Plan for your best health

2020 Aetna Pharmacy Drug Guide
Advanced Control Plan - Aetna:
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How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:

  1. Electronically: Through e-prescribe

  2. Fax: 1-866-329-2779

  3. Phone: 1-866-782-2779, option 2

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

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

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

What is precertification?

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

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

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

What is step therapy?

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

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

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

What are quantity limits?

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

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

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

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

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

How can your provider request a medical exception?

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

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

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Can the formulary change during the year?

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

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

Nondiscrimination Notice

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

We provide free aids/services to people with disabilities and to people who need language assistance.

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

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

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512,
1-800-648-7817, TTY: **711**,
Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697** (TDD).

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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'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého'dólzinígíí béésh bee hane'í bikáá' áajı̨' 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፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

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

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնության (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 ဖုန်းနံပတ်အား 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 lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

ᏀᎩᏍᎫ ᎦᏬᏂᎯᏍᎫ ᎢᏮᎾᏓᏅᏘ Ꮭ ᎪᎢᏍᎫ ᏗGEGWᏁᏗ ᎣᎩ, ᏫᏨᎯᏰᎳᏫᏏ ᎾᏍᎩ Ꮧ4ᏍᎫ IrSAᏯP ᎤᎾᎢ ID ᎢᏂᏲᏍᎫ ᏀᏙPT. (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kvt chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လ၊တ်ကမၤန္၊်ကျိဉ်အတ်ၢမစ၊ၤအတ်ၢဖံးတ်ၢမၤတဖဉ်လ၊ၤတအိဉ်ဒီးအပူၤလ၊ၤနကဘဉ်ဟူဉ်အီၤဘဉ်နှဉ်.ကိးဘဉ်လီတဲစိနီၢ်ဂ်ၢ်လ၊ၤအိဉ်လ၊ၤနတ်ၢ်ဂီၤဒိဉ် (ID) အခးလိၤန္ဉ်တက့ၢ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì pídyi ní, nìí, ɖá nɔ́ɓà nìà nì ID káàɔ̀ kɔ̃ɛ. (Kru-Bassa)

بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خوێت.
(Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
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 yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ̈ në ID kard du kɔ̈u. (Nilotic-Dinka)

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

Um Schprooch Services zu griege 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 auaunaga tau gagana e aunoa 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)

ܟܬܘܒ ܠܢ ܒܠܫܢܐ ܕܐܬܘܪܝܐ ܘܐܦ ܠܐ ܒܠܫܢ ܡܕܝܢܬܐ ܕܐܬܘܪ ܐܝܟ ܕܐܢ ܒܥܐ ܐܢܬ ܕܢܫܬܡܫ ܒܠܫܢ ܐܬܘܪ ܐܝ ܠܐ ܐܢ ܒܥܐ ܐܢܬ ܕܢܫܬܡܫ ܒܠܫܢ ܐܬܘܪ ܐܝ ܠܐ. (Syriac-Assyrian)

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

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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

צוטריט שפראַך באַדינונגען אין קיין פריַז צו איר, רופן די נומער אויף דיין שיין קאָרט. (Yiddish)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe nọmba 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.

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

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

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change.

The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

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

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

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

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

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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.
NF = Non-formulary, not covered unless exception request granted
NP = Non-Preferred Brand and Generic
NPSP = Non-Preferred Specialty
PB = Preferred Brand
PG = Preferred Generic
PSP = Preferred Specialty

Coverage Requirements and Limits
AL = Age Limit
IBC = Indication Based Coverage
LGC = Lowest Generic Copay Applies
N7 = Drug tier when CE does not apply
N8 = Drug Specific Coverage
PA = Prior Authorization
QL = Quantity Limit
QLR = Quantity Limit Restriction Based on Age
Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.
SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.
ST = Step Therapy
STX = Safer and/or more effective treatments are available

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (*methylphenidate hcl*)	NF	
ADIPEX-P ORAL CAPSULE 37.5 MG (*phentermine hcl*)	NP	PA; SPC
ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*)	NP	PA; SPC
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (*amphetamine*)	NP	ST; QL (450 ML per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NF	
amphetamine er oral suspension extended release 1.25 mg/ml	PG	ST; QL (450 ML per 25 DAYs)
amphetamine sulfate oral tablet 10 mg, 5 mg	NP	STX; QL (120 TABLETS per 25 DAYs)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	PG	N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	PG	N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg	PG	QL (90 TABLETS per 25 DAYs)
amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg	PG	QL (60 TABLETS per 25 DAYs)
amphetamine-dextroamphetamine oral tablet 30 mg	PG	QL (30 TABLETS per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NF	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	PG	PA
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	PG	QL (120 CAPSULES per 25 DAYs)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	PG	QL (30 CAPSULES per 25 DAYs)
atomoxetine hcl oral capsule 40 mg	PG	QL (60 CAPSULES per 25 DAYs)
benzphetamine hcl oral tablet 25 mg, 50 mg	PG	PA; SPC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (*methylphenidate hcl*)	NP	N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 DAYs)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (*methylphenidate hcl*)	NP	N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 DAYs)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NP	ST; QL (30 PATCHES per 25 DAYs)
DESOXYN ORAL TABLET 5 MG (*methamphetamine hcl*)	NP	QL (150 TABLETS per 25 DAYs)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*dextroamphetamine sulfate*)	NP	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (*dextroamphetamine sulfate*)	NP	ST; QL (60 CAPSULES per 25 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	PG	QL (60 CAPSULES per 25 DAYs)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg	PG	QL (30 CAPSULES per 25 DAYs)
dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg	PG	QL (30 CAPSULES per 25 days)
dexmethylphenidate hcl oral tablet 10 mg	PG	QL (60 TABLETS per 25 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	PG	QL (120 TABLETS per 25 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	PG	QL (120 CAPSULES per 25 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	PG	QL (60 CAPSULES per 25 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	PG	QL (1200 ML per 25 DAYs)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	PG	QL (120 TABLETS per 25 DAYs)
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	PG	PA; SPC
diethylpropion hcl oral tablet 25 mg	PG	PA; SPC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NP	ST; QL (240 ML per 25 DAYs)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine sulfate*)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NF	
FOCALIN ORAL TABLET 10 MG (*dexmethylphenidate hcl*)	NP	QL (60 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	NP	QL (120 TABLETS per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (*dexmethylphenidate hcl*)	NP	ST; QL (60 CAPSULES per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (*dexmethylphenidate hcl*)	NP	ST; QL (30 CAPSULES per 25 DAYs)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	NP	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (*clonidine hcl*)	NF	
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	NF	
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (90 TABLETS per 25 DAYs)
methamphetamine hcl oral tablet 5 mg	PG	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*)	NP	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*)	NP	QL (1800 ML per 25 DAYs)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	PG	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	PG	QL (30 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	PG	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg	PG	QL (60 CAPSULES per 25 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	PG	QL (30 CAPSULES per 25 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	PG	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	PG	QL (30 CAPSULES per 25 DAYs)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	PG	QL (90 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg	PG	N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	PG	QL (60 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	PG	QL (30 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 54 mg	PG	N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 72 mg	PG	QL (30 TABLETS per 25 DAYs)
methylphenidate hcl oral solution 10 mg/5ml	PG	QL (900 ML per 25 days)
methylphenidate hcl oral solution 5 mg/5ml	PG	QL (1800 ML per 25 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	PG	QL (180 TABLETS per 25 DAYs)
methylphenidate hcl oral tablet 20 mg	PG	QL (90 TABLETS per 25 DAYs)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	NP	QL (180 TABLETS per 25 DAYs)
modafinil oral tablet 100 mg, 200 mg	PG	PA
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG (*amphetamine-dextroamphetamine*)	PB	QL (60 CAPSULES per 25 DAYs)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	PB	QL (30 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NF	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	PG	PA; SPC
phendimetrazine tartrate oral tablet 35 mg	PG	PA; SPC
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	PG	PA; SPC
phentermine hcl oral tablet 37.5 mg	PG	PA; SPC
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	PG	ST; QL (1200 ML per 25 days)
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	NF	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (*methylphenidate hcl*)	NP	ST; QL (60 TABLETS per 25 DAYs)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (*methylphenidate hcl*)	NP	ST; QL (30 TABLETS per 25 DAYs)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NP	ST; QL (360 ML per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (*methylphenidate hcl*)	NP	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*)	NP	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	NP	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NP	QL (90 TABLETS per 25 DAYs)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	PB	PA; SPC
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (*atomoxetine hcl*)	NP	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (*atomoxetine hcl*)	NP	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG (*atomoxetine hcl*)	NP	QL (60 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	PB	PA; QL (30 TABLETS per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	PB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	PB	QL (30 CAPSULES per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	PB	QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	PB	QL (30 TABLETS per 25 DAYs)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	NF	
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	NF	
ZENZEDI ORAL TABLET 15 MG, 20 MG (*dextroamphetamine sulfate*)	PG	QL (60 TABLETS per 25 DAYs)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	PG	QL (120 TABLETS per 25 DAYs)
ZENZEDI ORAL TABLET 30 MG (*dextroamphetamine sulfate*)	PG	QL (30 TABLETS per 25 DAYs)
***ALLERGENIC EXTRACTS/BIOLOGICALS MISC* - BIOLOGICAL AGENTS**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NP	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PSP	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	PA
***AMEBICIDES* - DRUGS FOR INFECTIONS**		
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NF	
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	NPSP	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	PSP	PA; QL (224 ML per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NPSP	PA; QL (280 ML per 28 days)
neomycin sulfate oral tablet 500 mg	PG	
paromomycin sulfate oral capsule 250 mg	PG	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NF	
tobramycin inhalation nebulization solution 300 mg/4ml	PSP	PA; QL (224 ML per 28 DAYs)
tobramycin inhalation nebulization solution 300 mg/5ml	PSP	PA; QL (280 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NF	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NF	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	NP	
diclofenac oral capsule 35 mg	NF	
diclofenac potassium oral tablet 50 mg	PG	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	PG	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	PG	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	PG	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
equapax/ibuprofen/minrex oral therapy pack 800 mg	NF	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	PG	
etodolac oral capsule 200 mg, 300 mg	PG	
etodolac oral tablet 400 mg, 500 mg	PG	
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
fenoprofen calcium oral tablet 600 mg	NF	
FENORTHO ORAL CAPSULE 200 MG (*fenoprofen calcium*)	NF	
flurbiprofen oral tablet 100 mg, 50 mg	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (3 INJECTIONS per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (*adalimumab*)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (6 PENS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (4 PENS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab*)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
ibuprofen (Ibu Oral Tablet 600 Mg)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	PG	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	NPSP	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	NF	
indomethacin oral capsule 20 mg	NF	
indomethacin oral capsule 25 mg, 50 mg	PG	STX
ketoprofen er capsule extended release 24 hour 200 mg oral 200 mg	NF	
ketoprofen er capsule extended release 24 hour 200 mg oral 200 mg	PG	
ketoprofen oral capsule 25 mg	NF	
ketoprofen oral capsule 50 mg, 75 mg	PG	
ketorolac tromethamine oral tablet 10 mg	PG	QL (20 TABLETS per 25 DAYs)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; ST; QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; ST; QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
leflunomide oral tablet 10 mg, 20 mg	PG	
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
meclofenamate sodium oral capsule 100 mg, 50 mg	PG	
mefenamic acid oral capsule 250 mg	NP	
meloxicam oral tablet 15 mg, 7.5 mg	PG	
nabumetone oral tablet 500 mg, 750 mg	PG	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	NF	
naproxen dr oral tablet delayed release 375 mg, 500 mg	PG	
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	PG	
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG (*baricitinib*)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (*methotrexate (anti-rheumatic)*)	NF	
oxaprozin oral tablet 600 mg	PG	
piroxicam oral capsule 10 mg, 20 mg	PG	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (*meloxicam*)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	PSP	PA; QL (4 ML per 28 days)
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	NF	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PSP	PA; ST; QL (200 MG per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	PG	
TIVORBEX ORAL CAPSULE 20 MG (*indomethacin*)	NF	
tolmetin sodium oral capsule 400 mg	PG	
tolmetin sodium oral tablet 600 mg	PG	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	NF	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (*meloxicam*)	NF	
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NF	
aspirin 81 oral tablet delayed release 81 mg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
aspirin childrens oral tablet chewable 81 mg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	NF	
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	NF	
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	PG	QL (48 CAPSULES per 25 DAYs)
butalbital-acetaminophen oral tablet 25-325 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	PG	QL (48 TABLETS per 25 DAYs)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	PG	QL (48 TABLETS per 25 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	PG	QL (48 CAPSULES per 25 DAYs)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	NF	
diflunisal oral tablet 500 mg	PG	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NP	QL (48 TABLETS per 25 DAYs)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
FIORINAL ORAL CAPSULE 50-325-40 MG (*butalbital-aspirin-caffeine*)	NP	QL (48 CAPSULES per 25 days)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	NPSP	
salsalate oral tablet 750 mg	NP	STX
butalbital-apap-caffeine (Vanatol Lq Oral Solution 50-325-40 Mg/15Ml)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-apap-caffeine (Vtol Lq Oral Solution 50-325-40 Mg/15Ml)	NF	
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER**		
acetaminophen-codeine #2 oral tablet 300-15 mg	PG	QL (400 TABLETS per 25 days)
acetaminophen-codeine #3 oral tablet 300-30 mg	PG	QL (360 TABLETS per 25 days)
acetaminophen-codeine #4 oral tablet 300-60 mg	PG	QL (180 TABLETS per 25 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	PG	QL (2700 ML per 25 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NP	PA; QL (120 LOZENGES per 25 DAYs)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NF	STX
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	NP	QL (300 CAPSULES per 25 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (*morphine sulfate*)	NF	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (*buprenorphine hcl*)	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	ST
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	PG	STX; QL (168 TABLETS per 25 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG (*buprenorphine hcl-naloxone hcl*)	NF	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	CE	N7 (PG); QL (90 TABLETS per 25 DAYs)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	PG	QL (60 FILM per 25 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	PG	QL (90 FILM per 25 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	CE	N7 (PG); QL (90 TABLETS per 25 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	PG	ST; QL (4 PATCH WEEKLY per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr	PG	ST
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	PG	QL (48 CAPSULES per 25 DAYs)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	PG	QL (48 CAPSULES per 25 DAYs)
butorphanol tartrate nasal solution 10 mg/ml	NP	QL (2 BOTTLES per 25 DAYs)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NF	
codeine sulfate oral tablet 30 mg	PG	QL (42 TABLETS per 25 days)
codeine sulfate oral tablet 60 mg	NP	QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*tramadol hcl*)	NP	ST; QL (30 CAPSULES per 25 DAYs)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (*tramadol hcl*)	NP	ST
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NP	QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (*hydromorphone hcl*)	NP	QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (*hydromorphone hcl*)	NP	QL (150 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*)	NP	QL (60 TABLETS per 25 days)
DOLOPHINE ORAL TABLET 10 MG (*methadone hcl*)	NP	ST; QL (60 TABLETS per 25 DAYs)
DOLOPHINE ORAL TABLET 5 MG (*methadone hcl*)	NP	ST; QL (90 TABLETS per 25 DAYs)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (*fentanyl*)	NP	ST
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (*fentanyl*)	NP	ST; QL (10 PATCHES per 25 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (*fentanyl*)	NP	ST; QL (10 PATCHES per 25 DAYs)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (*fentanyl*)	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (*fentanyl*)	NP	ST
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	PA; QL (120 LOZENGES per 25 DAYs)
fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	PG	PA; QL (120 TABLETS per 25 DAYs)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	PG	ST
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr	PG	ST; QL (10 PATCHES per 25 DAYs)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	NP	QL (48 CAPSULES per 25 DAYs)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (*butalbital-asa-caff-codeine*)	NP	QL (48 CAPSULES per 25 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	PG	ST; QL (60 capsules per 25 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	PG	ST
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	NP	QL (2700 ML per 25 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	PG	QL (180 TABLETS per 25 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	PG	QL (240 TABLETS per 25 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	PG	QL (50 TABLETS per 25 days)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	NP	ST; QL (30 TABLETS per 25 DAYs)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	NP	ST
hydromorphone hcl oral liquid 1 mg/ml	PG	QL (600 ML per 25 days)
hydromorphone hcl oral tablet 2 mg	PG	QL (180 TABLETS per 25 days)
hydromorphone hcl oral tablet 4 mg	PG	QL (150 TABLETS per 25 days)
hydromorphone hcl oral tablet 8 mg	PG	QL (60 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone hcl rectal suppository 3 mg	NP	QL (120 SUPPOSITORY per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG (*morphine sulfate*)	NF	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (*fentanyl citrate*)	NF	
levorphanol tartrate oral tablet 2 mg, 3 mg	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML (*hydrocodone-acetaminophen*)	NP	QL (2025 ML per 25 days)
meperidine hcl oral solution 50 mg/5ml	NF	
meperidine hcl oral tablet 50 mg	NF	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	NP	ST; QL (60 ML per 25 DAYs)
methadone hcl oral concentrate 10 mg/ml	NP	QL (30 ML per 25 days)
methadone hcl oral solution 10 mg/5ml	PG	ST; QL (300 ML per 25 DAYs)
methadone hcl oral solution 5 mg/5ml	PG	ST; QL (450 ML per 25 DAYs)
methadone hcl oral tablet 10 mg	PG	ST; QL (60 TABLETS per 25 DAYs)
methadone hcl oral tablet 5 mg	PG	ST; QL (90 TABLETS per 25 DAYs)
methadone hcl oral tablet soluble 40 mg	PG	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NP	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NP	QL (30 ML per 25 DAYs)
morphine sulfate (concentrate) oral solution 100 mg/5ml	PG	QL (135 ML per 25 days)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	PG	ST
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	PG	ST; QL (30 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	PG	ST; QL (60 CAPSULES per 25 DAYs)
morphine sulfate er oral capsule extended release 24 hour 100 mg	PG	ST
morphine sulfate er oral capsule extended release 24 hour 40 mg	PG	ST; QL (60 CAPSULES per 25 days)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	PG	ST; QL (30 CAPSULES per 25 DAYs)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	PG	ST
morphine sulfate er oral tablet extended release 15 mg, 30 mg	PG	ST; QL (90 TABLETS per 25 days)
morphine sulfate oral solution 10 mg/5ml	PG	QL (900 ML per 25 days)
morphine sulfate oral solution 20 mg/5ml	PG	QL (675 ML per 25 days)
morphine sulfate oral tablet 15 mg	PG	QL (180 TABLETS per 25 days)
morphine sulfate oral tablet 30 mg	PG	QL (90 TABLETS per 25 days)
morphine sulfate rectal suppository 10 mg, 5 mg	PG	QL (180 SUPPOSITORY per 25 days)
morphine sulfate rectal suppository 20 mg	PG	QL (120 SUPPOSITORY per 25 days)
morphine sulfate rectal suppository 30 mg	PG	QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (*morphine sulfate*)	NP	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (*morphine sulfate*)	NP	ST; QL (90 TABLETS per 25 DAYs)
nalocet oral tablet 2.5-300 mg	NF	
NORCO ORAL TABLET 10-325 MG, 7.5-325 MG (*hydrocodone-acetaminophen*)	NP	QL (180 TABLETS per 25 days)
NORCO ORAL TABLET 5-325 MG (*hydrocodone-acetaminophen*)	NP	QL (240 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (*tapentadol hcl*)	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (*tapentadol hcl*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 100 MG (*tapentadol hcl*)	PB	QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG (*tapentadol hcl*)	PB	QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG (*tapentadol hcl*)	PB	QL (90 TABLETS per 25 days)
OPANA ORAL TABLET 10 MG (*oxymorphone hcl*)	NP	QL (90 TABLETS per 25 days)
OXAYDO ORAL TABLET 5 MG, 7.5 MG (*oxycodone hcl*)	NF	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg	PG	ST; QL (60 TABLETS per 25 DAYs)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg	PG	ST
oxycodone hcl oral capsule 5 mg	PG	QL (180 CAPSULES per 25 days)
oxycodone hcl oral concentrate 100 mg/5ml	PG	QL (90 ML per 25 days)
oxycodone hcl oral solution 5 mg/5ml	PG	QL (900 ML per 25 days)
oxycodone hcl oral tablet 10 mg, 5 mg	PG	QL (180 TABLETS per 25 days)
oxycodone hcl oral tablet 15 mg	PG	QL (120 TABLETS per 25 days)
oxycodone hcl oral tablet 20 mg	PG	QL (90 TABLETS per 25 days)
oxycodone hcl oral tablet 30 mg	PG	QL (60 TABLETS per 25 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg	NF	
oxycodone-acetaminophen oral tablet 10-325 mg	PG	QL (180 TABLETS per 25 DAYs)
oxycodone-acetaminophen oral tablet 2.5-325 mg	PG	QL (360 TABLETS per 25 DAYs)
oxycodone-acetaminophen oral tablet 5-325 mg	PG	QL (360 TABLETS per 25 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	PG	QL (240 TABLETS per 25 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	PG	QL (360 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	NF	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	PG	ST; QL (60 TABLETS per 25 days)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	PG	ST
oxymorphone hcl oral tablet 10 mg	PG	QL (90 TABLETS per 25 days)
oxymorphone hcl oral tablet 5 mg	PG	QL (180 TABLETS per 25 days)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	NP	STX; QL (120 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NF	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
ROXICODONE ORAL TABLET 15 MG (*oxycodone hcl*)	NP	QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (*oxycodone hcl*)	NP	QL (60 TABLETS per 25 days)
ROXICODONE ORAL TABLET 5 MG (*oxycodone hcl*)	NP	QL (180 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	PSP	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)	PB	PA; QL (120 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG (*fentanyl*)	PB	PA; QL (240 LIQUID per 25 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg	PG	ST; QL (30 TABLETS per 25 DAYs)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	PG	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol hcl er oral capsule extended release 24 hour 100 mg	PG	ST; QL (30 CAPSULES per 25 DAYs)
tramadol hcl er oral capsule extended release 24 hour 150 mg	PG	ST; QL (30 CAPSULES per 25 days)
tramadol hcl er oral capsule extended release 24 hour 200 mg, 300 mg	PG	ST
tramadol hcl er oral tablet extended release 24 hour 100 mg	PG	ST; QL (30 TABLETS per 25 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	PG	ST
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	PG	QL (180 TABLETS per 25 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	PG	QL (40 TABLETS per 25 days)
ULTRACET ORAL TABLET 37.5-325 MG (*tramadol-acetaminophen*)	NP	QL (40 TABLETS per 25 days)
ULTRAM ORAL TABLET 50 MG (*tramadol hcl*)	NP	QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG (*hydrocodone-acetaminophen*)	NP	QL (240 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (*oxycodone*)	PB	ST; QL (60 CAPSULES per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (*oxycodone*)	PB	ST
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (*hydrocodone bitartrate*)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (90 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (30 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (60 TABLETS per 25 DAYs)
***ANDROGENS-ANABOLIC* - HORMONES**		
ANADROL-50 ORAL TABLET 50 MG (*oxymetholone*)	NP	PA; STX

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	PB	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NP	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%) (*testosterone*)	NP	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) (*testosterone*)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	NPSP	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	PG	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	NP	PA
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NF	
methitest oral tablet 10 mg	NP	PA; STX
methyltestosterone oral capsule 10 mg	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	NF	
oxandrolone oral tablet 10 mg, 2.5 mg	NP	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
testosterone cypionate injection solution 200 mg/ml	NF	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	PG	PA
testosterone cypionate solution 200 mg/ml injection 200 mg/ml	NP	PA
testosterone cypionate solution 200 mg/ml injection 200 mg/ml	PG	PA
testosterone enanthate intramuscular solution 200 mg/ml	PG	PA
testosterone gel 12.5 mg/act (1%) transdermal 12.5 mg/act (1%)	NF	
testosterone gel 12.5 mg/act (1%) transdermal 12.5 mg/act (1%)	PG	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	PG	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal solution 30 mg/act	NP	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NP	PA
***ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS**		
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
hydrocortisone (perianal) external cream 2.5 %	PG	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NF	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NF	
***ANTHELMINTICS* - DRUGS FOR INFECTIONS**		
albendazole oral tablet 200 mg	NP	QL (336 TABLETS per 365 days)
ALBENZA ORAL TABLET 200 MG (*albendazole*)	NP	QL (336 TABLETS per 365 DAYs)
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NP	QL (24 TABLETS per 365 DAYs)
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	NP	QL (12 TABLETS per 365 days)
ivermectin oral tablet 3 mg	PG	
praziquantel oral tablet 600 mg	PG	QL (24 TABLETS per 365 DAYs)
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART**		
GONITRO SUBLINGUAL PACKET 400 MCG (*nitroglycerin*)	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	NF	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	PG	
isosorbide mononitrate oral tablet 10 mg, 20 mg	PG	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	PG	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	PG	
nitroglycerin translingual solution 0.4 mg/spray	PG	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (*nitroglycerin*)	NF	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	PG	
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg	PG	QL (150 TABLETS per 25 DAYs)
alprazolam er oral tablet extended release 24 hour 3 mg	PG	QL (90 TABLETS per 25 DAYs)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	NP	QL (300 ML per 25 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	QL (150 TABLETS per 25 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	QL (150 TABLETS per 25 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PG	QL (360 CAPSULES per 25 DAYs)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG	QL (180 TABLETS per 25 days)
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	PG	QL (240 ML per 25 DAYs)
diazepam oral solution 5 mg/5ml	PG	QL (1200 ML per 25 DAYs)
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG	QL (120 TABLETS per 25 DAYs)
hydroxyzine hcl oral syrup 10 mg/5ml	PG	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	PG	QL (150 ML per 25 DAYs)
lorazepam oral tablet 0.5 mg	PG	QL (150 TABLETS per 25 days)
lorazepam oral tablet 1 mg, 2 mg	PG	QL (150 TABLETS per 25 DAYs)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PG	QL (120 CAPSULES per 25 DAYs)
TRANXENE-T ORAL TABLET 7.5 MG (*clorazepate dipotassium*)	NP	QL (180 TABLETS per 25 days)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	NP	QL (120 TABLETS per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NF	
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART**		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	PG	
disopyramide phosphate oral capsule 100 mg, 150 mg	PG	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PSP	PA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	PG	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	PG	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPSP	PA; ST
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (*fluticasone-salmeterol*)	PB	QL (1 PACKAGE per 25 DAYs)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	PB	QL (1 PACKAGE per 25 DAYs)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	PG	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	PG	QL (2 GM per 25 DAYs)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	PG	QL (5 BOXES per 25 DAYs)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	PG	QL (60 NEBULIZATION SOLUTION per 25 days)
albuterol sulfate oral syrup 2 mg/5ml	PG	
albuterol sulfate oral tablet 2 mg, 4 mg	PG	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NF	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (*umeclidinium-vilanterol*)	PB	QL (1 PACKAGE per 25 DAYs)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (*indacaterol maleate*)	NF	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate (inhal)*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	PB	QL (1 PACKAGE per 25 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	PB	QL (1 PACKAGE per 25 DAYs)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (*mometasone furoate*)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NF	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	NF	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	PB	QL (1 PACKAGE per 25 DAYs)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	QL (1 PACKAGE per 25 DAYs)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	QL (1 PACKAGE per 25 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	NF	
budesonide inhalation suspension 0.25 mg/2ml	PG	QL (3 ML per 25 days)
budesonide inhalation suspension 0.5 mg/2ml	PG	QL (2 ML per 25 days)
budesonide inhalation suspension 1 mg/2ml	PG	QL (1 ML per 25 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	NF	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*)	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NP	QL (2 PACKAGES per 25 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PG	QL (2 BOXES per 25 DAYs)
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	PB	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	PSP	PA; QL (1 ML per 56 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST (*fluticasone propionate (inhal)*)	PB	QL (4 AEROSOL POWDER BREATH ACTIVATED per 25 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST (*fluticasone propionate (inhal)*)	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	PB	QL (2 GM per 25 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (*umeclidinium bromide*)	PB	QL (1 PACKAGE per 25 DAYs)
ipratropium bromide inhalation solution 0.02 %	PG	QL (5 ML per 25 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	PG	QL (6 BOXES per 25 DAYs)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	PG	QL (300 ML per 25 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	PG	QL (45 NEBULIZATION SOLUTION per 25 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	NP	QL (2 INHALERS per 25 DAYs)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
montelukast sodium oral packet 4 mg	PG	
montelukast sodium oral tablet 10 mg	PG	
montelukast sodium oral tablet chewable 4 mg, 5 mg	PG	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	PSP	PA; QL (3 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	QL (2 BOXES per 25 DAYs)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (*albuterol sulfate*)	NF	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (*budesonide*)	PB	QL (2 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (*budesonide*)	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	QL (2 PACKAGES per 25 DAYs)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (*glycopyrrolate*)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (*salmeterol xinafoate*)	NF	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	QL (1 PACKAGE per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	QL (1 PACKAGE per 25 DAYs)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	PB	QL (1 GM per 25 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	QL (1 PACKAGE per 25 DAYs)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	PB	QL (1 PACKAGE per 25 DAYs)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PG	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PG	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PG	
theophylline oral solution 80 mg/15ml	PG	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (*fluticasone-umeclidin-vilant*)	PB	QL (1 PACKAGE per 25 DAYs)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (*indacaterol-glycopyrrolate*)	NF	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	NF	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	PSP	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	PA; QL (6 SOLUTION RECONSTITUTED per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (*levalbuterol hcl*)	NP	QL (45 ML per 25 DAYs)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (*levalbuterol hcl*)	NP	QL (300 ML per 25 DAYs)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	QL (30 ML per 25 days)
zafirlukast oral tablet 10 mg, 20 mg	PG	
zileuton er oral tablet extended release 12 hour 600 mg	NP	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NF	
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	PG	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	PG	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	NF	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	PG	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	PG	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	NF	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NP	PA
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NP	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NP	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	PG	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	PG	
carbamazepine oral suspension 100 mg/5ml	PG	
carbamazepine oral tablet 200 mg	PG	
carbamazepine oral tablet chewable 100 mg	PG	
clobazam oral suspension 2.5 mg/ml	PG	PA
clobazam oral tablet 10 mg, 20 mg	PG	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	QL (300 TABLETS per 25 DAYs)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	QL (300 TABLETS per 25 days)
DIACOMIT ORAL CAPSULE 250 MG (*stiripentol*)	NPSP	QL (360 CAPSULES per 30 DAYs)
DIACOMIT ORAL CAPSULE 500 MG (*stiripentol*)	NPSP	QL (180 CAPSULES per 30 DAYs)
DIACOMIT ORAL PACKET 250 MG (*stiripentol*)	NPSP	QL (360 PACKET per 30 DAYs)
DIACOMIT ORAL PACKET 500 MG (*stiripentol*)	NPSP	QL (180 PACKET per 30 DAYs)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*)	NF	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PG	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PG	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PG	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	PA; QL (800 ML per 30 days)
ethosuximide oral capsule 250 mg	PG	
ethosuximide oral solution 250 mg/5ml	PG	
felbamate oral suspension 600 mg/5ml	PG	
felbamate oral tablet 400 mg, 600 mg	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NPSP	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	PB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	PG	QL (6 CAPSULES per 1 DAY)
gabapentin oral solution 250 mg/5ml	PG	QL (72 ML per 1 day)
gabapentin oral solution 300 mg/6ml	PG	QL (72 ML per 1 Day)
gabapentin oral tablet 600 mg	PG	QL (6 TABLETS per 1 day)
gabapentin oral tablet 800 mg	PG	QL (4 TABLETS per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NP	QL (300 TABLETS per 25 DAYs)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NF	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PG	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG	
lamotrigine oral tablet chewable 25 mg, 5 mg	PG	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	NP	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PG	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PG	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PG	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	PG	
levetiracetam oral solution 100 mg/ml	PG	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG (*pregabalin*)	NP	ST; QL (120 CAPSULES per 25 days)
LYRICA ORAL CAPSULE 200 MG (*pregabalin*)	NP	ST; QL (90 CAPSULES per 25 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG (*pregabalin*)	NP	ST; QL (60 CAPSULES per 25 days)
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NP	ST; QL (900 ML per 25 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	NP	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	NP	QL (6 CAPSULES per 1 DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NP	QL (72 ML per 1 DAY)
NEURONTIN ORAL TABLET 600 MG (*gabapentin*)	NP	QL (6 TABLETS per 1 DAY)
NEURONTIN ORAL TABLET 800 MG (*gabapentin*)	NP	QL (4 TABLETS per 1 DAY)
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NF	
oxcarbazepine oral suspension 300 mg/5ml	PG	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
phenytoin oral suspension 125 mg/5ml	PG	
phenytoin oral tablet chewable 50 mg	PG	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG	QL (120 CAPSULES per 25 DAYs)
pregabalin oral capsule 200 mg	PG	QL (90 CAPSULES per 25 DAYs)
pregabalin oral capsule 225 mg, 300 mg	PG	QL (60 CAPSULES per 25 DAYs)
pregabalin oral solution 20 mg/ml	PG	QL (900 ML per 25 DAYs)
primidone oral tablet 250 mg, 50 mg	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NP	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NF	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	PG	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	PG	
topiramate oral capsule sprinkle 15 mg, 25 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	PB	
valproic acid oral capsule 250 mg	PG	
valproic acid oral solution 250 mg/5ml	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	NP	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	NP	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	NP	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	NP	QL (10 BLISTER per 25 days)
vigabatrin oral packet 500 mg	PSP	PA; QL (180 PACKET per 30 days)
vigabatrin oral tablet 500 mg	PSP	PA; QL (180 TABLETS per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	PB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG (*cenobamate*)	NP	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	NP	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	NP	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*)	NP	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
amitriptyline hcl oral tablet 10 mg	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 DAYs); AL (Min 65 Years)
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	PG	AL (Max 69 Years)
amitriptyline hcl oral tablet 25 mg	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
amitriptyline hcl oral tablet 50 mg	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYs); AL (Min 65 Years)
amoxapine oral tablet 100 mg, 25 mg, 50 mg	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years)
amoxapine oral tablet 150 mg	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (*clomipramine hcl*)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG (*clomipramine hcl*)	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NF	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	PG	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	PG	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
citalopram hydrobromide oral solution 10 mg/5ml	PG	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	PG	LGC
clomipramine hcl oral capsule 25 mg, 50 mg	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years)
clomipramine hcl oral capsule 75 mg	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NF	
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years)
desipramine hcl oral tablet 100 mg, 150 mg	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYs); AL (Min 65 Years)
desipramine hcl oral tablet 75 mg	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
desvenlafaxine er tablet extended release 24 hour 100 mg oral 100 mg	NF	
desvenlafaxine er tablet extended release 24 hour 100 mg oral 100 mg	PG	ST; QL (30 TABLETS per 30 DAYs)
desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg	NF	
desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg	PG	ST; QL (30 TABLETS per 30 DAYs)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	NP	ST; QL (30 TABLETS per 30 DAYs)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin hcl oral capsule 100 mg	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
doxepin hcl oral capsule 150 mg	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years)
doxepin hcl oral capsule 75 mg	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
doxepin hcl oral concentrate 10 mg/ml	PG	QLR (QL applies to members age 65 and older); QL (450 ML per 25 DAYs); AL (Min 65 Years)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (*duloxetine hcl*)	NF	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PG	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	NF	
escitalopram oxalate oral solution 5 mg/5ml	PG	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NF	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PG	LGC
fluoxetine hcl oral capsule delayed release 90 mg	PG	
fluoxetine hcl oral solution 20 mg/5ml	PG	
fluoxetine hcl oral tablet 10 mg, 20 mg	PG	
fluoxetine hcl oral tablet 60 mg	NF	
fluoxetine hcl tablet 60 mg oral 60 mg	PG	
fluoxetine hcl tablet 60 mg oral 60 mg	NF	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	PG	
imipramine hcl oral tablet 10 mg, 25 mg	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYs); AL (Min 65 Years)
imipramine hcl oral tablet 50 mg	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
imipramine pamoate oral capsule 100 mg, 75 mg	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
imipramine pamoate oral capsule 125 mg, 150 mg	NP	AL (Max 69 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NF	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	PG	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PG	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PG	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	NP	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NP	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years)
nortriptyline hcl oral capsule 10 mg	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years)
nortriptyline hcl oral capsule 25 mg	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
nortriptyline hcl oral capsule 50 mg	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
nortriptyline hcl oral capsule 75 mg	PG	AL (Max 69 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nortriptyline hcl oral solution 10 mg/5ml	PG	QLR (QL applies to members age 65 and older); QL (750 ML per 25 DAYs); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 10 MG (*nortriptyline hcl*)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 25 MG (*nortriptyline hcl*)	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 50 MG (*nortriptyline hcl*)	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 75 MG (*nortriptyline hcl*)	NP	AL (Max 69 Years)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PG	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PG	LGC
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NF	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine mesylate*)	NF	
phenelzine sulfate oral tablet 15 mg	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
protriptyline hcl oral tablet 5 mg	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sertraline hcl oral concentrate 20 mg/ml	PG	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	PG	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	PA
tranylcypromine sulfate oral tablet 10 mg	PG	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PG	
trimipramine maleate oral capsule 100 mg	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years)
trimipramine maleate oral capsule 25 mg, 50 mg	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Min 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	ST
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	PG	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	NF	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	NP	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	PB	ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*)	PB	ST
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (*brexanolone*)	NF	
***ANTIDIABETICS* - HORMONES**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	PG	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NF	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (*lixisenatide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (*lixisenatide*)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	NF	
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	NF	
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	NF	
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	NF	
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (*exenatide*)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	NF	
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NF	
diazoxide oral suspension 50 mg/ml	PG	
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NF	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PG	LGC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	LGC
glipizide oral tablet 10 mg, 5 mg	PG	LGC
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PG	LGC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	PB	
glucagon emergency injection kit 1 mg	PB	
glucagon emergency injection solution reconstituted 1 mg/ml	NF	
glucose oral tablet chewable 4 gm	NP	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NF	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	ST
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	NF	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	NF	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	NF	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin aspart subcutaneous solution 100 unit/ml	NF	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	NF	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	NF	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	NF	
insulin lispro subcutaneous solution 100 unit/ml	NF	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*)	NF	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NPSP	PA; QL (120 TABLETS per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NF	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	NF	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg	PG	LGC
metformin hcl er oral tablet extended release 24 hour 750 mg	PG	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PG	LGC
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	NF	
nateglinide oral tablet 120 mg, 60 mg	NP	LGC
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*)	NF	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (*alogliptin-pioglitazone*)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	PA; QL (3 ML per 21 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	PA; QL (3 ML per 21 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	PG	LGC
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PG	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	NF	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	NP	LGC
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML (*metformin hcl*)	NF	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NF	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	PA
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NF	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NF	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	ST
tolbutamide oral tablet 500 mg	NP	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	NF	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	NF	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	PB	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	PB	PA; QL (4 PENS per 21 DAYs)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	PB	PA; QL (3 PENS per 25 DAYs)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	ST
***ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	PG	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	PG	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	STX
***ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING**		
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	PSP	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PSP	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	PSP	PA
deferiprone oral tablet 500 mg	PSP	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NPSP	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (*deferiprone*)	NPSP	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NPSP	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NPSP	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NPSP	PA
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	PG	
naloxone hcl injection solution auto-injector 2 mg/0.4ml	NF	
naloxone hcl injection solution cartridge 0.4 mg/ml	PG	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	PG	
naltrexone hcl oral tablet 50 mg	CE	N7 (PG)
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	PB	QL (4 SPRAYS per 180 DAYs)
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PSP	QL (20 PACKETS per 5 DAYs)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPSP	QL (380 MG per 28 days)
***ANTIEMETICS* - DRUGS FOR THE STOMACH**		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NP	QL (2 CAPSULES per 21 DAYs)
ANZEMET ORAL TABLET 100 MG, 50 MG (*dolasetron mesylate*)	NP	STX; QL (6 TABLETS per 21 DAYs)
aprepitant oral capsule 125 mg	PG	QL (2 CAPSULES per 21 days)
aprepitant oral capsule 40 mg	PG	QL (3 CAPSULES per 180 DAYs)
aprepitant oral capsule 80 & 125 mg	PG	QL (2 PACKS per 21 DAYs)
aprepitant oral capsule 80 mg	PG	QL (4 CAPSULES per 21 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	PG	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	NP	PA; QL (120 CAPSULES per 25 DAYs)
EMEND ORAL CAPSULE 40 MG (*aprepitant*)	NP	QL (3 CAPSULES per 180 DAYs)
EMEND ORAL CAPSULE 80 MG (*aprepitant*)	NP	QL (4 CAPSULES per 21 DAYs)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NP	QL (6 KITS per 21 DAYs)
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	NP	QL (2 PACKS per 21 DAYs)
granisetron hcl oral tablet 1 mg	NP	QL (12 TABLETS per 21 DAYs)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (*dronabinol*)	NP	PA; QL (120 CAPSULES per 25 DAYs)
ondansetron hcl oral solution 4 mg/5ml	PG	QL (200 ML per 21 DAYs)
ondansetron hcl oral tablet 24 mg	PG	QL (2 TABLETS per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg	PG	QL (18 TABLETS per 21 DAYs)
ondansetron oral tablet dispersible 4 mg, 8 mg	PG	QL (18 TABLETS per 21 DAYs)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	NF	
scopolamine transdermal patch 72 hour 1 mg/3days	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NF	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	PG	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PB	QL (2 PACKS per 21 days)
ZOFRAN ORAL TABLET 4 MG (*ondansetron hcl*)	NP	QL (18 TABLETS per 21 DAYs)
ZUPLENZ ORAL FILM 4 MG, 8 MG (*ondansetron*)	NF	
***ANTIFUNGALS* - DRUGS FOR INFECTIONS**		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	PG	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flucytosine oral capsule 250 mg	NP	STX
flucytosine oral capsule 500 mg	NF	STX
griseofulvin microsize oral suspension 125 mg/5ml	PG	
griseofulvin microsize oral tablet 500 mg	PG	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	PG	
itraconazole oral capsule 100 mg	PG	
itraconazole oral solution 10 mg/ml	NP	
ketoconazole oral tablet 200 mg	PG	PA; STX
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	PG	
posaconazole oral tablet delayed release 100 mg	NF	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	NF	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (*itraconazole*)	NF	
terbinafine hcl oral tablet 250 mg	PG	
tolsura oral capsule 65 mg	NF	
voriconazole oral suspension reconstituted 40 mg/ml	PG	
voriconazole oral tablet 200 mg, 50 mg	PG	
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS**		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (*fexofenadine hcl*)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (*fexofenadine hcl*)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (*fexofenadine hcl*)	PG	Select OTC
allergy relief oral capsule 10 mg	PG	Select OTC
carbinoxamine maleate oral tablet 4 mg	PG	
carbinoxamine maleate oral tablet 6 mg	NF	
cetirizine hcl allergy child oral solution 5 mg/5ml	PG	Select OTC
cetirizine hcl oral tablet 10 mg, 5 mg	PG	Select OTC
cetirizine hcl oral tablet chewable 10 mg, 5 mg	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (*loratadine*)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN ORAL SYRUP 5 MG/5ML (*loratadine*)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (*loratadine*)	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (*loratadine*)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*loratadine*)	PG	Select OTC
cvs allergy relief childrens oral suspension 30 mg/5ml	PG	Select OTC
cyproheptadine hcl oral syrup 2 mg/5ml	PG	
cyproheptadine hcl oral tablet 4 mg	PG	
desloratadine oral tablet 5 mg	PG	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	NP	
fexofenadine hcl oral tablet 180 mg	PG	Select OTC
gnp loratadine childrens oral tablet chewable 5 mg	PG	Select OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NP	ST
kp fexofenadine hcl oral tablet 60 mg	PG	Select OTC
levocetirizine dihydrochloride oral tablet 5 mg	PG	Select OTC
loratadine oral capsule 10 mg	PG	Select OTC
loratadine oral tablet 10 mg	PG	Select OTC
promethazine hcl oral syrup 6.25 mg/5ml	PG	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PG	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	PG	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	NF	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (*levocetirizine dihydrochloride*)	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*)	PG	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (*cetirizine hcl*)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (*cetirizine hcl*)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NF	
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	PG	LGC
cholestyramine light oral packet 4 gm	PG	
cholestyramine light oral powder 4 gm/dose	PG	
cholestyramine oral packet 4 gm	PG	
cholestyramine oral powder 4 gm/dose	PG	
colesevelam hcl oral packet 3.75 gm	PG	
colesevelam hcl oral tablet 625 mg	PG	
colestipol hcl oral granules 5 gm	PG	
colestipol hcl oral packet 5 gm	PG	
colestipol hcl oral tablet 1 gm	PG	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
ezetimibe oral tablet 10 mg	PG	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	PG	
fenofibrate micronized oral capsule 130 mg, 43 mg	NP	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	PG	
fenofibrate oral capsule 150 mg, 50 mg	NP	
fenofibrate oral tablet 120 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	PG	
fenofibrate oral tablet 40 mg	NP	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	PG	
fenofibric acid oral tablet 105 mg	NF	
FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	PG	
fluvastatin sodium oral capsule 20 mg, 40 mg	PG	
gemfibrozil oral tablet 600 mg	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NPSP	PA; QL (28 CAPSULES per 28 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NF	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PG	LGC
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NP	PA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	PG	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	
omega-3-acid ethyl esters oral capsule 1 gm	PG	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	PSP	PA; QL (2 ML per 28 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	LGC
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	NF	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	LGC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	PG	LGC
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NF	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	PB	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	NP	ST; QL (30 TABLETS per 25 DAYs)
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART**		
aliskiren fumarate oral tablet 150 mg, 300 mg	PG	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	PG	LGC
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	PG	LGC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	NP	LGC
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	PG	LGC
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NF	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	PG	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	LGC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	PG	LGC
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NF	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	PG	LGC
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG	LGC
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	PG	LGC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG	LGC
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	PG	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	PG	LGC
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	NP	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NP	ST; QL (30 TABLETS per 25 days)
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NP	ST; QL (360 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NF	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	PG	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (*metoprolol-hydrochlorothiazide*)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NF	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	LGC
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	PG	LGC
eplerenone oral tablet 25 mg, 50 mg	NP	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	PG	LGC
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	PG	LGC
guanfacine hcl oral tablet 1 mg, 2 mg	PG	
hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg	PG	
hydralazine hcl oral tablet 25 mg	PG	LGC
irbesartan oral tablet 150 mg, 300 mg, 75 mg	PG	LGC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	PG	LGC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	LGC
lisinopril oral tablet 30 mg, 40 mg	PG	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG	LGC
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	PG	LGC
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	PG	LGC
methyldopa oral tablet 250 mg, 500 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	PG	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	PG	
metyrosine oral capsule 250 mg	NP	
minoxidil oral tablet 10 mg, 2.5 mg	PG	
moexipril hcl oral tablet 15 mg, 7.5 mg	PG	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	PG	LGC
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	PG	LGC
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	NP	LGC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	NP	LGC
phenoxybenzamine hcl oral capsule 10 mg	PG	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	PG	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NF	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	PG	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	LGC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG	LGC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG	LGC
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*)	PB	ST
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG	LGC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	NP	LGC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG	LGC
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	LGC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	PG	LGC
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	PG	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG	LGC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG	LGC
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NP	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NP	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
atovaquone oral suspension 750 mg/5ml	PG	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NPSP	PA; QL (84 ML per 28 days)
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	PG	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	PG	
colistimethate sodium (cba) injection solution reconstituted 150 mg	PG	
dapsone oral tablet 100 mg, 25 mg	PG	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
linezolid oral suspension reconstituted 100 mg/5ml	PG	PA
linezolid oral tablet 600 mg	PG	PA
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*)	PB	
methenamine hippurate oral tablet 1 gm	PG	
methenamine mandelate oral tablet 0.5 gm, 1 gm	PG	
metronidazole oral capsule 375 mg	PG	
metronidazole oral tablet 250 mg, 500 mg	PG	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	PG	
nitrofurantoin monohyd macro oral capsule 100 mg	PG	
nitrofurantoin oral suspension 25 mg/5ml	NP	
pentamidine isethionate inhalation solution reconstituted 300 mg	PG	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NP	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	PG	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	PG	
tinidazole oral tablet 250 mg, 500 mg	NP	
trimethoprim oral tablet 100 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOCIN HCL ORAL CAPSULE 125 MG (*vancomycin hcl*)	NP	QL (80 CAPSULES per 10 DAYs)
vancomycin hcl oral capsule 125 mg, 250 mg	NP	QL (80 CAPSULES per 10 days)
vancomycin hcl oral solution reconstituted 250 mg/5ml	NP	QL (450 ML per 10 DAYs)
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NF	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NF	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NF	
***ANTIMALARIALS* - DRUGS FOR INFECTIONS**		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	NP	
chloroquine phosphate oral tablet 250 mg, 500 mg	PG	
hydroxychloroquine sulfate oral tablet 200 mg	PG	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NF	
mefloquine hcl oral tablet 250 mg	NP	
primaquine phosphate oral tablet 26.3 mg	PG	
pyrimethamine oral tablet 25 mg	PG	
quinine sulfate oral capsule 324 mg	NP	
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPSP	PA; QL (240 TABLETS per 30 DAYs)
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NF	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NF	
pyridostigmine bromide er oral tablet extended release 180 mg	PG	
pyridostigmine bromide oral solution 60 mg/5ml	PG	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	PG	
RUZURGI ORAL TABLET 10 MG (*amifampridine*)	NPSP	PA; QL (300 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS**		
cycloserine oral capsule 250 mg	NP	
ethambutol hcl oral tablet 100 mg, 400 mg	PG	
isoniazid oral syrup 50 mg/5ml	PG	
isoniazid oral tablet 100 mg, 300 mg	PG	
pretomanid oral tablet 200 mg	NP	PA
pyrazinamide oral tablet 500 mg	PG	
rifabutin oral capsule 150 mg	PG	
rifampin oral capsule 150 mg, 300 mg	PG	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPSP	PA
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**		
abiraterone acetate oral tablet 250 mg	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	NPSP	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (*everolimus*)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (*everolimus*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
AFINITOR ORAL TABLET 10 MG (*everolimus*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	CE	PA; N7 (NPS); QL (240 CAPSULES per 30 days)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	NPSP	
ALKERAN ORAL TABLET 2 MG (*melphalan*)	CE	N7 (NP)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (*brigatinib*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (*brigatinib*)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
anastrozole oral tablet 1 mg	CE	N7 (PG); AL (Min 35 Years)
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	NPSP	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (*avapritinib*)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (*erdafitinib*)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG (*erdafitinib*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG (*erdafitinib*)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
bexarotene oral capsule 75 mg	CE	PA; N7 (PSP)
bicalutamide oral tablet 50 mg	CE	N7 (PG)
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL CAPSULE 100 MG (*acalabrutinib*)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
capecitabine oral tablet 150 mg	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)
capecitabine oral tablet 500 mg	CE	PA; N7 (PG); QL (300 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPS); QL (1 kit per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPS); QL (1 kit per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPS); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	PA; N7 (NPS); QL (63 TABLETS per 21 days)
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N7 (PG)
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	CE	N7 (NF)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	PSP	PA
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
erlotinib hcl oral tablet 25 mg	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
etoposide oral capsule 50 mg	CE	N7 (PG)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
exemestane oral tablet 25 mg	CE	N7 (PG); AL (Min 35 Years)
FARYDAK ORAL CAPSULE 10 MG, 20 MG (*panobinostat lactate*)	CE	N7 (NF)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (*fulvestrant*)	NPSP	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	NPSP	PA
flutamide oral capsule 125 mg	CE	N7 (PG)
fulvestrant intramuscular solution 250 mg/5ml	PSP	PA
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	N7 (NF)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	CE	N7 (NF)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	PA; N7 (NPS)
hydroxyurea oral capsule 500 mg	CE	N7 (PG)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
ICLUSIG ORAL TABLET 15 MG (*ponatinib hcl*)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
ICLUSIG ORAL TABLET 45 MG (*ponatinib hcl*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
imatinib mesylate oral tablet 100 mg	CE	PA; N7 (PG); QL (90 TABLETS per 30 days)
imatinib mesylate oral tablet 400 mg	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (*axitinib*)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (*axitinib*)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	N7 (NF)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (*interferon alfa-2b*)	NPSP	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	NPSP	PA
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	CE	PA; N7 (NPS); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 days)
lapatinib ditosylate oral tablet 250 mg	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
letrozole oral tablet 2.5 mg	CE	N7 (PG)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N7 (PG)
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	CE	N7 (PB)
leuprolide acetate injection kit 1 mg/0.2ml	PSP	PA
LONSURF ORAL TABLET 15-6.14 MG (*trifluridine-tipiracil*)	CE	PA; N7 (NPS); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (*trifluridine-tipiracil*)	CE	PA; N7 (NPS); QL (80 TABLETS per 30 days)
LORBRENA ORAL TABLET 100 MG (*lorlatinib*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (*lorlatinib*)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	NPSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	NPSP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	N7 (PB)
megestrol acetate oral suspension 40 mg/ml	CE	N7 (PG)
megestrol acetate oral tablet 20 mg, 40 mg	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
melphalan oral tablet 2 mg	CE	N7 (PG)
mercaptopurine oral tablet 50 mg	CE	N7 (PG)
methotrexate oral tablet 2.5 mg	CE	N7 (PG)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	PG	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	PG	
methotrexate sodium injection solution reconstituted 1 gm	PG	
MYLERAN ORAL TABLET 2 MG (*busulfan*)	CE	N7 (PB)
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	CE	N7 (NF)
nilutamide oral tablet 150 mg	CE	N7 (PG)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	PA; N7 (NPS); QL (3 CAPSULES per 28 days)
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	CE	N7 (NF)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	N7 (NF)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	N7 (NF)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	N7 (NF)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	PA; N7 (NPS); QL (21 CAPSULES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	CE	PA; N7 (NPS)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	N7 (NF)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (*entrectinib*)	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (*entrectinib*)	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (*dasatinib*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	CE	PA; N7 (NPS); QL (84 TABLETS per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
TABLOID ORAL TABLET 40 MG (*thioguanine*)	CE	N7 (PB)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (*talazoparib tosylate*)	CE	N7 (NF)
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	N7 (PG); AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG (*erlotinib hcl*)	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (*erlotinib hcl*)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	PA; ST; N7 (NPS)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	N7 (NF)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (*temozolomide*)	CE	PA; ST; N7 (NPS)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	CE	PA; N7 (PG)
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
toremifene citrate oral tablet 60 mg	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NPSP	PA
tretinoin oral capsule 10 mg	CE	N7 (PG)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	CE	N7 (PB)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 200 MG (*pexidartinib hcl*)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG (*venetoclax*)	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	CE	PA; N7 (NPS); QL (1 TABLET THERAPY PACK per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	PA; N7 (NPS); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	CE	PA; N7 (NPS); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N7 (NPS)
XELODA ORAL TABLET 150 MG (*capecitabine*)	CE	PA; ST; N7 (NPS); QL (120 TABLETS per 30 days)
XELODA ORAL TABLET 500 MG (*capecitabine*)	CE	PA; ST; N7 (NPS); QL (300 TABLETS per 30 days)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
YONSA ORAL TABLET 125 MG (*abiraterone acetate*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZEJULA ORAL CAPSULE 100 MG (*niraparib tosylate*)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	PA; N7 (NPS); QL (240 TABLETS per 30 days)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
amantadine hcl oral capsule 100 mg	PG	
amantadine hcl oral syrup 50 mg/5ml	PG	
amantadine hcl oral tablet 100 mg	PG	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	PG	
bromocriptine mesylate oral capsule 5 mg	PG	
bromocriptine mesylate oral tablet 2.5 mg	PG	
carbidopa oral tablet 25 mg	PG	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	PG	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	PG	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	PG	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPSP	PA
entacapone oral tablet 200 mg	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NF	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	NPSP	PA; QL (300 CAPSULES per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*apomorphine hcl*)	NF	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NF	
ONGENTYS ORAL CAPSULE 50 MG (*opicapone*)	NF	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (*amantadine hcl*)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (*amantadine hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	NP	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	PG	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	PG	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	NP	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	NP	
selegiline hcl oral capsule 5 mg	PG	
selegiline hcl oral tablet 5 mg	PG	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (*carbidopa-levodopa*)	NP	
tolcapone oral tablet 100 mg	NP	STX
trihexyphenidyl hcl oral solution 0.4 mg/ml	PG	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	PG	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NF	
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	NP	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	NP	PA
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NF	
aripiprazole oral solution 1 mg/ml	PG	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PG	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PB	PA
CAPLYTA ORAL CAPSULE 42 MG (*lumateperone tosylate*)	NF	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PG	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PG	
prochlorperazine (Compro Rectal Suppository 25 Mg)	PG	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
fluphenazine hcl oral concentrate 5 mg/ml	PG	
fluphenazine hcl oral elixir 2.5 mg/5ml	PG	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NF	
haloperidol lactate oral concentrate 2 mg/ml	PG	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PG	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (*paliperidone*)	NP	PA; QL (30 TABLETS per 25 DAYs)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (*paliperidone*)	NP	PA; QL (60 TABLETS per 25 DAYs)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (*paliperidone palmitate*)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NF	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	PG	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PG	
lithium carbonate oral tablet 300 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PG	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NPSP	PA
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NPSP	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PG	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PG	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	NP	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	NF	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	NP	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PG	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NP	PA; QL (30 TABLETS per 25 DAYs)
risperidone oral solution 1 mg/ml	PG	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NP	PA; QL (60 TABLETS per 25 DAYs)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NF	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PG	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NP	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (*cariprazine hcl*)	PB	PA; QL (60 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (*cariprazine hcl*)	PB	PA; QL (30 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	PB	PA; QL (60 CAPSULES per 25 DAYs)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PG	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	PG	
***ANTIVIRALS* - DRUGS FOR INFECTIONS**		
abacavir sulfate oral solution 20 mg/ml	PG	QL (900 ML per 30 DAYs)
abacavir sulfate oral tablet 300 mg	PG	QL (60 TABLETS per 30 DAYs)
abacavir sulfate-lamivudine oral tablet 600-300 mg	PG	QL (30 TABLETS per 30 DAYs)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	PG	QL (60 TABLETS per 30 DAYs)
acyclovir oral capsule 200 mg	PG	
acyclovir oral suspension 200 mg/5ml	PG	
acyclovir oral tablet 400 mg, 800 mg	PG	
adefovir dipivoxil oral tablet 10 mg	PG	
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NP	QL (120 CAPSULES per 30 DAYs)
APTIVUS ORAL SOLUTION 100 MG/ML (*tipranavir*)	NP	QL (285 ML per 28 DAYs)
atazanavir sulfate oral capsule 150 mg, 300 mg	PG	QL (30 CAPSULES per 30 DAYs)
atazanavir sulfate oral capsule 200 mg	PG	QL (60 CAPSULES per 30 DAYs)
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	PSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NF	
BIKTARVY ORAL TABLET 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PB	QL (30 TABLETS per 30 DAYs)
cidofovir intravenous solution 75 mg/ml	PG	
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
COMBIVIR ORAL TABLET 150-300 MG (*lamivudine-zidovudine*)	NP	QL (60 TABLETS per 30 DAYs)

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION 80 MG/ML (*ritonavir*)	PB	QL (480 ML per 30 DAYs)
NORVIR ORAL TABLET 100 MG (*ritonavir*)	PB	QL (360 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PB	QL (30 TABLETS per 30 DAYs)
oseltamivir phosphate oral capsule 30 mg	PG	QL (40 CAPSULES per 90 days)
oseltamivir phosphate oral capsule 45 mg	PG	QL (20 CAPSULES per 90 days)
oseltamivir phosphate oral capsule 75 mg	PG	QL (20 CAPSULES per 90 DAYs)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	PG	QL (360 ML per 90 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (*peginterferon alfa-2a*)	NF	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NP	QL (1 TABLET per 1 DAY)
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir ethanolate*)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (*darunavir ethanolate*)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (*darunavir ethanolate*)	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (*darunavir ethanolate*)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (*darunavir ethanolate*)	PB	QL (30 TABLETS per 30 DAYs)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (*zanamivir*)	PB	QL (2 INHALERS per 90 DAYs)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (*atazanavir sulfate*)	NP	QL (30 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL CAPSULE 200 MG (*atazanavir sulfate*)	NP	QL (60 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NP	QL (180 PACKET per 30 days)
ribavirin oral capsule 200 mg	PG	PA
ribavirin oral tablet 200 mg	PG	PA
rimantadine hcl oral tablet 100 mg	PG	
ritonavir oral tablet 100 mg	PG	QL (360 TABLETS per 30 DAYs)
rukobia oral tablet extended release 12 hour 600 mg	NF	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	NP	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG (*maraviroc*)	NP	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG (*maraviroc*)	NP	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG (*maraviroc*)	NP	QL (120 TABLETS per 30 DAYs)
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	NF	
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NPSP	PA; ST; QL (28 PACKET per 28 DAYs)
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NPSP	PA; ST; QL (28 TABLETS per 28 days)
stavudine oral capsule 15 mg, 40 mg	PG	QL (60 CAPSULES per 30 DAYs)
stavudine oral capsule 20 mg, 30 mg	PG	QL (60 CAPSULES per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (*efavirenz*)	NP	QL (90 CAPSULES per 30 DAYs)
SUSTIVA ORAL TABLET 600 MG (*efavirenz*)	NP	QL (30 TABLETS per 30 DAYs)
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darunavir-cobic-emtricit-tenofaf*)	PB	QL (30 TABLETS per 30 days)
TAMIFLU ORAL CAPSULE 30 MG (*oseltamivir phosphate*)	NP	QL (40 CAPSULES per 90 DAYs)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (*oseltamivir phosphate*)	NP	QL (20 CAPSULES per 90 DAYs)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	NP	QL (360 ML per 90 days)
TEMIXYS ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
tenofovir disoproxil fumarate oral tablet 300 mg	PG	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 10 MG (*dolutegravir sodium*)	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG (*dolutegravir sodium*)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PB	QL (360 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (30 TABLETS per 30 DAYs)
TRIZIVIR ORAL TABLET 300-150-300 MG (*abacavir-lamivudine-zidovudine*)	NP	QL (60 TABLETS per 30 DAYs)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (*emtricitabine-tenofovir df*)	PB	QL (30 TABLETS per 30 DAYs)
TRUVADA ORAL TABLET 200-300 MG (*emtricitabine-tenofovir df*)	PB	QL (30 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NP	QL (30 TABLETS per 30 DAYs)
valacyclovir hcl oral tablet 1 gm, 500 mg	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NF	
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NF	
valganciclovir hcl oral solution reconstituted 50 mg/ml	PG	PA; QL (1000 ML per 30 days)
valganciclovir hcl oral tablet 450 mg	PG	PA; QL (102 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	PA; QL (30 TABLETS per 30 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (*ombitas-paritapre-ritona-dasab*)	NF	
VIRACEPT ORAL TABLET 250 MG (*nelfinavir mesylate*)	NP	QL (300 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 625 MG (*nelfinavir mesylate*)	NP	QL (120 TABLETS per 30 DAYs)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (*nevirapine*)	NP	QL (1200 ML per 30 DAYs)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (*nevirapine*)	NP	QL (30 TABLETS per 30 DAYs)
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NP	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NP	QL (30 TABLETS per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (*baloxavir marboxil*)	NF	
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	NF	
ZERIT ORAL CAPSULE 30 MG, 40 MG (*stavudine*)	NP	QL (60 CAPSULES per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	NP	QL (900 ML per 30 DAYs)
ZIAGEN ORAL TABLET 300 MG (*abacavir sulfate*)	NP	QL (60 TABLETS per 30 DAYs)
zidovudine oral capsule 100 mg	PG	QL (180 CAPSULES per 30 DAYs)
zidovudine oral syrup 50 mg/5ml	PG	QL (1800 ML per 30 DAYs)
zidovudine oral tablet 300 mg	PG	QL (60 TABLETS per 30 DAYs)
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (*acyclovir*)	NF	
***BETA BLOCKERS* - DRUGS FOR THE HEART**		
acebutolol hcl oral capsule 200 mg, 400 mg	PG	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sotalol hcl (af) oral tablet 120 mg	PG	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	PG	
sotalol hcl oral tablet 120 mg, 80 mg	PG	LGC
sotalol hcl oral tablet 160 mg, 240 mg	PG	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART**		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	PG	LGC
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NF	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NF	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (*amlodipine besylate-celecoxib*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	PG	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG	LGC
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	PG	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	
isradipine oral capsule 2.5 mg, 5 mg	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
nicardipine hcl oral capsule 20 mg, 30 mg	PG	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	PG	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	PG	
nimodipine oral capsule 30 mg	PG	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	PG	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	PG	
verapamil hcl er oral tablet extended release 120 mg	PG	LGC
verapamil hcl er oral tablet extended release 180 mg, 240 mg	PG	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	PG	LGC
***CARDIOTONICS* - DRUGS FOR THE HEART**		
digoxin oral solution 0.05 mg/ml	PG	
digoxin oral tablet 125 mcg, 250 mcg	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	NF	
***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART**		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	PSP	PA; QL (90 TABLETS per 30 days)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYs)
ambrisentan oral tablet 10 mg, 5 mg	PSP	PA; QL (30 TABLETS per 30 DAYs)
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	NP	LGC
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	PB	
bosentan oral tablet 125 mg, 62.5 mg	PSP	PA; QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	NP	SPC ; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (*alprostadil (vasodilator)*)	NP	SPC ; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*tadalafil*)	NF	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	NP	SPC ; QL (6 VIALS per 25 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA
isoxsuprine hcl oral tablet 10 mg, 20 mg	NP	STX
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	
LEVITRA ORAL TABLET 10 MG, 20 MG (*vardenafil hcl*)	NF	
MUSE URETHRAL PELLET 1000 MCG, 125 MCG, 250 MCG, 500 MCG (*alprostadil (vasodilator)*)	PB	SPC ; QL (6 SUPPOSITORIES per 25 days)
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PSP	PA
phenylephrine hcl intracavernosal solution 2 mg/2ml	NF	
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	NF	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NPSP	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	NF	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NF	
sildenafil citrate intravenous solution 10 mg/12.5ml	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil citrate oral suspension reconstituted 10 mg/ml	PSP	PA; QL (224 ML per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	PG	SPC ; QL (6 TABLETS per 25 DAYs)
sildenafil citrate oral tablet 20 mg	PG	PA; QL (90 TABLETS per 30 days)
STAXYN ORAL TABLET DISPERSIBLE 10 MG (*vardenafil hcl*)	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	NF	
tadalafil (pah) oral tablet 20 mg	PSP	PA; QL (60 TABLETS per 30 days)
tadalafil oral tablet 10 mg, 20 mg	PG	SPC ; QL (6 TABLETS per 25 DAYs)
tadalafil oral tablet 2.5 mg	PG	SPC ; QL (30 TABLETS per 25 DAYs)
tadalafil oral tablet 5 mg	PG	SPC ; QL (30 TABLETS per 25 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NPSP	PA; QL (60 TABLETS per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NPSP	PA; QL (112 TABLETS per 28 days)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	PSP	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (*selexipag*)	PSP	PA; QL (140 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	SPC ; QL (6 TABLETS per 25 days)
vardenafil hcl oral tablet dispersible 10 mg	PG	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	NPSP	PA; QL (270 ML per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NF	
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS**		
cefaclor oral capsule 250 mg, 500 mg	PG	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	PG	
cefadroxil oral capsule 500 mg	PG	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	PG	
cefadroxil oral tablet 1 gm	PG	
cefdinir oral capsule 300 mg	PG	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cefixime oral capsule 400 mg	NP	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	NP	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	PG	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	PG	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cefprozil oral tablet 250 mg, 500 mg	PG	
cefuroxime axetil oral tablet 250 mg, 500 mg	PG	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PG	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cephalexin oral tablet 250 mg, 500 mg	PG	
SUPRAX ORAL CAPSULE 400 MG (*cefixime*)	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (*cefixime*)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (*cefixime*)	PB	
***CONTRACEPTIVES* - DRUGS FOR WOMEN**		
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	N7 (PG)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N7 (PG)
levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	N7 (NF); QL (1 RING per 300 days)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	CE	N7 (NP)
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (PG)
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	N7 (NP); QL (4 INJECTIONS per 300 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N7 (PG)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	CE	N7 (PG)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	N7 (NP)
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (PG); QL (13 RING per 300 days)
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	CE	N7 (PG)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	N7 (PG); QL (13 RING per 300 DAYs)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (*levonorgestrel-eth estrad & fa*)	CE	N7 (NP)
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	CE	N7 (PG)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (*levonorgestrel*)	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	N7 (PB)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	N7 (PG); QL (4 ML per 300 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	N7 (PG); QL (4 ML per 300 days)
norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NF	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	N7 (NF)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	N7 (NP); QL (1 IMPLANT per 300 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	CE	N7 (PG)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	N7 (PG)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	CE	N7 (PG)
norethindrone oral tablet 0.35 mg	CE	N7 (PG)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	CE	N7 (PG)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	N7 (PG)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NP	QL (13 RING per 300 days)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (*norgestim-eth estrad triphasic*)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N7 (NP); QL (1 IUD per 300 DAYs)
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (*levonorgest-eth estrad 91-day*)	NF	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	NP	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (*drospirenone*)	CE	N7 (NF)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	CE	N7 (NF)
desogestrel-ethinyl estradiol (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (PG)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (*norelgestromin-eth estradiol*)	CE	N7 (PG)
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NF	
***CORTICOSTEROIDS* - HORMONES**		
budesonide er oral tablet extended release 24 hour 9 mg	PG	
budesonide oral capsule delayed release particles 3 mg	PG	
cortisone acetate oral tablet 25 mg	PG	
dexamethasone oral elixir 0.5 mg/5ml	PG	
dexamethasone oral solution 0.5 mg/5ml	PG	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	PG	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	PG	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	PG	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NF	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG	
methylprednisolone oral tablet therapy pack 4 mg	PG	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (*prednisolone*)	NF	
MILLIPRED ORAL TABLET 5 MG (*prednisolone*)	NF	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (*budesonide*)	NF	
prednisolone oral solution 15 mg/5ml	PG	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	NP	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	PG	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	NP	
prednisone oral solution 5 mg/5ml	PG	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PG	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	PG	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NF	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	NF	
zcort 7-day oral tablet therapy pack 1.5 mg (25)	NF	
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS**		
acetylcysteine inhalation solution 10 %, 20 %	PG	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (*fexofenadine-pseudoephedrine*)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (*fexofenadine-pseudoephedrine*)	PG	Select OTC
benzonatate capsule 150 mg oral 150 mg	NF	
benzonatate capsule 150 mg oral 150 mg	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benzonatate oral capsule 100 mg, 200 mg	PG	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	PG	Select OTC
coditussin ac oral liquid 200-10 mg/5ml	PG	Select OTC
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	PG	Select OTC
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	PG	Select OTC
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	NP	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	PG	
hydrocodone-homatropine oral tablet 5-1.5 mg	PG	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	PG	Select OTC
promethazine-dm oral syrup 6.25-15 mg/5ml	PG	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	PG	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	PG	
sodium chloride inhalation nebulization solution 10 %, 3 %	PG	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (*codeine polst-chlorphen polst*)	NF	
***DERMATOLOGICALS* - DRUGS FOR THE SKIN**		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	PG	Select OTC
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NF	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	PG	PA; QL (60 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*)	NF	
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	NP	
ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*)	NP	ST
adapalene external cream 0.1 %	NP	PA; AL (Max 35 Years)
adapalene external gel 0.3 %	NP	PA; AL (Max 35 Years)
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene gel 0.1 % external (otc) 0.1 %	PG	PA; Select OTC; AL (Min 35 Years)
adapalene gel 0.1 % external (rx) 0.1 %	NP	PA; AL (Min 35 Years)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	NF	
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	NP	PA; QL (180 ML per 25 DAYs)
alclometasone dipropionate external cream 0.05 %	PG	QL (120 GM per 25 DAYs)
alclometasone dipropionate external ointment 0.05 %	PG	QL (120 GM per 25 DAYs)
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NF	
amcinonide external cream 0.1 %	NP	QL (120 GM per 25 DAYs)
amcinonide external lotion 0.1 %	NP	QL (120 ML per 25 DAYs)
amcinonide external ointment 0.1 %	NP	PA; QL (180 GM per 25 DAYs)
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NF	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*)	NF	
tretinoin (Avita External Gel 0.025 %)	PG	PA; AL (Max 35 Years)
azelaic acid external gel 15 %	NP	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZACLIN EXTERNAL GEL 1-5 % (*clindamycin phos-benzoyl perox*)	NF	
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 % (*clindamycin phos-benzoyl perox*)	NF	
benzoyl peroxide-erythromycin external gel 5-3 %	PG	
betamethasone dipropionate aug external cream 0.05 %	PG	QL (120 GM per 25 DAYs)
betamethasone dipropionate aug external gel 0.05 %	PG	QL (120 GM per 25 DAYs)
betamethasone dipropionate aug external lotion 0.05 %	PG	QL (120 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	PG	QL (120 GM per 25 DAYs)
betamethasone dipropionate external cream 0.05 %	PG	QL (120 GM per 25 DAYs)
betamethasone dipropionate external lotion 0.05 %	PG	QL (120 ML per 25 DAYs)
betamethasone dipropionate external ointment 0.05 %	PG	QL (120 GM per 25 DAYs)
betamethasone valerate external cream 0.1 %	NP	QL (120 GM per 25 DAYs)
betamethasone valerate external foam 0.12 %	NP	QL (120 GM per 25 DAYs)
betamethasone valerate external lotion 0.1 %	NP	QL (120 ML per 25 DAYs)
betamethasone valerate external ointment 0.1 %	NP	QL (120 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	QL (120 GM per 25 days)
calcipotriene external cream 0.005 %	NF	
calcipotriene external foam 0.005 %	NF	
calcipotriene external ointment 0.005 %	NP	ST; QL (60 GM per 25 days)
calcipotriene external solution 0.005 %	NP	ST; QL (60 ML per 25 days)
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NP	ST; QL (60 GM per 25 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
calcitriol external ointment 3 mcg/gm	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	NF	
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	NF	
CENTANY EXTERNAL OINTMENT 2 % (*mupirocin*)	NP	QL (30 GM per 25 DAYs)
ciclopirox external gel 0.77 %	NP	
ciclopirox external shampoo 1 %	NP	
ciclopirox external solution 8 %	PG	PA; STX
ciclopirox olamine external cream 0.77 %	PG	
ciclopirox olamine external suspension 0.77 %	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
clindamycin phosphate (Clindacin-P External Swab 1 %)	PG	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NF	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	PG	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	NP	
clindamycin phosphate external foam 1 %	NP	
clindamycin phosphate external gel 1 %	NP	
clindamycin phosphate external lotion 1 %	NP	
clindamycin phosphate external solution 1 %	NP	
clindamycin-tretinoin external gel 1.2-0.025 %	NP	PA; AL (Max 35 Years)
clobetasol propionate e external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
clobetasol propionate emulsion external foam 0.05 %	NP	QL (120 GM per 25 days)
clobetasol propionate external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
clobetasol propionate external foam 0.05 %	NP	QL (120 GM per 25 days)
clobetasol propionate external gel 0.05 %	NP	QL (120 GM per 25 DAYs)
clobetasol propionate external liquid 0.05 %	NF	
clobetasol propionate external lotion 0.05 %	NP	QL (120 ML per 25 DAYs)
clobetasol propionate external ointment 0.05 %	NP	QL (120 GM per 25 DAYs)
clobetasol propionate external shampoo 0.05 %	NP	QL (120 ML per 25 DAYs)
clobetasol propionate external solution 0.05 %	NP	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NP	QL (120 GRAMS per 25 days)
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NP	PA; QL (180 GRAMS per 25 days)
clotrimazole-betamethasone external cream 1-0.05 %	PG	STX; QL (60 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	PG	STX; QL (60 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (*flurandrenolide*)	NP	PA; QL (180 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NP	PA; QL (180 ML per 25 DAYs)
CORDRAN EXTERNAL OINTMENT 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	PG	
dapsone external gel 5 %, 7.5 %	PG	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NF	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (180 ML per 25 DAYs)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (180 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESONATE EXTERNAL GEL 0.05 % (*desonide*)	NP	PA; QL (180 GRAMS per 25 days)
desonide external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	NP	QL (120 ML per 25 days)
desonide external ointment 0.05 %	NP	QL (120 GM per 25 DAYs)
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	NP	PA; QL (180 GM per 25 DAYs)
desoximetasone external cream 0.05 %, 0.25 %	NP	QL (120 GM per 25 DAYs)
desoximetasone external gel 0.05 %	NP	QL (120 GM per 25 DAYs)
desoximetasone external liquid 0.25 %	PG	QL (120 ML per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	NP	QL (120 GM per 25 DAYs)
diclofenac epolamine external patch 1.3 %	PG	QL (30 PATCHES per 25 Days)
diclofenac sodium external gel 3 %	NP	PA; QL (100 GRAMS per 25 DAYs)
diclofenac sodium external solution 1.5 %	PG	PA; QL (300 ML per 21 Days)
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	NP	PA; AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NP	PA; AL (Max 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NP	PA; AL (Max 35 Years)
DIFFERIN GEL 0.1 % EXTERNAL (OTC) 0.1 % (*adapalene*)	PG	PA; Select OTC; AL (Min 35 Years)
DIFFERIN GEL 0.1 % EXTERNAL (RX) 0.1 % (*adapalene*)	NP	PA; AL (Min 35 Years)
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % (*betamethasone dipropionate aug*)	NP	PA; QL (180 GM per 25 DAYs)
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NP	PA; QL (180 GM per 25 DAYs)
docosanol external cream 10 %	PG	Select OTC
DOVONEX EXTERNAL CREAM 0.005 % (*calcipotriene*)	NP	ST; QL (60 GM per 25 days)
doxepin hcl external cream 5 %	NF	
doxycycline oral capsule delayed release 40 mg	NP	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NP	PA; QL (100 GM per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (*dupilumab*)	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	PSP	PA; QL (400 ML per 28 DAYs)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	PSP	PA; QL (600 ML per 28 days)
econazole nitrate external cream 1 %	NP	QL (85 GM per 25 days)
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NF	
EFUDEX EXTERNAL CREAM 5 % (*fluorouracil*)	NP	ST
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NP	ST; QL (60 GM per 25 days)
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	PB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NF	
ery external pad 2 %	PG	
erythromycin external solution 2 %	PG	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	
EVOCLIN EXTERNAL FOAM 1 % (*clindamycin phosphate*)	NP	ST
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NP	ST; QL (60 G per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NP	ST; QL (60 ML per 25 days)
EXTINA EXTERNAL FOAM 2 % (*ketoconazole*)	NP	QL (100 G per 25 days)
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	PA
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NF	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
fluocinolone acetonide body external oil 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	NP	QL (120 GM per 25 DAYs)
fluocinolone acetonide external ointment 0.025 %	NP	QL (120 GM per 25 DAYs)
fluocinolone acetonide external solution 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	PG	QL (120 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinonide emulsified base external cream 0.05 %	PG	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	NP	QL (120 GM per 25 DAYs)
fluocinonide external ointment 0.05 %	NP	QL (120 GM per 25 DAYs)
fluocinonide external solution 0.05 %	PG	QL (120 ML per 25 DAYs)
FLUOROPLEX EXTERNAL CREAM 1 % (*fluorouracil*)	NF	
fluorouracil external cream 0.5 %	NF	
fluorouracil external cream 5 %	PG	
fluorouracil external solution 2 %, 5 %	PG	
flurandrenolide external cream 0.05 %	NP	QL (120 GM per 25 days)
flurandrenolide external lotion 0.05 %	NP	QL (120 ML per 25 days)
flurandrenolide external ointment 0.05 %	NF	
fluticasone propionate external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
fluticasone propionate external lotion 0.05 %	NP	QL (120 ML per 25 DAYs)
fluticasone propionate external ointment 0.005 %	PG	QL (120 GM per 25 DAYs)
gentamicin sulfate external cream 0.1 %	PG	
gentamicin sulfate external ointment 0.1 %	PG	
halcinonide external cream 0.1 %	PG	QL (120 GM per 25 DAYs)
halobetasol propionate external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	NP	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NF	
hydrocortisone butyr lipo base external cream 0.1 %	NF	
hydrocortisone butyrate external cream 0.1 %	PG	QL (120 GM per 25 DAYs)
hydrocortisone butyrate external lotion 0.1 %	NP	QL (120 ML per 25 DAYs)
hydrocortisone butyrate external ointment 0.1 %	PG	QL (120 GM per 25 DAYs)
hydrocortisone butyrate external solution 0.1 %	PG	QL (120 ML per 25 DAYs)
hydrocortisone external cream 2.5 %	PG	QL (120 GM per 25 DAYs)
hydrocortisone external lotion 2.5 %	PG	QL (120 ML per 25 DAYs)
hydrocortisone external ointment 2.5 %	PG	QL (120 GM per 25 DAYs)
hydrocortisone valerate external cream 0.2 %	PG	QL (120 GM per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone valerate external ointment 0.2 %	PG	QL (120 GM per 25 DAYs)
HYPOCYN EXTERNAL SOLUTION (*eyelid cleansers*)	NF	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NF	
imiquimod external cream 5 %	PG	QL (24 CREAM per 21 days)
imiquimod pump external cream 3.75 %	NP	PA
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	NP	PA
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NF	
KERYDIN EXTERNAL SOLUTION 5 % (*tavaborole*)	NF	
ketoconazole external cream 2 %	PG	
ketoconazole external foam 2 %	NF	
ketoconazole external shampoo 2 %	PG	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	NP	ST
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPSP	QL (1 STICK per 25 DAYs)
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
lidocaine external ointment 5 %	NP	QL (50 GM per 25 DAYs)
lidocaine external patch 5 %	NP	PA; QL (90 PATCHES per 25 DAYs)
lidocaine hcl external solution 4 %	PG	QL (50 ML per 25 DAYs)
lidocaine hcl urethral/mucosal external gel 2 %	PG	QL (60 ML per 25 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	PG	QL (30 ML per 25 DAYs)
lidocaine-prilocaine external cream 2.5-2.5 %	PG	QL (30 GM per 25 DAYs)
lidocaine-tetracaine external cream 7-7 %	NF	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NP	PA; QL (90 PATCHES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*)	NP	PA; QL (180 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NP	PA; QL (180 GM per 25 DAYs)
LOPROX EXTERNAL CREAM 0.77 % (*ciclopirox olamine*)	NF	
LOPROX EXTERNAL SHAMPOO 1 % (*ciclopirox*)	NP	ST
LOPROX EXTERNAL SUSPENSION 0.77 % (*ciclopirox olamine*)	NF	
luliconazole external cream 1 %	PG	
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NF	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NF	
mafenide acetate external packet 5 %	PG	
malathion external lotion 0.5 %	PG	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	NP	ST
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NF	
metronidazole external cream 0.75 %	PG	
metronidazole external gel 0.75 %	PG	
metronidazole external gel 1 %	NP	
metronidazole external lotion 0.75 %	PG	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	NP	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NP	PA
mometasone furoate external cream 0.1 %	NP	QL (120 GM per 25 DAYs)
mometasone furoate external ointment 0.1 %	NP	QL (120 GM per 25 DAYs)
mometasone furoate external solution 0.1 %	PG	QL (120 ML per 25 DAYs)
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	PG	QL (30 GM per 25 DAYs)
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
naftifine hcl external cream 1 %, 2 %	NP	
naftifine hcl external gel 1 %	PG	
NAFTIN EXTERNAL CREAM 2 % (*naftifine hcl*)	NF	
NAFTIN EXTERNAL GEL 1 %, 2 % (*naftifine hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
nystatin external cream 100000 unit/gm	PG	
nystatin external ointment 100000 unit/gm	PG	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	PG	STX; QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	PG	STX; QL (60 GM per 25 DAYs)
OLUX EXTERNAL FOAM 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 GRAMS per 25 days)
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	PB	
oxiconazole nitrate external cream 1 %	NP	QL (90 GM per 25 days)
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	NF	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NF	
OXSORALEN ULTRA ORAL CAPSULE 10 MG (*methoxsalen rapid*)	NF	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NP	PA; QL (180 GM per 25 DAYs)
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NF	
permethrin external cream 5 %	PG	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (*ingenol mebutate*)	NF	
pimecrolimus external cream 1 %	NP	PA
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
podofilox external solution 0.5 %	PG	
PRAMOX EXTERNAL GEL 1 % (*pramoxine hcl*)	NF	
prednicarbate external cream 0.1 %	NP	QL (120 GM per 25 DAYs)
prednicarbate external ointment 0.1 %	NP	QL (120 GM per 25 DAYs)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (*tacrolimus*)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NP	ST; QL (90 GM per 25 DAYs)
psorcon external cream 0.05 %	NF	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NP	PA
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NP	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NP	PA; AL (Max 35 Years)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NP	PA
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NP	PA; STX; QL (120 ML per 25 DAYs)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
silver sulfadiazine external cream 1 %	PG	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 SYRINGES per 84 days)
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	NP	PA
SORIATANE ORAL CAPSULE 10 MG, 25 MG (*acitretin*)	NP	PA; QL (60 CAPSULES per 25 DAYs)
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
spinosad external suspension 0.9 %	PG	
silver sulfadiazine (Ssd External Cream 1 %)	PG	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 56 days)
sulconazole nitrate external cream 1 %	PG	QL (60 G per 25 days)
sulconazole nitrate external solution 1 %	PG	QL (60 ML per 25 days)
sulfacetamide sodium (acne) external lotion 10 %	PG	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*)	NF	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (180 ML per 25 DAYs)
SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*)	NP	QL (2 PATCHES per 25 DAYs)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (*calcipotriene-betameth diprop*)	NP	ST; QL (60 GM per 25 days)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	NP	ST; QL (60 GM per 25 days)
tacrolimus external ointment 0.03 %, 0.1 %	NP	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NPSP	PA
tazarotene external cream 0.1 %	PG	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	PB	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	PB	PA
TEMOVATE EXTERNAL CREAM 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 GM per 25 DAYs)
TEMOVATE EXTERNAL OINTMENT 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NP	PA; QL (180 ML per 25 DAYs)
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	PB	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NP	PA; QL (180 ML per 25 DAYs)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 DAYs)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 days)
tretinoin external cream 0.025 %	PG	PA; AL (Min 35 Years and Max 35 Years)
tretinoin external cream 0.05 %, 0.1 %	PG	PA; AL (Max 35 Years)
tretinoin external gel 0.01 %	PG	PA; AL (Max 35 Years)
tretinoin external gel 0.05 %	NP	PA; AL (Max 35 Years)
tretinoin microsphere external gel 0.04 %	PG	PA; AL (Min 35 Years)
tretinoin microsphere external gel 0.1 %	PG	PA; AL (Max 35 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	PG	QL (120 GM per 25 DAYs)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	PG	QL (120 ML per 25 DAYs)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	PG	QL (120 GM per 25 DAYs)
TRIDESILON EXTERNAL CREAM 0.05 % (*desonide*)	NP	PA; QL (180 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPSP	PA; QL (2 GM per 30 days)
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
VERDESO EXTERNAL FOAM 0.05 % (*desonide*)	NF	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NF	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	
XOLEGEL EXTERNAL GEL 2 % (*ketoconazole*)	NF	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
zeruvia external patch 4-1 %	NP	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NP	ST; QL (90 GM per 25 DAYs)
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NF	
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (*imiquimod*)	NF	
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
blood glucose test in vitro strip	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
diatrue plus test in vitro strip	NF	
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	NF	
easy plus ii glucose test in vitro strip	NF	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NF	
easy talk blood glucose test in vitro strip	NF	
easy trak blood glucose test in vitro strip	NF	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYGLUCO PLUS IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NF	
element compact test in vitro strip	NF	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
eq blood glucose test in vitro strip	NF	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EVENCARE G2 TEST IN VITRO STRIP (*glucose blood*)	NF	
EVENCARE G3 TEST IN VITRO STRIP (*glucose blood*)	NF	
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
EXACTECH R-S-G TEST IN VITRO STRIP (*glucose blood*)	NF	
EXACTECH TEST IN VITRO STRIP (*glucose blood*)	NF	
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NF	
FORTISCARE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NF	
ge100 blood glucose test in vitro strip	NF	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NF	
ght test in vitro strip	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
glucose meter test in vitro strip	NF	
gnp easy touch glucose test in vitro strip	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
goodsense blood glucose in vitro strip	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NF	
kroger test in vitro strip	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*)	NF	
liberty test in vitro strip	NF	
meijer essential glucose test in vitro strip	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
one drop test in vitro strip	NF	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	NF	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NF	
OPTIUM TEST IN VITRO STRIP (*glucose blood*)	NF	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
pharmacist choice no coding in vitro strip	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NF	
PRECISION PCX IN VITRO STRIP (*glucose blood*)	NF	
PRECISION PCX PLUS TEST IN VITRO STRIP (*glucose blood*)	NF	
PRECISION POINT OF CARE TEST IN VITRO STRIP (*glucose blood*)	NF	
PRECISION QID TEST IN VITRO STRIP (*glucose blood*)	NF	
PRECISION SOF-TACT TEST IN VITRO STRIP (*glucose blood*)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
premium blood glucose test in vitro strip	NF	
pro voice v8/v9 glucose in vitro strip	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NF	
PTS PANELS GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RA TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION PRIME TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NF	
SURE EDGE TEST IN VITRO STRIP (*glucose blood*)	NF	
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (*glucose blood*)	NF	
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG (*thyrotropin alfa*)	NPSP	
true focus blood glucose strip in vitro strip	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NF	
ULTRATRAK PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NF	
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NF	
verasens blood glucose test in vitro strip	NF	
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
enzadyne oral capsule	NF	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
***DIURETICS* - DRUGS FOR THE HEART**		
acetazolamide er oral capsule extended release 12 hour 500 mg	NP	
acetazolamide oral tablet 125 mg, 250 mg	PG	
amiloride hcl oral tablet 5 mg	PG	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
chlorthalidone oral tablet 25 mg, 50 mg	PG	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	NP	
furosemide oral tablet 20 mg, 40 mg, 80 mg	PG	LGC
hydrochlorothiazide oral capsule 12.5 mg	PG	LGC
hydrochlorothiazide oral tablet 12.5 mg	PG	
hydrochlorothiazide oral tablet 25 mg, 50 mg	PG	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	PG	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NPSP	PA; QL (120 TABLETS per 30 days)
methazolamide oral tablet 25 mg, 50 mg	PG	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG	
spironolactone oral tablet 100 mg, 50 mg	PG	
spironolactone oral tablet 25 mg	PG	LGC
spironolactone-hctz oral tablet 25-25 mg	PG	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG	
triamterene oral capsule 100 mg, 50 mg	PG	
triamterene-hctz oral capsule 37.5-25 mg	PG	LGC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	PG	LGC
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES**		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	PA; QL (35 ML per 21 days)
ACTONEL ORAL TABLET 150 MG (*risedronate sodium*)	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 35 MG (*risedronate sodium*)	NP	ST; QL (4 TABLETS per 21 days)
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	NPSP	PA
alendronate sodium oral solution 70 mg/75ml	PG	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	PG	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	NP	ST; QL (4 TABLETS per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NP	ST; QL (4 TABLETS per 21 days)
BONIVA ORAL TABLET 150 MG (*ibandronate sodium*)	NP	ST; QL (1 TABLET per 21 days)
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NF	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NF	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (*octreotide acetate*)	NF	
cabergoline oral tablet 0.5 mg	PG	
calcitonin (salmon) nasal solution 200 unit/act	PG	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PG	
calcitriol oral solution 1 mcg/ml	PG	
CARBAGLU ORAL TABLET 200 MG (*carglumic acid*)	NPSP	PA
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	PSP	PA
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NF	
cinacalcet hcl oral tablet 30 mg, 60 mg	PSP	PA; QL (60 TABLETS per 30 days)
cinacalcet hcl oral tablet 90 mg	PSP	PA; QL (120 TABLETS per 30 days)
clomiphene citrate oral tablet 50 mg	NP	
CYSTADANE ORAL POWDER (*betaine*)	NPSP	PA
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NP	
desmopressin ace spray refrig nasal solution 0.01 %	PG	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	PG	
desmopressin acetate spray nasal solution 0.01 %	PG	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	NPSP	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) (*leuprolide acetate (6 month)*)	NF	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*)	PSP	PA; QL (1 ML per 28 days)
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NP	ST; QL (4 TABLETS per 21 days)
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	PSP	PA; QL (14 CAPSULES per 28 days)
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml	NPSP	PA
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml	PSP	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (*somatropin*)	NF	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	PSP	PA; SPC
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (*somatropin*)	PSP	PA
ibandronate sodium intravenous solution 3 mg/3ml	PG	
ibandronate sodium oral tablet 150 mg	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	PA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*)	NF	
JYNARQUE ORAL TABLET 15 MG (*tolvaptan*)	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG (*tolvaptan*)	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG (*tolvaptan*)	NPSP	PA; QL (56 TABLETS per 28 DAYs)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NPSP	PA; QL (56 TABLETS per 28 days)
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NPSP	PA
KUVAN ORAL TABLET SOLUBLE 100 MG (*sapropterin dihydrochloride*)	NPSP	PA
levocarnitine oral solution 1 gm/10ml	PG	
levocarnitine oral tablet 330 mg	PG	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*alglucosidase alfa*)	NPSP	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (*leuprolide & norethindrone*)	NPSP	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	NPSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (*leuprolide acetate (3 month)*)	NPSP	PA
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	NPSP	PA; SPC
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (*vestronidase alfa-vjbk*)	NPSP	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	NF	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	NPSP	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (*parathyroid hormone (recomb)*)	NPSP	PA; SPC ; QL (2 CARTRIDGE per 28 days)
nitisinone oral capsule 10 mg, 2 mg, 5 mg	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NPSP	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	NP	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	NF	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (*chorionic gonadotropin*)	NF	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	NF	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	PG	PA; QL (90 ML per 30 days)
octreotide acetate injection solution 1000 mcg/ml	PG	PA; QL (45 ML per 30 days)
octreotide acetate injection solution 200 mcg/ml	PG	PA; QL (225 ML per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	PA
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*)	PSP	PA; SPC
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	PG	
pamidronate disodium intravenous solution 6 mg/ml	NPSP	
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	PG	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	PG	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (*etelcalcetide hcl*)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	PSP	PA; SPC ; QL (60 ML per 168 days)
raloxifene hcl oral tablet 60 mg	CE	N7 (PG); AL (Min 35 Years)
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NF	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NP	ST
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	PA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	NP	
risedronate sodium oral tablet delayed release 35 mg	NP	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (*somatropin (non-refrigerated)*)	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NF	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	PSP	PA
sapropterin dihydrochloride oral tablet soluble 100 mg	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG (*cinacalcet hcl*)	PSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (*cinacalcet hcl*)	PSP	PA; QL (120 TABLETS per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	NPSP	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NPSP	PA; QL (1 SUSPENSION RECONSTITUTED ER per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPSP	PA; QL (60 ML per 30 days)
sod benz-sod phenylacet intravenous solution 10-10 %	PG	
sodium phenylbutyrate oral powder 3 gm/tsp	PSP	PA; QL (600 G per 30 days)
sodium phenylbutyrate oral tablet 500 mg	PSP	PA; QL (1200 TABLETS per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PSP	PA; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	PSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
STIMATE NASAL SOLUTION 1.5 MG/ML (*desmopressin acetate*)	NPSP	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	NPSP	PA
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NP	PA
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	NF	
tolvaptan oral tablet 30 mg	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	PA; QL (1 PEN per 30 DAYs)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	PA; SPC
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	QL (4 PACKETS per 1 DAY)
zoledronic acid intravenous concentrate 4 mg/5ml	PG	PA
zoledronic acid intravenous solution 5 mg/100ml	PG	PA
zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml	PSP	PA
zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml	NPSP	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (*somatropin*)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	PA
***ESTROGENS* - HORMONES**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	PG	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	
bi-est 80:20 progesterone transdermal cream	NF	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	NF	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NF	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PG	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PG	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	PG	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PB	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (*norethindrone-eth estradiol*)	NF	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	PA
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (*estradiol-norgestimate*)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS**		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	PG	
levofloxacin oral solution 25 mg/ml	PG	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
moxifloxacin hcl oral tablet 400 mg	PG	
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH**		
alosetron hcl oral tablet 0.5 mg, 1 mg	PG	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	PB	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NP	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (*mesalamine*)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NF	
balsalazide disodium oral capsule 750 mg	PG	
calcium acetate (phos binder) oral capsule 667 mg	PG	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NPSP	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (*certolizumab pegol*)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (*certolizumab pegol*)	NF	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	NF	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NF	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NP	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NF	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NF	
lactulose encephalopathy oral solution 10 gm/15ml	PG	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NP	PA
mesalamine er oral capsule extended release 24 hour 0.375 gm	PG	
mesalamine oral capsule delayed release 400 mg	PG	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	PG	
mesalamine rectal enema 4 gm	PG	
mesalamine rectal suppository 1000 mg	PG	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	PG	
metoclopramide hcl oral tablet 10 mg, 5 mg	PG	
metoclopramide hcl oral tablet dispersible 5 mg	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	PB	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NPSP	PA; QL (30 TABLETS per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	PB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (*calcium acetate (phos binder)*)	PB	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	NP	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PSP	PA; ST; QL (10 VIALS per 28 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NF	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sevelamer carbonate oral tablet 800 mg	PG	
sevelamer hcl oral tablet 400 mg, 800 mg	PG	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NF	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	NF	
sulfasalazine oral tablet 500 mg	PG	
sulfasalazine oral tablet delayed release 500 mg	PG	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	PA
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NP	PA
ursodiol oral capsule 300 mg	PG	
ursodiol oral tablet 250 mg, 500 mg	NP	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	PB	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	PA
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPSP	PA; QL (90 TABLETS per 30 days)
ZELNORM ORAL TABLET 6 MG (*tegaserod maleate*)	NF	
***GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER**		
ketamine hcl sublingual troche 100 mg	NF	
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM**		
acetic acid irrigation solution 0.25 %	PG	
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	PG	
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	NP	PA; QL (30 CAPSULES per 30 DAYs)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	PA
dutasteride oral capsule 0.5 mg	PG	PA; QL (30 CAPSULES per 30 DAYs)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	PG	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NP	QL (90 CAPSULES per 25 days)
finasteride oral tablet 5 mg	PG	PA; QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NF	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	PG	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NP	PA; QL (30 TABLETS per 30 DAYs)
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	NF	
silodosin oral capsule 4 mg, 8 mg	PG	
tamsulosin hcl oral capsule 0.4 mg	PG	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NPSP	PA
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NPSP	PA
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER**		
allopurinol oral tablet 100 mg, 300 mg	PG	
colchicine oral capsule 0.6 mg	PG	QL (60 CAPSULES per 25 DAYs)
colchicine oral tablet 0.6 mg	PG	QL (120 TABLETS per 25 DAYs)
colchicine-probenecid oral tablet 0.5-500 mg	PG	
COLCRYS ORAL TABLET 0.6 MG (*colchicine*)	NP	QL (120 TABLETS per 25 days)
febuxostat oral tablet 40 mg, 80 mg	PG	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	PA
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NP	QL (60 CAPSULES per 25 DAYs)
probenecid oral tablet 500 mg	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	NPSP	PA
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	NPSP	PA
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NP	QL (180 CAPSULES per 25 DAYs)
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	NF	
anagrelide hcl oral capsule 0.5 mg	PG	QL (180 CAPSULES per 25 days)
anagrelide hcl oral capsule 1 mg	PG	QL (90 CAPSULES per 25 days)
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	PG	QL (60 CAPSULES per 25 days)
aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	PA
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
BRILINTA ORAL TABLET 60 MG (*ticagrelor*)	PB	QL (60 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRILINTA ORAL TABLET 90 MG (*ticagrelor*)	PB	QL (60 TABLETS per 25 days)
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	
cilostazol oral tablet 100 mg, 50 mg	PG	QL (60 TABLETS per 25 DAYs)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; QL (20 VIALS per 30 days)
clopidogrel bisulfate oral tablet 300 mg, 75 mg	PG	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	NPSP	PA
dipyridamole oral tablet 25 mg, 75 mg	PG	QL (120 TABLETS per 25 days)
dipyridamole oral tablet 50 mg	PG	QL (240 TABLETS per 25 days)
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (*aspirin*)	NF	
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	NP	QL (30 TABLETS per 25 DAYs)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	NF	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	NF	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	NPSP	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	NPSP	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (*icatibant acetate*)	PSP	PA; QL (45 ML per 90 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; QL (20 VIALS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	NPSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	NPSP	PA
icatibant acetate subcutaneous solution 30 mg/3ml	PSP	PA; QL (45 ML per 90 days)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	PSP	PA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	NPSP	PA; QL (30 ML per 90 days)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (*prothrombin complex conc human*)	NPSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophilic factor (recomb)*)	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	NPSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	PA
obizur intravenous solution reconstituted 500 unit	NF	
pentoxifylline er oral tablet extended release 400 mg	PG	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	NP	QL (30 TABLETS per 25 DAYs)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PSP	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihemophilic factor (recomb)*)	NPSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	NPSP	PA
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NPSP	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 90 days)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	PSP	PA; QL (2 ML per 28 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NF	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (*coagulation factor xiii a-sub*)	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	NPSP	PA
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NF	
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PSP	PA
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
cyanocobalamin injection solution 1000 mcg/ml	PG	
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NF	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	NPSP	PA; QL (180 PACKET per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NF	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FA-8 ORAL TABLET 800 MCG (*folic acid*)	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
folate oral tablet 400 mcg	CE	N7 (Not Covered); QL (100 TABLETS per 30 days); AL (Max 55 Years)
folic acid oral tablet 400 mcg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	NPSP	PA
miglustat oral capsule 100 mg	PSP	PA; QL (90 CAPSULES per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NF	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	PSP	PA; QL (7 TABLETS per 14 days)
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	PSP	PA; QL (2 ML per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PSP	PA; QL (2 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (*romiplostim*)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (*romiplostim*)	NPSP	PA
OXBRYTA ORAL TABLET 500 MG (*voxelotor*)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	NF	
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	NPSP	PA; QL (120 PACKET per 30 days)
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	NPSP	PA; QL (180 PACKET per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (*eltrombopag olamine*)	NPSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (*eltrombopag olamine*)	NPSP	PA; QL (60 TABLETS per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PSP	PA
TRIFERIC HEMODIALYSIS PACKET 272 MG (*ferric pyrophosphate citrate*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PSP	PA; QL (2 ML per 28 days)
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (*iron sucrose*)	NPSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	NF	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPSP	PA; QL (90 CAPSULES per 30 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	NF	
***HEMOSTATICS* - DRUGS FOR THE BLOOD**		
AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*)	NF	
aminocaproic acid oral solution 0.25 gm/ml	PG	
aminocaproic acid oral tablet 1000 mg, 500 mg	PG	
tranexamic acid oral tablet 650 mg	NP	
***HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	NP	ST; QL (15 TABLETS per 25 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	NP	QL (15 TABLETS per 25 DAYs)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NF	
DORAL ORAL TABLET 15 MG (*quazepam*)	NP	STX; QL (15 TABLETS per 25 DAYs)
doxepin hcl oral tablet 3 mg, 6 mg	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NF	
estazolam oral tablet 1 mg, 2 mg	PG	QL (15 TABLETS per 25 DAYs)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PG	QL (15 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurazepam hcl oral capsule 15 mg, 30 mg	PG	STX; QL (15 CAPSULES per 25 DAYs)
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NP	QL (10 TABLETS per 25 DAYs)
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPSP	PA; QL (30 CAPSULES per 30 days)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG (*zolpidem tartrate*)	NF	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NF	
midazolam hcl oral syrup 2 mg/ml	NP	
phenobarbital oral elixir 20 mg/5ml	PG	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	PG	
quazepam oral tablet 15 mg	NF	STX
ramelteon oral tablet 8 mg	PG	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	PG	QL (15 CAPSULES per 25 DAYs)
triazolam oral tablet 0.125 mg, 0.25 mg	PG	QL (10 TABLETS per 25 DAYs)
zaleplon oral capsule 10 mg, 5 mg	PG	QL (15 CAPSULES per 25 DAYs)
zolpidem tartrate er oral tablet extended release 12.5 mg	NP	ST; QL (15 TABLETS per 25 DAYs)
zolpidem tartrate er oral tablet extended release 6.25 mg	NP	ST; QL (15 TABLETS per 25 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	PG	QL (15 TABLETS per 25 DAYs)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NP	PA; QL (30 TABLETS per 25 days)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (*zolpidem tartrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***LAXATIVES* - DRUGS FOR THE STOMACH**		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*)	CE	N7 (NF)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	PG	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N7 (PG); AL (Min 50 Years and Max 74 Years)
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	PG	
KRISTALOSE ORAL PACKET 10 GM (*lactulose*)	NP	
lactulose oral packet 10 gm	NF	
lactulose oral solution 10 gm/15ml	PG	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NF	
OSMOPREP ORAL TABLET 1.102-0.398 GM (*sod phos mono-sod phos dibasic*)	NF	
PCP 100 COMBINATION KIT (*mgcit-bisacod-pet-peg-metoclop*)	NF	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	PG	
peg-3350/electrolytes oral solution reconstituted 236 gm	PG	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	N7 (NF); AL (Min 50 Years and Max 74 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	CE	N7 (NF)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	CE	N7 (PB); AL (Min 50 Years and Max 74 Years)
***MACROLIDES* - DRUGS FOR INFECTIONS**		
azithromycin oral packet 1 gm	PG	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	PG	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	PG	
clarithromycin er oral tablet extended release 24 hour 500 mg	PG	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
clarithromycin oral tablet 250 mg, 500 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	PG	
erythromycin base oral capsule delayed release particles 250 mg	PG	
erythromycin base oral tablet 250 mg, 500 mg	PG	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	PG	
erythromycin ethylsuccinate oral tablet 400 mg	PG	
***MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK MULTICLIX LANCETS (*lancets*)	PB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
alcohol swabs pad	NP	
ASSURE LANCETS (*lancets*)	NP	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G (*lancets*)	NP	
BD LANCET ULTRAFINE 33G (*lancets*)	NP	
BD MICROTAINER LANCETS (*lancets*)	NP	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
bullseye mini safety lancets	NP	
BULLSEYE SAFETY LANCETS (*lancets*)	NP	
CARESENS LANCETS (*lancets*)	NP	
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
COAGUCHEK LANCETS (*lancets*)	NP	
comfort assured lancets 28g	NP	
comfort assured lancets 33g	NP	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G4 SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G5 MOBILE TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G5 RECEIVER KIT DEVICE (*continuous blood gluc receiver*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	PB	
EASY TOUCH LANCETS 21G (*lancets*)	NP	
EASY TOUCH LANCETS 23G (*lancets*)	NP	
EASY TOUCH LANCETS 26G (*lancets*)	NP	
EASY TOUCH LANCETS 28G (*lancets*)	NP	
EASY TOUCH LANCETS 28G/TWIST (*lancets*)	NP	
EASY TOUCH LANCETS 30G (*lancets*)	NP	
EASY TOUCH LANCETS 32G (*lancets*)	NP	
EASY TOUCH LANCETS 32G/TWIST (*lancets*)	NP	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NP	
EASY TOUCH SAFETY LANCETS 21G (*lancets*)	NP	
EASY TOUCH SAFETY LANCETS 23G (*lancets*)	NP	
EASY TOUCH SAFETY LANCETS 26G (*lancets*)	NP	
EASY TOUCH SAFETY LANCETS 28G (*lancets*)	NP	
EASY TWIST & CAP LANCETS (*lancets*)	NP	
ENLITE GLUCOSE SENSOR (*continuous blood gluc sensor*)	NF	
EVERSENSE SENSOR/HOLDER (*continuous blood gluc sensor*)	NF	
EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*)	NF	
FC2 FEMALE CONDOM (*condoms - female*)	CE	N7 (NP)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	N7 (NP); QL (1 DEVICE per 300 DAYs)
FINGERSTIX LANCETS (*lancets*)	NP	
FREESTYLE LANCETS (*lancets*)	NP	
FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*)	NF	
FREESTYLE LIBRE SENSOR SYSTEM (*continuous blood gluc sensor*)	NF	
FREESTYLE UNISTICK II LANCETS (*lancets*)	NP	
glucose control in vitro solution	NP	
GOJJI CONTROL LEVEL 1 IN VITRO SOLUTION (*blood ketone calibration*)	NF	
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE (*blood glucose/ketone monitor*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN CONNECT TRANSMITTER (*continuous blood gluc transmit*)	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous blood gluc receiver*)	NF	
GUARDIAN SENSOR (3) (*continuous blood gluc sensor*)	NF	
lancets	NP	
lancets super thin 28g	NP	
LANCETS ULTRA THIN (*lancets*)	NP	
lancets ultra thin 30g	NP	
LIFESCAN UNISTIK 2 (*lancets*)	NP	
LIFESCAN UNISTIK II LANCETS (*lancets*)	NP	
lite touch lancets	NP	
LITETOUCH LANCETS (*lancets*)	NP	
MICROLET LANCETS (*lancets*)	NP	
MINIMED GUARDIAN SENSOR 3 (*continuous blood gluc sensor*)	NF	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
ONETOUCH CLUB LANCETS FINE PT (*lancets*)	NP	
ONETOUCH DELICA LANCETS 30G (*lancets*)	NP	
ONETOUCH DELICA LANCETS 33G (*lancets*)	NP	
ONETOUCH DELICA LANCING DEV (*lancet devices*)	NP	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	NP	
ONETOUCH FINEPOINT LANCETS (*lancets*)	NP	
ONETOUCH ULTRASOFT LANCETS (*lancets*)	NP	
pen needles 32g x 4 mm	NF	
SAFETY LET LANCETS (*lancets*)	NP	
sapscare twist top lancets	NP	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NP	
super thin lancets	NP	
TRUEPLUS LANCETS 26G (*lancets*)	NP	
TRUEPLUS LANCETS 30G (*lancets*)	NP	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 DAYs)
***MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*erenumab-aooe*)	PB	ST; QL (1 ML per 25 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (*erenumab-aooe*)	PB	ST; QL (2 ML per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (3 ML per 75 DAYs)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (3 ML per 75 days)
almotriptan malate oral tablet 12.5 mg	NP	QL (12 TABLETS per 25 DAYs)
almotriptan malate oral tablet 6.25 mg	NP	QL (12 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMERGE ORAL TABLET 1 MG, 2.5 MG (*naratriptan hcl*)	NP	ST; QL (12 TABLETS per 25 DAYs)
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	NF	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
dihydroergotamine mesylate injection solution 1 mg/ml	NP	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	NP	QL (12 TABLETS per 25 DAYs)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (3 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
ergotamine-caffeine oral tablet 1-100 mg	NF	
FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*)	NP	ST; QL (18 TABLETS per 25 DAYs)
frovatriptan succinate oral tablet 2.5 mg	NP	QL (18 TABLETS per 25 DAYs)
IMITREX NASAL SOLUTION 20 MG/ACT (*sumatriptan*)	NP	ST; QL (12 SPRAYS per 25 DAYs)
IMITREX NASAL SOLUTION 5 MG/ACT (*sumatriptan*)	NP	ST; QL (24 SPRAYS per 25 DAYs)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NP	ST; QL (12 TABLETS per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (18 SYRINGES per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (12 CARTRIDGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (18 SYRINGES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (12 INJECTIONS per 25 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (12 VIALS per 25 DAYs)
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NP	ST; QL (18 TABLETS per 25 DAYs)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NP	ST; QL (18 TABLETS per 25 DAYs)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NF	
naratriptan hcl oral tablet 1 mg, 2.5 mg	PG	QL (12 TABLETS per 25 DAYs)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	ST; QL (16 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NP	ST; QL (8 POUCHES per 25 DAYs)
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	NP	ST; QL (12 TABLETS per 25 DAYs)
REYVOW ORAL TABLET 100 MG (*lasmiditan succinate*)	PB	ST; QL (8 TABLETS per 25 days)
REYVOW ORAL TABLET 50 MG (*lasmiditan succinate*)	PB	ST; QL (4 TABLETS per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	PG	QL (18 TABLETS per 25 DAYs)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	PG	QL (18 TABLETS per 25 DAYs)
sumatriptan nasal solution 20 mg/act	PG	QL (12 SPRAYS per 25 DAYs)
sumatriptan nasal solution 5 mg/act	PG	QL (24 SPRAYS per 25 DAYs)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	PG	QL (12 TABLETS per 25 DAYs)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	PG	QL (18 SYRINGES per 25 DAYs)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	PG	QL (12 CARTRIDGES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	PG	QL (12 ML per 25 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	PG	QL (18 ML per 25 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	PG	QL (12 ML per 25 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	PG	QL (12 SYRINGES per 25 days)
sumatriptan-naproxen sodium oral tablet 85-500 mg	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	NF	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	ST; QL (16 TABLETS per 25 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (24 INJECTORS per 25 DAYs)
zolmitriptan oral tablet 2.5 mg, 5 mg	PG	QL (12 TABLETS per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	PG	QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	PB	ST; QL (12 SOLUTION per 25 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (*zolmitriptan*)	NP	ST; QL (12 TABLETS per 25 DAYs)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (*zolmitriptan*)	NP	ST; QL (12 TABLETS per 25 DAYs)
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION**		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	NF	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (*sodium fluoride*)	CE	N7 (Not Covered); AL (Max 5 Years)
fluoritab oral solution 0.275 (0.125 f) mg/drop	CE	N7 (Not Covered); AL (Max 5 Years)
fluoritab oral tablet chewable 0.55 (0.25 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (*sodium fluoride*)	CE	N7 (Not Covered); AL (Max 5 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (*potassium chloride crys er*)	PG	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
potassium chloride (Klor-Con Oral Packet 20 Meq)	NP	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
potassium chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	PG	
k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	PG	
potassium chloride er oral capsule extended release 10 meq, 8 meq	PG	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	PG	
potassium chloride oral solution 20 meq/15ml (10%)	PG	
potassium chloride oral solution 40 meq/15ml (20%)	NP	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	PG	
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	PG	
***MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NF	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	NP	
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azathioprine oral tablet 50 mg	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	NPSP	PA; QL (4 INJECTIONS per 28 days)
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	NF	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NF	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
cyclosporine intravenous solution 50 mg/ml	PG	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	PG	
cyclosporine modified oral solution 100 mg/ml	PG	
cyclosporine oral capsule 100 mg, 25 mg	PG	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NP	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	NF	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NF	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	PG	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	PG	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	NP	
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gm/60Ml)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	PB	
mycophenolate mofetil oral capsule 250 mg	PG	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	PG	
mycophenolate mofetil oral tablet 500 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	PG	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	NPSP	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	NPSP	
penicillamine oral capsule 250 mg	PSP	PA
penicillamine oral tablet 250 mg	PG	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*)	NF	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	NPSP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	NP	
sirolimus oral solution 1 mg/ml	PG	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG	
sodium polystyrene sulfonate oral powder	PG	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)	PG	
sterile water for irrigation irrigation solution	NP	STX
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (*thalidomide*)	PSP	PA; QL (56 CAPSULES per 28 days)
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*)	NP	
trientine hcl oral capsule 250 mg	PG	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	NPSP	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NF	
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT**		
cevimeline hcl oral capsule 30 mg	PG	
chlorhexidine gluconate mouth/throat solution 0.12 %	PG	
clotrimazole mouth/throat troche 10 mg	PG	
lidocaine viscous hcl mouth/throat solution 2 %	PG	
nystatin mouth/throat suspension 100000 unit/ml	PG	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NP	QL (14 TABLETS per 25 DAYs)
pilocarpine hcl oral tablet 5 mg, 7.5 mg	PG	
triamcinolone acetonide mouth/throat paste 0.1 %	PG	
***MULTIVITAMINS* - DRUGS FOR NUTRITION**		
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG (*prenatal w/o a vit-fe cbn-fa*)	PG	Select OTC
azeschew prenatal/postnatal oral tablet chewable 13-1 mg	NF	
azesco oral tablet 13-1 mg	NF	
b-plex oral tablet	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (*prenatal mv-min-fe fum-fa-dha*)	PG	Select OTC
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	PB	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*)	PB	
CITRANATAL DHA ORAL 27-1 & 250 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (*prenat w/o a-fecbgl-fa-dha*)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*)	PB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	PB	
CITRANATAL RX ORAL TABLET 27-1 MG (*prenat w/o a-fecb-fegl-dss-fa*)	PB	
CORVITA ORAL TABLET 1.25 MG (*multiple vitamins-minerals-fa*)	PG	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NF	
folbee plus oral tablet	PG	
folic-k oral capsule 1 mg	NF	
GENICIN VITA-Q ORAL TABLET 1 MG (*multiple vitamins with fa*)	NF	
hylavite oral tablet	NF	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	PG	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	PG	
multivitamin/fluoride oral tablet chewable 0.25-0.3 mg, 0.5-0.3 mg, 1-0.3 mg	NF	
neonatal + dha oral 29-1 & 200 mg	NF	
neonatal 19 oral tablet 1 mg	NF	
neonatal fe oral tablet 90-1 mg	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methyl-dss-dha w/o a*)	NF	
OCUVEL ORAL CAPSULE 0.5 MG (*multiple vitamins-minerals-fa*)	NF	
pnv tabs 29-1 oral tablet 29-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	PG	
POLY-VI-FLOR FS ORAL STRIP 0.25 MG, 0.5 MG (*pediatric multivitamins-fl*)	NF	
pregenna oral tablet 20-1 mg	NF	
prena 1 true oral 30-1.4 & 300 mg	NF	
prenara oral capsule 15-1 mg	NF	
PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*)	PG	
prenatal + complete multi oral therapy pack 0.267 & 373 mg	PG	Select OTC
prenatal adult gummy/dha/fa oral tablet chewable 0.4-25 mg	PG	Select OTC
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	PG	Select OTC
pretab oral tablet 29-1 mg	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NF	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NF	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG (*pediatric multivitamins-fl*)	NF	
REMEDIENT ORAL CAPSULE 1 MG (*multiple vitamins-minerals-fa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
reno caps oral capsule 1 mg	PG	Select OTC
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG (*prenatal mv-min-fe fum-fa-dha*)	PG	Select OTC
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (*prenatal-fefum-fa-dha w/o a*)	PG	Select OTC
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	PG	
trinaz oral tablet 12-1 mg	NF	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NF	
virt-c dha oral capsule 53.5-38-1 mg	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	
baclofen oral tablet 10 mg, 20 mg, 5 mg	PG	
carisoprodol oral tablet 250 mg	NP	QL (84 TABLETS per 28 DAYs)
carisoprodol oral tablet 350 mg	PG	QL (84 TABLETS per 28 DAYs)
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	NP	QL (168 TABLETS per 25 days)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	PG	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	PG	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	NF	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (*cross-linked hyaluronate*)	PSP	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NF	
metaxalone oral tablet 400 mg, 800 mg	NP	
methocarbamol oral tablet 500 mg, 750 mg	PG	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NF	
norgesic forte oral tablet 50-770-60 mg	NF	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	NF	
OZOBAX ORAL SOLUTION 5 MG/5ML (*baclofen*)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NP	QL (84 TABLETS per 28 DAYs)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	PSP	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan*)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	NP	
tizanidine hcl oral tablet 2 mg, 4 mg	PG	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	PSP	PA
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**		
ALZAIR ALLERGY NASAL SPRAY NASAL POWDER (*hypromellose*)	NF	
azelastine hcl nasal solution 0.1 %	PG	QL (2 BOTTLES per 25 DAYs)
azelastine hcl nasal solution 0.15 %	NP	QL (2 BOTTLES per 25 days)
azelastine-fluticasone nasal suspension 137-50 mcg/act	PG	QL (1 GM per 25 DAYs)
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*)	NF	
budesonide nasal suspension 32 mcg/act	PG	Select OTC; QL (2 ML per 25 DAYs)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	PB	QL (1 PACKAGE per 25 DAYs)
epinephrine hcl (nasal) nasal solution 0.1 %	PG	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*)	PG	Select OTC; QL (1 ML per 25 DAYs)
flunisolide nasal solution 25 mcg/act (0.025%)	PG	QL (3 CONTAINERS per 25 DAYs)
fluticasone propionate nasal suspension 50 mcg/act	PG	Select OTC; QL (1 ML per 25 DAYs)
ipratropium bromide nasal solution 0.03 %, 0.06 %	PG	
mometasone furoate nasal suspension 50 mcg/act	PG	QL (2 PACKAGES per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	PG	Select OTC; QL (1 package per 25 days)
NASONEX NASAL SUSPENSION 50 MCG/ACT (*mometasone furoate*)	NP	QL (2 PACKAGES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olopatadine hcl nasal solution 0.6 %	NP	QL (1 BOTTLE per 25 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NF	
PATANASE NASAL SOLUTION 0.6 % (*olopatadine hcl*)	NP	QL (1 BOTTLE per 25 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
triamcinolone acetonide nasal aerosol 55 mcg/act	PG	Select OTC; QL (1 ML per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NP	QL (2 PACKAGES per 25 DAYs)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	NF	
***NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	NPSP	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	NPSP	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPSP	PA; QL (2 BOTTLES per 24 days)
riluzole oral tablet 50 mg	PG	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	NPSP	PA
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	PG	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (*brimonidine tartrate*)	PB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NF	
atropine sulfate ophthalmic solution 1 %	NP	
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azelastine hcl ophthalmic solution 0.05 %	PG	
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	PB	
bacitracin ophthalmic ointment 500 unit/gm	PG	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (*brolucizumab-dbll*)	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NF	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	PB	
betaxolol hcl ophthalmic solution 0.5 %	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	PB	
bimatoprost ophthalmic solution 0.03 %	NF	
brimonidine tartrate ophthalmic solution 0.15 %	NP	
brimonidine tartrate ophthalmic solution 0.2 %	PG	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NP	
carteolol hcl ophthalmic solution 1 %	PG	
ciprofloxacin hcl ophthalmic solution 0.3 %	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	PB	
cromolyn sodium ophthalmic solution 4 %	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPSP	PA; QL (4 ML per 28 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	PG	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	NF	
diclofenac sodium ophthalmic solution 0.1 %	PG	
dorzolamide hcl ophthalmic solution 2 %	NF	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	PG	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NF	
epinastine hcl ophthalmic solution 0.05 %	PG	
erythromycin ophthalmic ointment 5 mg/gm	PG	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	PSP	PA
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NF	
fluorometholone ophthalmic suspension 0.1 %	PG	
flurbiprofen sodium ophthalmic solution 0.03 %	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*)	PB	
gatifloxacin ophthalmic solution 0.5 %	NP	
GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*)	PG	
gentamicin sulfate ophthalmic solution 0.3 %	PG	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	NF	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (*atropine sulfate*)	NP	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %	NP	
ketorolac tromethamine ophthalmic solution 0.5 %	PG	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
kp ketotifen fumarate ophthalmic solution 0.025 %	PG	Select OTC
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	NF	
latanoprost ophthalmic solution 0.005 %	PG	
levobunolol hcl ophthalmic solution 0.5 %	PG	
levofloxacin ophthalmic solution 0.5 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	PG	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	NF	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NP	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	PB	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	PG	
moxifloxacin hcl ophthalmic solution 0.5 %	PG	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	PG	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	PG	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	NF	
ofloxacin ophthalmic solution 0.3 %	PG	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	NPSP	PA; QL (2 ML per 7 DAYs)
PAZEO OPHTHALMIC SOLUTION 0.7 % (*olopatadine hcl*)	NF	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	PG	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	PG	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone acetate ophthalmic suspension 1 %	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	PB	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NF	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NF	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	PB	
sulfacetamide sodium ophthalmic ointment 10 %	PG	
sulfacetamide sodium ophthalmic solution 10 %	PG	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	PG	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	PG	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	PG	
timolol maleate ophthalmic solution 0.5 % (daily)	NP	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	PB	
tobramycin ophthalmic solution 0.3 %	PG	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	PG	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	PB	
travoprost (bak free) ophthalmic solution 0.004 %	PG	
trifluridine ophthalmic solution 1 %	PG	
tropicamide ophthalmic solution 0.5 %, 1 %	PG	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	NPSP	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	PB	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	PG	Select OTC
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	PB	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NF	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (*gatifloxacin*)	NF	
***OTIC AGENTS* - DRUGS FOR THE EAR**		
acetic acid otic solution 2 %	PG	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*)	PB	
ciprofloxacin hcl otic solution 0.2 %	NP	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	PG	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NF	
fluocinolone acetonide otic oil 0.01 %	NP	
hydrocortisone-acetic acid otic solution 1-2 %	PG	
neomycin-polymyxin-hc otic solution 1 %	PG	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	PG	
ofloxacin otic solution 0.3 %	PG	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (*ciprofloxacin*)	NF	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	
***OXYTOCICS* - HORMONES**		
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	PG	QL (4 TABLETS per 1 day)
methylergonovine maleate oral tablet 0.2 mg	PG	QL (4 TABLETS per 1 DAY)
***PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS**		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (*immune globulin (human)*)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	NF	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (*cytomegalovirus immune glob*)	NPSP	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	NPSP	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (*immune globulin (human)*)	NF	
HEPAGAM B INJECTION SOLUTION (*hepatitis b immune globulin*)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NF	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (*hepatitis b immune globulin*)	NPSP	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (*rabies immune globulin*)	NPSP	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (*rabies immune globulin*)	NF	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (*rabies immune globulin*)	NPSP	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (*rho d immune globulin*)	NPSP	
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML (*tetanus immune globulin*)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (*rabies immune globulin*)	NPSP	
kedrab injection solution 1500 unit/10ml, 300 unit/2ml	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (*rho d immune globulin*)	NPSP	
NABI-HB INTRAMUSCULAR SOLUTION (*hepatitis b immune globulin*)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (*rho d immune globulin*)	NPSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*)	NPSP	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	NPSP	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (*varicella-zoster immune glob*)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (*rho d immune globulin*)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	NF	
***PENICILLINS* - DRUGS FOR INFECTIONS**		
amoxicillin oral capsule 250 mg, 500 mg	PG	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	PG	
amoxicillin oral tablet 500 mg, 875 mg	PG	
amoxicillin oral tablet chewable 125 mg, 250 mg	PG	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	PG	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	PG	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	PG	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	PG	
ampicillin oral capsule 500 mg	PG	
dicloxacillin sodium oral capsule 250 mg, 500 mg	PG	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	PG	
penicillin v potassium oral tablet 250 mg, 500 mg	PG	
***PROGESTINS* - HORMONES**		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	PSP	PA; QL (21 ML per 365 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (*hydroxyprogesterone caproate*)	NPSP	PA; QL (5 ML per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (*hydroxyprogesterone caproate*)	NPSP	PA; QL (21 ML per 365 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PG	
megestrol acetate oral suspension 625 mg/5ml	CE	N7 (NP)
norethindrone acetate oral tablet 5 mg	PG	
progesterone micronized oral capsule 100 mg, 200 mg	PG	
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM**		
acamprosate calcium oral tablet delayed release 333 mg	NP	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PSP	PA; QL (30 TABLETS per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG (*deutetrabenazine*)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (*deutetrabenazine*)	PSP	PA; QL (60 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	NF	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	PA; QL (14 INJECTIONS per 28 days)
BRISDELLE ORAL CAPSULE 7.5 MG (*paroxetine mesylate*)	NP	PA; QL (30 CAPSULES per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N7 (PG); QL (2 TREATMENT per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (*varenicline tartrate*)	CE	N7 (NP); QL (2 treatment cycles per 1 year)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (*varenicline tartrate*)	CE	N7 (NP); QL (2 treatment cycles per 1 year)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (*varenicline tartrate*)	CE	N7 (NP); QL (2 treatment cycles per 1 year)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlordiazepoxide-amitriptyline oral tablet 10-25 mg	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYs); AL (Min 65 Years)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	PSP	PA; QL (12 ML per 28 days)
cvs nicotine polacrilex mouth/throat gum 2 mg	CE	N7 (Not Covered); QL (2 TREATMENT per 365 DAYs)
cvs nicotine polacrilex mouth/throat gum 4 mg	CE	N7 (Not Covered); QL (2 treatment cycles per 1 year)
cvs nicotine polacrilex mouth/throat lozenge 2 mg	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 1 YEAR)
cvs nicotine polacrilex mouth/throat lozenge 4 mg	CE	N7 (Not Covered); QL (2 treatment cycles per 1 year)
cvs nicotine transdermal patch 24 hour 14 mg/24hr	CE	N7 (Not Covered); QL (2 treatment cycles per 1 year)
cvs nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 1 YEAR)
dalfampridine er oral tablet extended release 12 hour 10 mg	PSP	PA; QL (60 TABLETS per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	PSP	PA; QL (14 CAPSULES per 28 DAYs)
dimethyl fumarate oral capsule delayed release 240 mg	PSP	PA; QL (60 CAPSULES per 30 DAYs)
dimethyl fumarate starter pack oral 120 & 240 mg	PSP	PA; QL (1 KIT per 30 DAYs)
disulfiram oral tablet 250 mg, 500 mg	PG	
donepezil hcl oral tablet 10 mg, 5 mg	PG	
donepezil hcl oral tablet 23 mg	NP	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ergoloid mesylates oral tablet 1 mg	NP	STX
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	NP	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NF	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	NP	
galantamine hydrobromide oral solution 4 mg/ml	NP	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	NP	
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	PSP	PA; QL (30 CAPSULES per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	PSP	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	PSP	PA; QL (12 ML per 28 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	PSP	PA; QL (30 ML per 30 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	PSP	PA; QL (12 ML per 28 days)
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	PB	ST
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	NF	
INGREZZA ORAL CAPSULE 40 MG, 80 MG (*valbenazine tosylate*)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	PSP	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	NF	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	NF	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	PSP	PA; QL (112 TABLETS per 28 DAYs)
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	PSP	PA; QL (30 TABLETS per 30 DAYs)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	PG	PA; AL (Max 29 Years)
memantine hcl oral solution 2 mg/ml	PG	PA; AL (Max 29 Years)
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	PG	PA; AL (Max 29 Years)
NAMENDA ORAL TABLET 10 MG, 5 MG (*memantine hcl*)	NP	PA; AL (Max 29 Years)
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	NP	PA; AL (Max 29 Years)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (*memantine hcl*)	NF	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG (*memantine hcl*)	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	PA
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	N7 (NP); QL (168 DAYS OF TREATMENT per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N7 (NP); QL (168 DAYS OF TREATMENT per 365 days)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	NP	STX
paroxetine mesylate oral capsule 7.5 mg	NP	PA; QL (30 CAPSULES per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 DAYs); AL (Min 65 Years)
perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
perphenazine-amitriptyline oral tablet 4-10 mg	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYs); AL (Min 65 Years)
perphenazine-amitriptyline oral tablet 4-50 mg	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYs); AL (Min 65 Years)
pimozide oral tablet 1 mg, 2 mg	NP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; QL (12 SYRINGES per 28 DAYs)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; QL (1 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; QL (12 SYRINGES per 28 DAYs)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; QL (1 ML per 28 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	NP	PA
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	NP	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NP	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NP	ST
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	PSP	PA; QL (1 MISCELLANEOUS per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (*dimethyl fumarate*)	PSP	PA; QL (14 CAPSULES per 28 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (*dimethyl fumarate*)	PSP	PA; QL (60 CAPSULES per 30 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	PSP	PA; QL (4 syringes per 28 days)
tetrabenazine oral tablet 12.5 mg	PSP	PA; QL (240 TABLETS per 30 days)
tetrabenazine oral tablet 25 mg	PSP	PA; QL (120 TABLETS per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	PSP	PA; QL (120 CAPSULES per 30 days)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NF	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NF	
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NPSP	PA; QL (540 ML per 25 days)
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	NF	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	NPSP	PA; QL (84 TABLETS per 28 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	NF	
***TETRACYCLINES* - DRUGS FOR INFECTIONS**		
ACTICLATE ORAL TABLET 150 MG, 75 MG (*doxycycline hyclate*)	NF	
demeclocycline hcl oral tablet 150 mg, 300 mg	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (*doxycycline hyclate*)	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG	
doxycycline hyclate oral tablet 100 mg, 20 mg	PG	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg	NP	
doxycycline hyclate oral tablet delayed release 200 mg, 80 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	PG	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	PG	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	NP	
MINOCIN ORAL CAPSULE 100 MG (*minocycline hcl*)	NF	
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	NF	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	PG	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	NP	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	NF	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	NF	
TARGADOX ORAL TABLET 50 MG (*doxycycline hyclate*)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	PG	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*)	NF	
***THYROID AGENTS* - HORMONES**		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	PG	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	PG	
methimazole oral tablet 10 mg, 5 mg	PG	
np thyroid oral tablet 120 mg, 15 mg, 60 mg, 90 mg	PG	
np thyroid oral tablet 30 mg	PG	STX
propylthiouracil oral tablet 50 mg	PG	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	NF	
***ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH**		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG (*rabeprazole sodium*)	NF	
amoxicill-clarithro-lansopraz oral	PG	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NF	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NF	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	NP	
cimetidine hcl oral solution 300 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cimetidine oral tablet 300 mg, 400 mg, 800 mg	PG	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NP	
cvs omeprazole oral capsule delayed release 20.6 (20 base) mg	PG	QL (90 CAPSULES per 365 DAYs)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	PB	QL (90 CAPSULES per 365 DAYs)
dicyclomine hcl oral capsule 10 mg	PG	
dicyclomine hcl oral tablet 20 mg	PG	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	PG	QL (90 CAPSULES per 365 DAYs)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	PG	QL (90 PACKET per 365 DAYs)
esomeprazole strontium oral capsule delayed release 49.3 mg	NF	
famotidine oral tablet 40 mg	PG	
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	NP	
glycopyrrolate oral tablet 1.5 mg	NF	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	NF	
lansoprazole oral capsule delayed release 30 mg	PG	QL (90 CAPSULES per 365 DAYs)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	NP	QL (90 TABLETS per 365 DAYs)
methscopolamine bromide oral tablet 2.5 mg, 5 mg	NP	
misoprostol oral tablet 100 mcg, 200 mcg	PG	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	PG	Select OTC; QL (90 TABLETS per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NF	
nizatidine oral capsule 150 mg, 300 mg	PG	
nizatidine oral solution 15 mg/ml	PG	
omeprazole magnesium oral tablet delayed release 20 mg	PG	Select OTC; QL (90 TABLETS per 365 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole oral capsule delayed release 10 mg, 40 mg	PG	QL (90 CAPSULES per 365 days)
omeprazole oral capsule delayed release 20 mg	PG	QL (90 capsules per 365 days)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	PG	QL (90 CAPSULES per 365 DAYs)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NP	QL (90 packets per 365 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	PG	QL (90 TABLETS per 365 days)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (*lansoprazole*)	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NP	QL (90 PACKETS per 365 DAYs)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*)	NP	QL (90 tablets per 365 days)
propantheline bromide oral tablet 15 mg	PG	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	PB	
ra lansoprazole oral capsule delayed release 15 mg	PG	QL (90 CAPSULES per 365 DAYs)
ra omeprazole oral tablet delayed release 20 mg	PG	QL (90 TABLETS per 365 DAYs)
rabeprazole sodium oral capsule sprinkle 10 mg	NP	QL (90 CAPSULES per 365 DAYs)
rabeprazole sodium oral tablet delayed release 20 mg	PG	QL (90 TABLETS per 365 days)
sucralfate oral suspension 1 gm/10ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sucralfate oral tablet 1 gm	PG	
ZEGERID ORAL CAPSULE 40-1100 MG (*omeprazole-sodium bicarbonate*)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NF	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (*omeprazole-sodium bicarbonate*)	PG	Select OTC; QL (90 CAPSULES per 365 days)
***URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	PG	
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	NP	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*oxybutynin chloride*)	NP	ST; QL (90 TABLETS per 25 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (*oxybutynin chloride*)	NP	ST; QL (30 TABLETS per 25 days)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (*darifenacin hydrobromide*)	NF	
flavoxate hcl oral tablet 100 mg	PG	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	PB	ST
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	PG	
oxybutynin chloride oral syrup 5 mg/5ml	PG	
oxybutynin chloride oral tablet 5 mg	PG	
solifenacin succinate oral tablet 10 mg, 5 mg	PG	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	NP	
tolterodine tartrate oral tablet 1 mg, 2 mg	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	PB	ST
trospium chloride er oral capsule extended release 24 hour 60 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trospium chloride oral tablet 20 mg	PG	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	NF	
***VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN**		
clindamycin phosphate vaginal cream 2 %	PG	
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	NF	
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	N7 (NP)
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PB	
estradiol vaginal cream 0.1 mg/gm	PG	
estradiol vaginal tablet 10 mcg	NP	
ESTRING VAGINAL RING 2 MG (*estradiol*)	NF	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NF	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NP	PA
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NP	PA
metronidazole vaginal gel 0.75 %	PG	
miconazole 3 vaginal suppository 200 mg	NP	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	N7 (NP)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	PB	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (*nonoxynol-9*)	CE	N7 (NP)
terconazole vaginal cream 0.4 %, 0.8 %	PG	
terconazole vaginal suppository 80 mg	PG	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	N7 (NP)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (*nonoxynol-9*)	CE	N7 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	N7 (NP)
***VASOPRESSORS* - DRUGS FOR THE HEART**		
ADYPHREN AMP INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
ADYPHREN II INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
ADYPHREN INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	NF	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	PG	QL (4 INJECTIONS per 25 DAYs)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	PG	QL (4 SOLUTION AUTO-INJECTOR per 25 days)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	PB	QL (4 INJECTIONS per 25 DAYs)
EPISNAP INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	PG	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*)	PB	QL (4 SOLUTION PREFILLED SYRINGE per 25 days)
***VITAMINS* - DRUGS FOR NUTRITION**		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (*ascorbic acid*)	NF	
ergocal oral capsule 62.5 mcg (2500 ut)	NF	
MEPHYTON ORAL TABLET 5 MG (*phytonadione*)	NP	QL (25 TABLETS per 25 days)
phytonadione oral tablet 5 mg	PG	QL (25 TABLETS per 25 days)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	PG	

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