childrens</i>	CE	
<i>child chewable vitamins/iron</i>	CE	
<i>childrens multivitamin/iron</i>	CE	
<i>childrens vitamins/iron</i>	CE	
<i>chlorella oral capsule</i>	CE	
<i>complete natal dha</i>	PG	
<i>completenate</i>	PG	
CO-NATAL FA (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>daily multiple vitamins/iron</i>	CE	
<i>daily vitamin formula+iron</i>	CE	
<i>daily-vitamin/iron</i>	CE	
<i>daily-viteliron/beta-carotene</i>	CE	
DINO-LIFE W/IRON-ZINC (<i>pediatric multivitamins-iron</i>)	CE	
ELITE-OB (<i>prenatal vit-iron carbonyl-fa</i>)	PG	
ESCAVITE (<i>ped multivitamins-fl-iron</i>)	CE	
FLINTSTONES PLUS IRON (<i>pediatric multivitamins-iron</i>)	CE	
FLORIVA PLUS (<i>pediatric multivitamins-fl</i>)	PG	
<i>fruity chewsliron</i>	CE	
GERITOL COMPLETE (<i>iron-vitamins</i>)	CE	
GERITOL TONIC (<i>iron-vitamins</i>)	CE	
<i>gnp animal shapes plus iron</i>	CE	
<i>gnp childrens chewables/iron</i>	CE	
<i>gnp one daily plus iron</i>	CE	
<i>hm one daily/iron</i>	CE	
HONEY BEARS W/IRON-ZINC (<i>pediatric multivitamins-iron</i>)	CE	
INATAL GT (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG (<i>pediatric multivitamins-iron</i>)	CE	

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<i>little animals plus iron</i>	CE	
<i>multi-day plus iron</i>	CE	
<i>multi-delyn/iron</i>	CE	
<i>multiple vitamins/iron</i>	CE	
<i>multiple vitamins-iron oral tablet chewable</i>	CE	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	PG	
<i>multi-vitamin/fluoride/iron</i>	CE	
<i>multi-vitamin/iron</i>	CE	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	PG	
<i>pediatric multivitamins-fl (Mvc-Fluoride)</i>	PG	
<i>M-VIT (prenatal vit-fe fumarate-fa)</i>	PG	
<i>MYNATAL ADVANCE (prenatal vit-dss-fe cbn-fa)</i>	PG	
<i>MYNATAL ORAL TABLET (prenatal vit-dss-fe cbn-fa)</i>	PG	
<i>mynatal plus</i>	PG	
<i>mynatal-z</i>	PG	
<i>OBSTETRIX EC (prenatal vit-dss-fe cbn-fa)</i>	PG	
<i>once daily/iron</i>	CE	
<i>one daily multivitamin/iron</i>	CE	
<i>one-daily/iron</i>	CE	
<i>pnv-dha</i>	PG	
<i>pnv-select</i>	PG	
<i>POLY-VI-FLOR/IRON (ped multivitamins-fl-iron)</i>	CE	
<i>POLY-VI-SOL/IRON (pediatric multivitamins-iron)</i>	CE	
<i>polyvitamin/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	PG	
<i>polyvitamin/fluoride oral tablet chewable</i>	PG	
<i>poly-vitamin/iron</i>	CE	
<i>PR NATAL 400 (prenat-febis-fepro-fa-ca-omega)</i>	PG	
<i>PR NATAL 400 EC (prenat-febis-fepro-fa-ca-omega)</i>	PG	
<i>PR NATAL 430 (prenat-febis-fepro-fa-ca-omega)</i>	PG	
<i>PR NATAL 430 EC (prenat-febis-fepro-fa-ca-omega)</i>	PG	
<i>PRENATABS RX (prenatal vit-iron carbonyl-fa)</i>	PG	
<i>prenatal 19 oral tablet</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal 19 oral tablet chewable</i>	PG	
<i>prenatal low iron oral tablet 27-1 mg</i>	PG	
<i>prenatal oral tablet 27-0.8 mg</i>	PG	
<i>prenatal plus</i>	PG	
<i>prenatal plus iron</i>	PG	
<i>prenatal plusiron</i>	PG	
PRENATAL/FOLIC ACID (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>qc childrens vitaminsiron</i>	CE	
<i>qc daily multivitaminsiron</i>	CE	
<i>ra childrens chewable vitiron</i>	CE	
<i>ra one daily multi-vit plus fe</i>	CE	
S.S.S. TONIC (<i>iron-vitamins</i>)	CE	
SCOOBY-DOO ONE A DAY (<i>pediatric multivitamins-iron</i>)	CE	
<i>se-natal 19</i>	PG	
<i>sm multiple vitaminsiron</i>	CE	
<i>stress b complexiron</i>	CE	
<i>stress formulairon</i>	CE	
<i>super b-complexiron/vitamin c</i>	CE	
<i>tab-a-viteliron</i>	CE	
<i>tl-fluorivite</i>	CE	
TRICARE (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>trinatal rx 1</i>	PG	
<i>ultimatecare one</i>	PG	
VINATE II (<i>prenatal vit wl fe bisg-fa</i>)	PG	
VINATE ONE (<i>prenatal vit-fe fumarate-fa</i>)	PG	
VITAFOL ORAL TABLET (<i>iron-vitamins</i>)	CE	
<i>zoo friends plus iron</i>	CE	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg</i>	PG	LGC
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral</i>	PG	
<i>carisoprodol-aspirin</i>	PG	
<i>carisoprodol-aspirin-codeine</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl er</i>	PG	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	PG	
<i>dantrolene sodium oral</i>	PG	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	PBS	PA; NPL; SP Pharmacy
<i>metaxalone oral tablet 800 mg</i>	PG	
<i>methocarbamol oral</i>	PG	
<i>orphenadrine citrate er</i>	PG	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	PBS	PA; NPL; SP Pharmacy
<i>tizanidine hcl oral</i>	PG	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	PG	
<i>budesonide nasal</i>	PG	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	PG	
<i>ipratropium bromide nasal</i>	PG	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal</i>	PG	
NASONEX (<i>mometasone furoate</i>)	PB	
<i>olopatadine hcl nasal</i>	PG	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO (<i>sacubitril-valsartan</i>)	PB	PA; QL (2 tablets per 1 day)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole</i>	PG	PA
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ALREX (<i>loteprednol etabonate</i>)	PB	
<i>phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)</i>	PG	
<i>apraclonidine hcl</i>	PG	
<i>atropine sulfate ophthalmic ointment</i>	PG	
<i>azelastine hcl ophthalmic</i>	PG	
AZOPT (<i>brinzolamide</i>)	PB	

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<i>bacitracin ophthalmic</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>bacitra-neomycin-polymyxin-hc</i>	PG	
<i>betaxolol hcl ophthalmic</i>	PG	
BETIMOL (<i>timolol hemihydrate</i>)	PB	
<i>bimatoprost ophthalmic</i>	PG	PA
<i>brimonidine tartrate ophthalmic</i>	PG	
<i>bromfenac sodium (once-daily)</i>	PG	
<i>carteolol hcl</i>	PG	
<i>ciprofloxacin hcl ophthalmic</i>	PG	
COMBIGAN (<i>brimonidine tartrate-timolol</i>)	PB	
<i>cromolyn sodium ophthalmic</i>	PG	
<i>cyclopentolate hcl ophthalmic</i>	PG	
<i>dexamethasone sodium phosphate ophthalmic</i>	PG	
<i>diclofenac sodium ophthalmic</i>	PG	
<i>dorzolamide hcl ophthalmic</i>	PG	
<i>dorzolamide hcl-timolol mal</i>	PG	
DUREZOL (<i>difluprednate</i>)	PB	#
<i>epinastine hcl</i>	PG	
<i>erythromycin ophthalmic</i>	PG	
<i>fluorescein-proparacaine (Flucaine)</i>	PG	
<i>fluorometholone ophthalmic</i>	PG	
<i>flurbiprofen sodium</i>	PG	
<i>gatifloxacin ophthalmic</i>	PG	
GENTAK OPHTHALMIC OINTMENT (<i>gentamicin sulfate</i>)	PG	
<i>gentamicin sulfate ophthalmic solution</i>	PG	
<i>homatropine hbr (Homatropaire)</i>	PG	
<i>homatropine hbr ophthalmic</i>	PG	
ILEVRO (<i>nepafenac</i>)	PB	
<i>ketorolac tromethamine ophthalmic</i>	PG	
<i>latanoprost ophthalmic</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic</i>	PG	
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	PB	#

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LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	PB	
LOTEMAX SM (<i>loteprednol etabonate</i>)	PB	#
<i>loteprednol etabonate</i>	PG	
<i>moxifloxacin hcl ophthalmic</i>	PG	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	PG	
<i>neomycin-polymyxin-dexameth</i>	PG	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	PG	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin)</i>	PG	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc)</i>	PG	
NEVANAC (<i>nepafenac</i>)	PB	
<i>ofloxacin ophthalmic</i>	PG	
<i>olopatadine hcl ophthalmic</i>	PG	
PAZEO (<i>olopatadine hcl</i>)	PB	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	PG	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>bacitracin-polymyxin b (Polycin)</i>	PG	
<i>polymyxin b-trimethoprim</i>	PG	
<i>prednisolone acetate ophthalmic</i>	PG	
<i>prednisolone sodium phosphate ophthalmic</i>	PG	
<i>proparacaine hcl ophthalmic</i>	PG	
<i>proparacaine-fluorescein</i>	PG	
RESTASIS (<i>cyclosporine</i>)	PB	#
SIMBRINZA (<i>brinzolamide-brimonidine</i>)	PB	
<i>sulfacetamide sodium ophthalmic</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	PG	
<i>timolol maleate ophthalmic gel forming solution</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	PB	
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	PB	
<i>tobramycin ophthalmic</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin-dexamethasone</i>	PG	
TRAVATAN Z (<i>travoprost</i>)	PB	#
<i>trifluridine ophthalmic</i>	PG	
<i>tropicamide ophthalmic</i>	PG	
OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid (Acetasol Hc)</i>	PG	
<i>acetic acid otic</i>	PG	
<i>antibiotic ear</i>	PG	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	PB	#
<i>ciprofloxacin hcl otic</i>	PG	
<i>fluocinolone acetonide otic</i>	PG	
<i>hydrocortisone-acetic acid</i>	PG	
<i>neomycin-polymyxin-hc otic</i>	PG	
<i>ofloxacin otic</i>	PG	
OXYTOCICS - HORMONES		
<i>methylergonovine maleate (Methergine Oral)</i>	PG	QL (28 tablets per 7 days)
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
FLEBOGAMMA DIF (<i>immune globulin (human)</i>)	PBS	PA; NPL
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	PBS	PA; NPL
GAMUNEX-C (<i>immune globulin (human)</i>)	PBS	PA; NPL
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PBS	PA; NPL
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule</i>	PG	LGC
<i>amoxicillin oral suspension reconstituted</i>	PG	LGC
<i>amoxicillin oral tablet</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er</i>	PG	
<i>amoxicillin-pot clavulanate oral</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dicloxacillin sodium</i>	PG	
<i>penicillin g procaine</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml</i>	PG	LGC
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg</i>	PG	LGC
<i>penicillin v potassium oral tablet 500 mg</i>	PG	
*PHOSPHATIDYLOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ZYDELIG (<i>idelalisib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (2 tablets per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 tablets per 1 Day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	CE	PA; SP Pharmacy; N2 (PBS); QL (4 tablets per 1 Day)
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	QL (2 tablets per 1 Day)
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	PG	
<i>sodium polystyrene sulfonate oral suspension</i>	PG	
<i>sodium polystyrene sulfonate rectal</i>	PG	
<i>sodium polystyrene sulfonate</i> (Sps)	PG	
PROGESTINS - HORMONES		
<i>medroxyprogesterone acetate oral</i>	PG	LGC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (PG)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acetate oral</i>	PG	
<i>progesterone micronized oral</i>	PG	QL (2 capsules per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium</i>	PG	QL (6 tabs per 1 day)
AUBAGIO (<i>teriflunomide</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (4 injections per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (4 injections per 28 days)
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 kit per 1 month)
<i>bupropion hcl er (smoking det)</i>	CE	QL (180 day supply per 365 days)
CHANTIX (<i>varenicline tartrate</i>)	CE	#; QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK (<i>varenicline tartrate</i>)	CE	#; QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK (<i>varenicline tartrate</i>)	CE	#; QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline</i>	PG	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PBS	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>cvs nicotine mouth/throat lozenge</i>	CE	
<i>cvs nicotine polacrilex</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>disulfiram oral</i>	PG	
<i>donepezil hcl</i>	PG	PA
<i>eq nicotine mouth/throat gum 4 mg</i>	CE	
<i>eq nicotine mouth/throat lozenge</i>	CE	
<i>eq nicotine polacrilex</i>	CE	
<i>eq nicotine step 3</i>	CE	
<i>eq nicotine transdermal</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eql nicotine polacrilex</i>	CE	
<i>galantamine hydrobromide</i>	PG	PA; AL
<i>galantamine hydrobromide er</i>	PG	PA; AL
GILENYA (<i>fingolimod hcl</i>)	PBS	PA; NPL; #; SP Pharmacy; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PG	NPL; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PG	NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	PG	NPL; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	PG	NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>gnp nicotine mini</i>	CE	
<i>gnp nicotine polacrilex</i>	CE	
<i>goodsense nicotine mouth/throat gum</i>	CE	
<i>hm nicotine</i>	CE	
<i>hm nicotine polacrilex</i>	CE	
KLS QUIT2 (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 (<i>nicotine polacrilex</i>)	CE	
LEMTRADA (<i>alemtuzumab</i>)	PBS	PA; NPL; SP Pharmacy; QL (6 ml (5 vials) per 365 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	QL (2 tablets per 1 Day)
<i>memantine hcl er</i>	PG	PA; AL
<i>memantine hcl oral tablet</i>	PG	PA
NICORELIEF MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>nicotine</i>	CE	QL (180 day supply per 365 days)
<i>nicotine mini mouth/throat lozenge 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat</i>	CE	QL (180 day supply per 365 days)
<i>nicotine step 1</i>	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine step 2</i>	CE	
<i>nicotine step 3</i>	CE	
NICOTROL (<i>nicotine</i>)	CE	QL (180 day supply per 365 days)
NICOTROL NS (<i>nicotine</i>)	CE	QL (180 day supply per 365 days)
NUEDEXTA (<i>dextromethorphan-quinidine</i>)	PB	QL (2 caps per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	PG	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	PG	
<i>paroxetine mesylate</i>	PG	PA; QL (1 capsule per 1 Day)
<i>perphenazine-amitriptyline</i>	PG	
<i>pimozide</i>	PG	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 box per 1 month)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (1 box per 1 month)
<i>px stop smoking aid</i>	CE	
<i>ra mini nicotine</i>	CE	
<i>ra nicotine</i>	CE	
<i>ra nicotine polacrilex</i>	CE	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (12 injections per 1 month)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (12 injections per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (12 injections per 1 month)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	PBS	PA; NPL; SP Pharmacy; QL (12 injections per 1 month)
<i>rivastigmine</i>	PG	PA
<i>rivastigmine tartrate</i>	PG	PA

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<i>sm nicotine</i>	CE	
<i>sm nicotine polacrilex</i>	CE	
<i>sr nicotine</i>	CE	
TECFIDERA (<i>dimethyl fumarate</i>)	PBS	PA; NPL; #; SP Pharmacy; QL (2 capsules per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PG	PA; QL (4 tablets per 1 day)
<i>tgt nicotine</i>	CE	
<i>tgt nicotine polacrilex</i>	CE	
<i>tgt nicotine step one</i>	CE	
<i>tgt nicotine step three</i>	CE	
<i>tgt nicotine step two</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	LGC
<i>trazodone hcl oral tablet 300 mg</i>	PG	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET (<i>canagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
INVOKAMET XR (<i>canagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralene)	PG	
<i>triamcinolone acetonide mouth/throat</i>	PG	
SULFONAMIDES		
<i>sulfadiazine oral</i>	PG	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE (<i>doxycycline hyclate</i>)	PB	
<i>avidoxy</i>	PG	
<i>minocycline hcl</i> (Coremino)	PG	
<i>demeclocycline hcl oral</i>	PG	

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<i>doxycycline hyclate oral capsule</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	PG	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg</i>	PG	QL (1 capsule per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	PG	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral tablet</i>	PG	
<i>minocycline hcl er</i>	PG	
<i>minocycline hcl oral</i>	PG	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)</i>	PG	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg)</i>	PG	
<i>tetracycline hcl oral</i>	PG	
THYROID AGENTS - HORMONES		
<i>levothyroxine sodium (Euthyrox Oral Tablet 88 Mcg)</i>	PG	
<i>levothyroxine sodium (Levo-T 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 (Levo-T Oral Tablet 300 Mcg)</i>	PG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	LGC
<i>levothyroxine sodium oral tablet 300 mcg</i>	PG	
<i>levothyroxine sodium (Levoxyl)</i>	PG	LGC
<i>liothyronine sodium oral</i>	PG	
<i>methimazole oral</i>	PG	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	PG	
<i>propylthiouracil oral</i>	PG	
SYNTHROID (levothyroxine sodium)	PB	
<i>levothyroxine sodium (Unithroid 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 (Unithroid Oral Tablet 300 Mcg)</i>	PG	

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ULCER DRUGS - DRUGS FOR THE STOMACH		
<i>amoxicill-clarithro-lansopraz</i>	PG	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	PG	
<i>cimetidine oral</i>	PG	
<i>dicyclomine hcl oral capsule</i>	PG	LGC
<i>dicyclomine hcl oral tablet</i>	PG	LGC
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>famotidine oral suspension reconstituted</i>	PG	
<i>famotidine oral tablet 20 mg, 40 mg</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	PG	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>methscopolamine bromide oral</i>	PG	
<i>misoprostol oral</i>	PG	
<i>nizatidine</i>	PG	
OMECLAMOX-PAK (amoxicill-clarithro-omeprazole)	PB	
<i>omeprazole-sodium bicarbonate (Omeppi Oral Capsule 40-1100 Mg)</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	PG	PA; QL (1 packet per day, 90 day supply per 365 days)
<i>pantoprazole sodium oral</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>propantheline bromide oral</i>	PG	
PYLERA (bis subcit-metronid-tetracyc)	PB	#
<i>rabeprazole sodium oral tablet delayed release</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>ranitidine hcl oral capsule</i>	PG	
<i>ranitidine hcl oral syrup</i>	PG	
<i>ranitidine hcl oral tablet 300 mg</i>	PG	LGC
<i>sucralfate oral tablet</i>	PG	

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URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
HYOPHEN (<i>meth-hyo-m bl-benz acd-ph sal</i>)	PG	
<i>methenamine hippurate</i>	PG	
<i>methenamine mandelate oral</i>	PG	
<i>nitrofurantoin macrocrystal oral</i>	PG	
<i>nitrofurantoin monohyd macro</i>	PG	
<i>nitrofurantoin oral suspension</i>	PG	
<i>meth-hyo-m bl-na phos-ph sal</i> (Phosphasal)	PG	
<i>meth-hyo-m bl-na phos-ph sal</i> (Uretron D/S)	PG	
<i>urin ds</i>	PG	
<i>meth-hyo-m bl-na phos-ph sal</i> (Utira-C)	PG	
<i>meth-hyo-m bl-na phos-ph sal</i> (Utrona-C)	PG	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral</i>	PG	
<i>darifenacin hydrobromide er</i>	PG	QL (1 tablet per 1 day)
<i>flavoxate hcl</i>	PG	
MYRBETRIQ (<i>mirabegron</i>)	PB	QL (1 tab per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	PG	
<i>oxybutynin chloride oral tablet</i>	PG	LGC; QL (4 tablets per 1 day)
<i>solifenacin succinate</i>	PG	QL (1 tablet per 1 day)
<i>tolterodine tartrate</i>	PG	
<i>tolterodine tartrate er</i>	PG	QL (1 cap per 1 day)
<i>tropium chloride</i>	PG	QL (2 tabs per 1 day)
<i>tropium chloride er</i>	PG	QL (1 cap per 1 day)
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
<i>clindamycin phosphate vaginal</i>	PG	
ENCARE VAGINAL SUPPOSITORY (<i>nonoxynol-9</i>)	CE	
<i>metronidazole vaginal</i>	PG	
OPTIONS CONCEPTROL (<i>nonoxynol-9</i>)	CE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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PREMARIN VAGINAL (<i>estrogens, conjugated</i>)	PB	
SHUR-SEAL CONTRACEPTIVE (<i>nonoxynol-9</i>)	CE	
<i>terconazole</i>	PG	
TODAY SPONGE (<i>nonoxynol-9</i>)	CE	
<i>metronidazole</i> (Vandazole)	PG	
VCF VAGINAL CONTRACEPTIVE (<i>nonoxynol-9</i>)	CE	
VASOPRESSORS - DRUGS FOR THE HEART		
<i>epinephrine injection solution auto-injector</i>	PG	QL (4 injections per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	PBS	QL (4 injections per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	PBS	QL (4 injections per 30 days)
<i>midodrine hcl</i>	PG	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 syringes per 30 days)
VITAMINS - DRUGS FOR NUTRITION		
<i>ergocalciferol</i>	CE	
<i>ergocalciferol oral capsule</i>	CE	
<i>kp vitamin d oral tablet chewable</i>	CE	

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