# Plan for your best health

## 2021 Aetna Pharmacy Drug Guide

Aetna Funding Advantage Small Group Plan

Aetna.com

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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: 1-800-323-2445**
  3. **Phone: 1-800-237-2767**

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 www.availity.com.
- Call the Aetna Pharmacy Precertification Unit:
  Non-Specialty **1-800-294-5979** or
  Specialty **1-866-814-5506**.
- Fax the completed request form to:
  Non-Specialty **1-888-836-0730** or
  Specialty **1-866-249-6155**.
- Mail the completed request form to:
  Aetna Pharmacy Management
  1300 East Campbell Road
  Richardson, TX 75081

### Pharmacy and Therapeutics (P&T) committee

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

### Can the formulary change during the year?

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

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

## Commercial 1557 Nondiscrimination Notice

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

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

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

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

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

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

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

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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)

ᏩᎩᏙᏗ ᏚᏅᏂᏍᏙᏗ ᏔᏙᏍᏓᏅᏗ ᏕᏁᏙᏗ ᏗᏩᏂᏍᏙᏗᏗ ᏯᎩ, ᏭᏂᏍᏚᏔᏅᏓ ᏍᏙᏙᎩ ᏗᏍᏙᏗ ᏗᏚᏅᏙᏗ ᏔᏍᏅᏗᏕᏅᏘ ᏅᏍᏔ ID ᏗᏂᏲᏙᏗ ᏩᏤᏘ. (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)

လၢတၢ်ကမၤနၣ်ကျိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟူၣ်အီၤဘၣ်နၣ်.ကိးဘၣ်လီတဲစိနီၣ်ကၢ်လၢအိၣ်လၢနတၢ်ဂီၤဆိၣ် (ID) အခးလီၤနၣ်တက့ၢ် (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 nɔ̀ɓà nìà nì ID káàɔ̀ kɔ̃ɛ. (Kru-Bassa)

بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
(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)

ܟܝ ܗܢܒܩܗ ܬܗܘܝ ܟܕ ܝܠܦܝܢܝܐ ܕܡܬܪܓܡܢܐ ܕܠܝܬܗ ܕܝܠܟ ܒܗܕܐ ܡܬܒܥܐ ܕܝܬܗ ܟܕ ܕܒܩܗ ܡܬܪܓܡܢܐ ܕܝܬܗ. (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 שפּראַך באַדינונגען אין קיין פּרייַז צו איר, רופן די נומער אויף דיין שייַן 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.

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

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

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

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

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

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

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

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| | | |
|---|---|---|
| | | **Coverage Requirements and Limits**<br>**#** = Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.<br>**AL** = Age Limit<br>**ARC** = Age Restricted Coverage<br>**IBC** = Indication Based Coverage<br>**LGC** = Lowest Generic Copay Applies<br>**MPG** = PG tier applies to members residing in Massachusetts.<br>**MST** = Step Therapy does not apply to members residing in Massachusetts.<br>**N2** = Drug tier when CE does not apply<br>**NPL** = (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.<br>**PA** = Prior Authorization<br>**PPA** = Prior Authorization does not apply to members residing in Pennsylvania and Washington.<br>**QL** = Quantity Limit<br>**Select OTC** = Select OTC Program if your pharmacy plan includes this program you may |
| | **Drug Tier**<br>**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.<br>**NF** = Non Formulary, not covered unless exception request granted<br>**NP** = Non-Preferred Brand and Generic<br>**NPSP** = Non-Preferred Specialty<br>**PB** = Preferred Brand<br>**PG** = Preferred Generic<br>**PG** = Preferred Generic<br>**PSP** = Preferred Specialty | |
| **lowercase** = Brand name drugs<br>**lowercase italics** = Generic drugs | | |

have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.
**SP** = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, such as Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
**ST** = Step Therapy
**UF11** = Covered at preferred tier with no PA, no ST for members residing in Illinois.
**UF13** = Drug Restricted Coverage

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION** | | |
| **COX-2 INHIBITORS** | | |
| celebrex oral capsule 100 mg, 200 mg, 400 mg, 50 mg (*celecoxib*) | NF | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | NP | QL (2 capsules per 1 day) |
| **GOUT - DRUGS TO TREAT GOUT** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | PG | |
| aloprim intravenous solution reconstituted 500 mg (*allopurinol sodium*) | NP | |
| *colchicine oral capsule 0.6 mg* | PG | QL (2 tablets per 1 day) |
| *colchicine oral tablet 0.6 mg* | PG | QL (2 tablets per 1 day) |
| *colchicine-probenecid oral tablet 0.5-500 mg* | PG | |
| colcrys oral tablet 0.6 mg (*colchicine*) | NF | |
| *febuxostat oral tablet 40 mg, 80 mg* | NP | ST; QL (1 tablet per 1 day) |
| gloperba oral solution 0.6 mg/5ml (*colchicine*) | NF | |
| krystexxa intravenous solution 8 mg/ml (*pegloticase*) | NPSP | PA; ST; SP |
| mitigare oral capsule 0.6 mg (*colchicine*) | PB | QL (2 tabs per 1 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 |
|---|---|---|
| zyloprim oral tablet 100 mg, 300 mg (*allopurinol*) | NP | ST |
| **MISCELLANEOUS** | | |
| prialt intrathecal solution 100 mcg/ml, 500 mcg/20ml, 500 mcg/5ml (*ziconotide acetate*) | NPSP | SP |
| ridaura oral capsule 3 mg (*auranofin*) | NP | |
| **NON-OPIOID ANALGESICS** | | |
| allzital oral tablet 25-325 mg (*butalbital-acetaminophen*) | NF | |
| *butalbital-apap-caffeine* (Bac Oral Tablet 50-325-40 Mg) | PG | |
| *butalbital-acetaminophen* (Bupap Oral Tablet 50-300 Mg) | NF | |
| *butalbital-acetaminophen oral capsule 50-300 mg* | PG | ST |
| *butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg* | NF | |
| *butalbital-acetaminophen oral tablet 50-325 mg* | PG | |
| *butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg* | NF | |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | PG | |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | PG | |
| *esgic oral capsule 50-325-40 mg* | PG | |
| esgic oral tablet 50-325-40 mg (*butalbital-apap-caffeine*) | NP | |
| fioricet oral capsule 50-300-40 mg (*butalbital-apap-caffeine*) | NF | |
| vtol lq oral solution 50-325-40 mg/15ml (*butalbital-apap-caffeine*) | NF | |
| **NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION** | | |
| anaprox ds oral tablet 550 mg (*naproxen sodium*) | NF | |
| cambia oral packet 50 mg (*diclofenac potassium(migraine)*) | NF | |
| daypro oral tablet 600 mg (*oxaprozin*) | 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 | |
| *etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *etodolac oral capsule 200 mg, 300 mg* | PG | |
| *etodolac oral tablet 400 mg, 500 mg* | PG | |
| feldene oral capsule 10 mg, 20 mg (*piroxicam*) | NP | |
| *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 | |
| *ibuprofen* (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg) | PG | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | PG | |
| indocin oral suspension 25 mg/5ml (*indomethacin*) | NF | |
| indocin rectal suppository 50 mg (*indomethacin*) | NF | |
| *indomethacin er oral capsule extended release 75 mg* | PG | |
| *indomethacin oral capsule 20 mg* | NF | |
| *indomethacin oral capsule 25 mg, 50 mg* | PG | QL (3 capsule per 1 day) |
| *ketoprofen er oral capsule extended release 24 hour 200 mg* | NF | |
| *ketoprofen oral capsule 25 mg* | NF | |
| *ketorolac tromethamine injection solution 15 mg/ml* | NP | |
| *ketorolac tromethamine intramuscular solution 60 mg/2ml* | NP | |
| *ketorolac tromethamine oral tablet 10 mg* | PG | QL (20 tablets per 5 days) |
| lodine oral tablet 400 mg (*etodolac*) | NF | |
| *meclofenamate sodium oral capsule 100 mg, 50 mg* | PG | |
| *mefenamic acid oral capsule 250 mg* | NF | |
| *meloxicam oral capsule 10 mg, 5 mg* | NP | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | PG | |
| mobic oral tablet 15 mg, 7.5 mg (*meloxicam*) | NP | ST |
| *nabumetone oral tablet 500 mg, 750 mg* | PG | |
| nalfon oral capsule 400 mg (*fenoprofen calcium*) | NP | |
| 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 oral suspension 125 mg/5ml* | NF | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | PG | |
| *naproxen oral tablet delayed release 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, 750 mg* | NF | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | PG | |
| *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 | |
| relafen ds oral tablet 1000 mg (*nabumetone*) | 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 | |
| vivlodex oral capsule 10 mg, 5 mg (*meloxicam*) | NF | # |
| zipsor oral capsule 25 mg (*diclofenac potassium*) | NF | # |
| zorvolex oral capsule 18 mg, 35 mg (*diclofenac*) | NF | |
| **NSAIDS, COMBINATIONS** | | |
| arthrotec oral tablet delayed release 50-0.2 mg, 75-0.2 mg (*diclofenac-misoprostol*) | NF | |
| *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 | # |
| *naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg* | NF | |
| vimovo oral tablet delayed release 375-20 mg, 500-20 mg (*naproxen-esomeprazole*) | NF | |
| **OPIOID AGONIST/ANTAGONIST** | | |
| bunavail buccal film 4.2-0.7 mg, 6.3-1 mg (*buprenorphine hcl-naloxone hcl*) | NF | |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg* | PG | QL (3 films per 1 day) |
| *buprenorphine hcl-naloxone hcl sublingual film 8-2 mg* | NF | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg* | CE | N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day) |
| *pentazocine-naloxone hcl oral tablet 50-0.5 mg* | NP | PA; QL (4 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| suboxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (*buprenorphine hcl-naloxone hcl*) | NF | UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.) |
| zubsolv sublingual tablet sublingual 0.7-0.18 mg (*buprenorphine hcl-naloxone hcl*) | PB | MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day) |
| zubsolv sublingual tablet sublingual 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg, 8.6-2.1 mg (*buprenorphine hcl-naloxone hcl*) | PB | MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 tablets per 1 day) |
| zubsolv sublingual tablet sublingual 11.4-2.9 mg (*buprenorphine hcl-naloxone hcl*) | PB | MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 tablet per 1 day) |
| **OPIOID ANALGESICS - DRUGS TO TREAT PAIN** | | |
| *acetaminophen-codeine #2 oral tablet 300-15 mg* | PG | PA; QL (13 tablets per 1 day) |
| *acetaminophen-codeine #3 oral tablet 300-30 mg* | PG | PA; QL (12 tablets per 1 day) |
| *acetaminophen-codeine #4 oral tablet 300-60 mg* | PG | PA; QL (10 tablets per 1 day) |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | PG | PA; QL (90 mls per 1 day) |
| *acetaminophen-codeine oral tablet 300-15 mg* | PG | PA; QL (13 tablets per 1 day) |
| *acetaminophen-codeine oral tablet 300-30 mg* | PG | PA; QL (12 tablets per 1 day) |
| *acetaminophen-codeine oral tablet 300-60 mg* | PG | PA; QL (10 tablets per 1 day) |
| actiq buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (*fentanyl citrate*) | NP | PA; QL (120 lozenges per 30 days) |
| apadaz oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg (*benzhydrocodone-acetaminophen*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg* | NP | PA; QL (10 capsules per 1 day) |
| *apap-caff-dihydrocodeine oral tablet 325-30-16 mg* | PG | PA; QL (10 tablets per 1 day) |
| *ascomp-codeine oral capsule 50-325-40-30 mg* | PG | PA; QL (6 capsules per 1 day) |
| *benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg* | NP | PA; QL (168 tablets per 1 month) |
| *butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg* | PG | PA; QL (6 capsules per 1 day) |
| *butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg* | PG | PA; QL (48 capsules per 1 month) |
| *butorphanol tartrate injection solution 1 mg/ml* | NP | |
| *butorphanol tartrate nasal solution 10 mg/ml* | NP | PA; QL (2 bottles per 30 days) |
| *codeine sulfate oral tablet 15 mg, 60 mg* | NP | PA; QL (6 tablets per day for 7 days only per 90 days) |
| *codeine sulfate oral tablet 30 mg* | PG | PA; QL (6 tablets per day for 7 days only per 90 days) |
| conzip oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg (*tramadol hcl*) | NP | PA; ST; QL (1 capsule per 1 day) |
| demerol injection solution 75 mg/ml (*meperidine hcl*) | NF | |
| dilaudid injection solution 2 mg/ml (*hydromorphone hcl*) | NP | |
| dilaudid oral liquid 1 mg/ml (*hydromorphone hcl*) | NP | PA; QL (20 ml per 1 day) |
| dilaudid oral tablet 2 mg (*hydromorphone hcl*) | NP | PA; QL (6 tablets per 7 days) |
| dilaudid oral tablet 4 mg (*hydromorphone hcl*) | NP | PA; QL (5 tablets per 1 day) |
| dilaudid oral tablet 8 mg (*hydromorphone hcl*) | NP | PA; QL (2 tablets per 1 day) |
| duragesic-100 transdermal patch 72 hour 100 mcg/hr (*fentanyl*) | NP | PA; ST; QL (10 patches per 30 days) |
| duragesic-12 transdermal patch 72 hour 12 mcg/hr (*fentanyl*) | NP | PA; ST; QL (10 patches per 30 days) |
| duragesic-25 transdermal patch 72 hour 25 mcg/hr (*fentanyl*) | NP | PA; ST; QL (10 patches per 30 days) |
| duragesic-50 transdermal patch 72 hour 50 mcg/hr (*fentanyl*) | NP | PA; ST; QL (10 patches per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| duragesic-75 transdermal patch 72 hour 75 mcg/hr (*fentanyl*) | NP | PA; ST; QL (10 patches per 30 days) |
| *duramorph injection solution 0.5 mg/ml, 1 mg/ml* | NP | |
| *endocet oral tablet 10-325 mg* | PG | PA; QL (6 tablets per 1 day) |
| *oxycodone-acetaminophen* (Endocet Oral Tablet 2.5-325 Mg) | PG | PA; QL (12 tablets per 1 day) |
| *endocet oral tablet 5-325 mg* | PG | PA; QL (12 tablets per 1 day) |
| *endocet oral tablet 7.5-325 mg* | PG | PA; QL (8 tablets per 1 day) |
| *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 30 days) |
| *fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg* | NP | PA; QL (120 tablets per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr* | PG | PA; ST; QL (10 patches per 30 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 | PA; QL (6 capsules per 1 day) |
| *hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg* | PG | PA; ST; QL (2 capsules per 1 day) |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | NF | |
| *hydrocodone-acetaminophen oral solution 10-325 mg/15ml* | NP | QL (90 mls per 1 day) |
| *hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml* | NP | PA; QL (180 MLS per 1 day) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | NP | PA; QL (90 ml per 1 day) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg* | PG | PA; QL (6 tablets per 1 day) |
| *hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg* | PG | PA; QL (8 tablets per 1 day) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | PG | PA; QL (5 tablets per 1 day) |
| *hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg* | NP | PA; ST; QL (1 tablet per 1 day) |
| *hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *hydromorphone hcl oral liquid 1 mg/ml* | PG | PA; QL (20 ml per 1 day) |
| *hydromorphone hcl oral tablet 2 mg* | PG | PA; QL (6 tablets per 7 days) |
| *hydromorphone hcl oral tablet 4 mg* | PG | PA; QL (5 tablets per 1 day) |
| *hydromorphone hcl oral tablet 8 mg* | PG | PA; QL (2 tablets per 1 day) |
| *hydromorphone hcl pf injection solution 50 mg/5ml* | NP | |
| *hydromorphone hcl rectal suppository 3 mg* | NP | PA; QL (4 suppositories per 1 day) |
| hysingla er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (*hydrocodone bitartrate*) | NF | # |
| infumorph 200 injection solution 200 mg/20ml (10 mg/ml) (*morphine sulfate microinfusion*) | NP | |
| infumorph 500 injection solution 500 mg/20ml (25 mg/ml) (*morphine sulfate microinfusion*) | NP | |
| lazanda nasal solution 100 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 (67.5 ml per 1 day) |
| *meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml* | NP | |
| *meperidine hcl oral solution 50 mg/5ml* | NF | |
| *meperidine hcl oral tablet 50 mg* | NF | |
| *methadone hcl intensol oral concentrate 10 mg/ml* | NP | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 MLS per 1 day) |
| *methadone hcl oral concentrate 10 mg/ml* | NP | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 ml per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methadone hcl oral solution 10 mg/5ml* | PG | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (10 ml per 1 day) |
| *methadone hcl oral solution 5 mg/5ml* | PG | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (15 ml per 1 day) |
| *methadone hcl oral tablet 10 mg* | PG | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 tablets per 1 day) |
| *methadone hcl oral tablet 5 mg* | PG | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day) |
| methadose oral concentrate 10 mg/ml (*methadone hcl*) | NP | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 ml per 1 day) |
| methadose sugar-free oral concentrate 10 mg/ml (*methadone hcl*) | NP | PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 ml per 1 day) |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | PG | PA; QL (4.5 MLS per 1 day) |
| *morphine sulfate (concentrate) oral solution 20 mg/ml* | PG | QL (4.5 mls per 1 day) |
| *morphine sulfate (pf) injection solution 0.5 mg/ml* | PG | |
| *morphine sulfate (pf) intravenous solution 10 mg/ml* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | PG | PA; ST; QL (1 capsule per 1 day) |
| *morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg* | PG | PA; ST; QL (2 capsules per 1 day) |
| *morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg* | PG | PA; ST; QL (1 capsule per 1 day) |
| *morphine sulfate er oral tablet extended release 100 mg, 200 mg* | PG | PA; ST; QL (2 tablets per 1 day) |
| *morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg* | PG | PA; ST; QL (3 tablets per 1 day) |
| *morphine sulfate oral solution 10 mg/5ml* | PG | PA; QL (30 mls per 1 day) |
| *morphine sulfate oral solution 20 mg/5ml* | PG | PA; QL (22.5 MLS per 1 day) |
| *morphine sulfate oral tablet 15 mg* | PG | PA; QL (6 tablets per 1 day) |
| *morphine sulfate oral tablet 30 mg* | PG | PA; QL (3 tablets per 1 day) |
| *morphine sulfate rectal suppository 10 mg, 5 mg* | PG | PA; QL (6 suppositories per 1 day) |
| *morphine sulfate rectal suppository 20 mg* | PG | PA; QL (4 suppositories per 1 day) |
| *morphine sulfate rectal suppository 30 mg* | PG | PA; QL (3 suppositories per 1 day) |
| ms contin oral tablet extended release 100 mg, 200 mg (*morphine sulfate*) | NP | PA; ST; QL (2 tablets per 1 day) |
| ms contin oral tablet extended release 15 mg, 30 mg, 60 mg (*morphine sulfate*) | NP | PA; ST; QL (3 tablets per 1 day) |
| *nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml* | NPSP | |
| *nalocet oral tablet 2.5-300 mg* | NF | |
| nucynta er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg (*tapentadol hcl*) | NP | PA; ST; QL (2 tablets per 1 day) |
| nucynta oral tablet 100 mg (*tapentadol hcl*) | PB | PA; QL (2 tablets per 1 day) |
| nucynta oral tablet 50 mg (*tapentadol hcl*) | PB | PA; QL (4 tablets per 1 day) |
| nucynta oral tablet 75 mg (*tapentadol hcl*) | PB | PA; QL (3 tablets per 1 day) |
| *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | PG | PA; ST; QL (2 tablets per 1 day) |
| *oxycodone hcl oral capsule 5 mg* | PG | PA; QL (6 capsules per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *oxycodone hcl oral concentrate 100 mg/5ml* | PG | PA; QL (3 MLS per 1 day) |
| *oxycodone hcl oral solution 5 mg/5ml* | PG | PA; QL (30 mls per 1 day) |
| *oxycodone hcl oral tablet 10 mg, 5 mg* | PG | PA; QL (6 tablets per 1 day) |
| *oxycodone hcl oral tablet 15 mg* | PG | PA; QL (4 tablets per 1 day) |
| *oxycodone hcl oral tablet 20 mg* | PG | PA; QL (3 tablets per 1 day) |
| *oxycodone hcl oral tablet 30 mg* | PG | PA; QL (2 tablets per 1 day) |
| *oxycodone-acetaminophen oral solution 10-300 mg/5ml* | NF | |
| *oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg* | NF | |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | PG | PA; QL (6 tablets per 1 day) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | PG | PA; QL (12 tablets per 1 day) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | PG | PA; QL (8 tablets per 1 day) |
| 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, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | NF | |
| *oxymorphone hcl oral tablet 10 mg* | PG | PA; QL (3 tablets per 1 day) |
| *oxymorphone hcl oral tablet 5 mg* | PG | PA; QL (6 tablets per 1 day) |
| percocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (*oxycodone-acetaminophen*) | NF | |
| prolate oral solution 10-300 mg/5ml (*oxycodone-acetaminophen*) | NF | |
| prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg (*oxycodone-acetaminophen*) | NF | |
| qdolo oral solution 5 mg/ml (*tramadol hcl*) | NF | |
| roxicodone oral tablet 15 mg (*oxycodone hcl*) | NP | PA; QL (4 tablets per 1 day) |
| roxicodone oral tablet 30 mg (*oxycodone hcl*) | NP | PA; QL (2 tablets per 1 day) |
| roxicodone oral tablet 5 mg (*oxycodone hcl*) | NP | PA; QL (6 tablets per 1 day) |
| subsys sublingual liquid 100 mcg, 1200 (600 x 2) mcg, 1600 (800 x 2) mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (*fentanyl*) | NP | PA; QL (120 sprays per 30 days) |
| *tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg* | PG | PA; ST; QL (1 tablet per 1 day) |
| *tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg* | PG | PA; ST; QL (1 tablet per 1 day) |
| *tramadol hcl oral tablet 100 mg* | NF | |
| *tramadol hcl oral tablet 50 mg* | PG | PA; QL (6 tablets per 1 day) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | PG | PA; QL (40 tablets per 1 month) |
| trezix oral capsule 320.5-30-16 mg (*apap-caff-dihydrocodeine*) | NP | PA; QL (10 capsules per 1 day) |
| ultracet oral tablet 37.5-325 mg (*tramadol-acetaminophen*) | NP | PA; QL (40 tablets per 1 month) |
| ultram oral tablet 50 mg (*tramadol hcl*) | NP | PA; QL (6 tablets per 1 day) |
| xodol oral tablet 5-300 mg (*hydrocodone-acetaminophen*) | NP | PA; QL (8 tablets per 1 day) |
| xtampza er oral capsule er 12 hour abuse-deterrent 13.5 mg, 18 mg, 27 mg, 36 mg, 9 mg (*oxycodone*) | PB | PA; ST; QL (2 capsules per 1 day) |
| zohydro er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg (*hydrocodone bitartrate*) | NF | |
| **OPIOID PARTIAL AGONISTS** | | |
| belbuca buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg (*buprenorphine hcl*) | NP | PA; ST; QL (2 films per 1 day) |
| *buprenorphine hcl injection solution 0.3 mg/ml* | NP | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg* | CE | N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day) |
| *buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | PG | PA; ST; QL (4 patches per 28 days) |
| butrans transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr (*buprenorphine*) | NF | |
| sublocade subcutaneous solution prefilled syringe 100 mg/0.5ml, 300 mg/1.5ml (*buprenorphine*) | PSP | SP |
| **SALICYLATES** | | |
| *aspirin adult low dose oral tablet delayed release 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *aspirin childrens oral tablet chewable 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *aspirin low dose oral tablet chewable 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *aspirin low dose oral tablet delayed release 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *aspirin oral tablet chewable 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *aspir-low oral tablet delayed release 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *bayer low dose oral tablet chewable 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| bayer low dose oral tablet delayed release 81 mg (*aspirin*) | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *childrens aspirin oral tablet chewable 81 mg* | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| *diflunisal oral tablet 500 mg* | PG | |
| st joseph low dose oral tablet chewable 81 mg (*aspirin*) | CE | N2 (Not Covered); ARC (Females start age 12, males start age 50); AL |
| **VISCOSUPPLEMENTS** | | |
| durolane intra-articular prefilled syringe 60 mg/3ml (*sodium hyaluronate (viscosup)*) | PSP | PA; NPL; SP |
| euflexxa intra-articular solution prefilled syringe 20 mg/2ml (*sodium hyaluronate (viscosup)*) | PSP | PA; NPL; SP |
| gel-one intra-articular prefilled syringe 30 mg/3ml (*cross-linked hyaluronate*) | NF | |
| gelsyn-3 intra-articular solution prefilled syringe 16.8 mg/2ml (*sodium hyaluronate (viscosup)*) | PSP | PA; NPL |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| genvisc 850 intra-articular solution prefilled syringe 25 mg/2.5ml (*sodium hyaluronate (viscosup)*) | NPSP | PA; ST; NPL; SP |
| hyalgan intra-articular solution 20 mg/2ml (*sodium hyaluronate (viscosup)*) | NPSP | PA; ST; NPL; SP |
| hyalgan intra-articular solution prefilled syringe 20 mg/2ml (*sodium hyaluronate (viscosup)*) | NPSP | PA; ST; NPL; SP |
| hymovis intra-articular solution prefilled syringe 24 mg/3ml (*hyaluronan*) | NPSP | PA; ST; NPL; SP |
| monovisc intra-articular solution prefilled syringe 88 mg/4ml (*hyaluronan*) | NF | |
| orthovisc intra-articular solution prefilled syringe 30 mg/2ml (*hyaluronan*) | NF | |
| supartz fx intra-articular solution prefilled syringe 25 mg/2.5ml (*sodium hyaluronate (viscosup)*) | PSP | PA; NPL |
| synvisc intra-articular solution prefilled syringe 16 mg/2ml (*hylan*) | NPSP | PA; ST; NPL; SP |
| synvisc one intra-articular solution prefilled syringe 48 mg/6ml (*hylan*) | NPSP | PA; ST; NPL; SP |
| triluron intra-articular solution prefilled syringe 20 mg/2ml (*sodium hyaluronate (viscosup)*) | NF | NPL |
| trivisc intra-articular solution prefilled syringe 25 mg/2.5ml (*sodium hyaluronate (viscosup)*) | NPSP | PA; ST; NPL; SP |
| visco-3 intra-articular solution prefilled syringe 25 mg/2.5ml (*sodium hyaluronate (viscosup)*) | NF | |
| **ANESTHETICS - DRUGS FOR NUMBING** | | |
| **LOCAL ANESTHETICS - DRUGS FOR NUMBING** | | |
| *lidocaine hcl (pf) injection solution 0.5 %, 1 %* | NP | |
| *lidocaine hcl injection solution 0.5 %* | NP | |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| **ANTI-BACTERIALS - MISCELLANEOUS** | | |
| *amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml* | NP | |
| arikayce inhalation suspension 590 mg/8.4ml (*amikacin sulfate liposome*) | NPSP | PA; SP |
| bethkis inhalation nebulization solution 300 mg/4ml (*tobramycin*) | NPSP | SP; QL (56 ampules per 30 DAYSs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%* | NP | |
| *gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml* | NPSP | |
| humatin oral capsule 250 mg (*paromomycin sulfate*) | NF | |
| kitabis pak inhalation nebulization solution 300 mg/5ml (*tobramycin*) | PSP | SP; QL (10 ml per 1 day) |
| *neomycin sulfate oral tablet 500 mg* | PG | |
| *paromomycin sulfate oral capsule 250 mg* | PG | |
| *streptomycin sulfate intramuscular solution reconstituted 1 gm* | NPSP | |
| *sulfadiazine oral tablet 500 mg* | NP | |
| *tinidazole oral tablet 250 mg, 500 mg* | NP | |
| 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 | SP; QL (224 ML per 1 month) |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | PSP | SP; QL (10 ml per 1 day) |
| *tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml* | NPSP | |
| *tobramycin sulfate injection solution reconstituted 1.2 gm* | NPSP | |
| **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS** | | |
| ancobon oral capsule 250 mg, 500 mg (*flucytosine*) | NP | ST |
| cresemba oral capsule 186 mg (*isavuconazonium sulfate*) | NF | |
| diflucan oral suspension reconstituted 10 mg/ml, 40 mg/ml (*fluconazole*) | NP | |
| diflucan oral tablet 100 mg, 150 mg, 200 mg, 50 mg (*fluconazole*) | NP | |
| *fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%* | NP | |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | PG | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | PG | |
| *flucytosine oral capsule 250 mg* | NP | |
| *flucytosine oral capsule 500 mg* | NF | |
| *griseofulvin microsize oral suspension 125 mg/5ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *griseofulvin microsize oral tablet 500 mg* | PG | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | PG | |
| *itraconazole oral capsule 100 mg* | PG | QL (1 capsule per 1 day) |
| *itraconazole oral solution 10 mg/ml* | NP | |
| *ketoconazole oral tablet 200 mg* | PG | QL (2 tablets per 1 day) |
| lamisil oral tablet 250 mg (*terbinafine hcl*) | NP | |
| noxafil intravenous solution 300 mg/16.7ml (*posaconazole*) | NP | |
| 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 | |
| vfend oral suspension reconstituted 40 mg/ml (*voriconazole*) | NP | |
| vfend oral tablet 200 mg, 50 mg (*voriconazole*) | NP | |
| *voriconazole intravenous solution reconstituted 200 mg* | NP | |
| *voriconazole oral suspension reconstituted 40 mg/ml* | PG | |
| *voriconazole oral tablet 200 mg, 50 mg* | PG | |
| **ANTI-INFECTIVES - MISCELLANEOUS** | | |
| aemcolo oral tablet delayed release 194 mg (*rifamycin sodium*) | NP | QL (12 tablets per 1 fill) |
| *albendazole oral tablet 200 mg* | NP | QL (4 tablets per 1 day) |
| albenza oral tablet 200 mg (*albendazole*) | NP | QL (120 tablets per 30 days) |
| alinia oral suspension reconstituted 100 mg/5ml (*nitazoxanide*) | NP | #; QL (180 ML per 3 days) |
| alinia oral tablet 500 mg (*nitazoxanide*) | NP | #; QL (2 tablets per 1 day) |
| *atovaquone oral suspension 750 mg/5ml* | PG | |
| *aztreonam injection solution reconstituted 1 gm, 2 gm* | NPSP | |
| bactrim ds oral tablet 800-160 mg (*sulfamethoxazole-trimethoprim*) | NP | |
| bactrim oral tablet 400-80 mg (*sulfamethoxazole-trimethoprim*) | NP | |
| *benznidazole oral tablet 100 mg* | NP | PA; QL (2 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *benznidazole oral tablet 12.5 mg* | NP | PA; QL (6 tablets per 1 day) |
| biltricide oral tablet 600 mg (*praziquantel*) | NP | |
| cayston inhalation solution reconstituted 75 mg (*aztreonam lysine*) | NPSP | #; SP; QL (84 mls per 56 days) |
| cleocin oral capsule 150 mg, 300 mg (*clindamycin hcl*) | NP | |
| cleocin oral capsule 75 mg (*clindamycin hcl*) | NF | |
| cleocin oral solution reconstituted 75 mg/5ml (*clindamycin palmitate hcl*) | NP | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | PG | |
| *clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml* | PG | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 9000 mg/60ml* | PSP | |
| *dapsone oral tablet 100 mg, 25 mg* | PG | |
| daraprim oral tablet 25 mg (*pyrimethamine*) | NF | |
| emverm oral tablet chewable 100 mg (*mebendazole*) | NP | QL (2 tablets per 1 day) |
| firvanq oral solution reconstituted 25 mg/ml, 50 mg/ml (*vancomycin hcl*) | NF | |
| flagyl oral capsule 375 mg (*metronidazole*) | NP | |
| flagyl oral tablet 500 mg (*metronidazole*) | NP | |
| hiprex oral tablet 1 gm (*methenamine hippurate*) | NP | |
| impavido oral capsule 50 mg (*miltefosine*) | NP | PA; #; QL (84 capsules per 28 days) |
| *ivermectin oral tablet 3 mg* | PG | |
| lampit oral tablet 120 mg, 30 mg (*nifurtimox*) | NP | |
| *linezolid oral suspension reconstituted 100 mg/5ml* | PG | QL (150 ml per 1 fill) |
| *linezolid oral tablet 600 mg* | PG | QL (28 tablets per 1 fill) |
| macrobid oral capsule 100 mg (*nitrofurantoin monohyd macro*) | NP | |
| macrodantin oral capsule 100 mg, 25 mg, 50 mg (*nitrofurantoin macrocrystal*) | NF | |
| mepron oral suspension 750 mg/5ml (*atovaquone*) | NP | |
| *methenamine hippurate oral tablet 1 gm* | PG | |
| *methenamine mandelate oral tablet 0.5 gm* | PG | |
| *metronidazole oral capsule 375 mg* | PG | |
| *metronidazole oral tablet 250 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| nebupent inhalation solution reconstituted 300 mg (*pentamidine isethionate*) | PB | |
| *nitazoxanide oral tablet 500 mg* | PG | QL (6 tablets per 3 days) |
| *nitrofurantoin macrocrystal oral capsule 50 mg* | PG | |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | PG | |
| *nitrofurantoin oral suspension 25 mg/5ml* | NF | |
| *pentamidine isethionate inhalation solution reconstituted 300 mg* | PG | |
| *praziquantel oral tablet 600 mg* | PG | |
| primsol oral solution 50 mg/5ml (*trimethoprim hcl*) | NP | |
| *pyrimethamine oral tablet 25 mg* | PG | |
| sivextro oral tablet 200 mg (*tedizolid phosphate*) | NP | QL (6 tablets per 1 fill) |
| solosec oral packet 2 gm (*secnidazole*) | NF | |
| stromectol oral tablet 3 mg (*ivermectin*) | NP | |
| *sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml* | NP | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | PG | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | PG | |
| *sulfamethoxazole-trimethoprim* (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml) | PG | |
| *trimethoprim oral tablet 100 mg* | PG | |
| vancocin oral capsule 250 mg (*vancomycin hcl*) | NP | |
| *vancomycin hcl oral capsule 125 mg, 250 mg* | NP | |
| xenleta oral tablet 600 mg (*lefamulin acetate*) | NP | QL (10 tablets per 1 fill) |
| xifaxan oral tablet 200 mg (*rifaximin*) | NF | |
| xifaxan oral tablet 550 mg (*rifaximin*) | PB | PA; QL (3 tablets per 1 day) |
| zyvox oral suspension reconstituted 100 mg/5ml (*linezolid*) | NF | |
| zyvox oral tablet 600 mg (*linezolid*) | NF | |
| **ANTIMALARIALS - DRUGS TO TREAT MALARIA** | | |
| 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 | |
| coartem oral tablet 20-120 mg (*artemether-lumefantrine*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| krintafel oral tablet 150 mg (*tafenoquine succinate*) | NF | |
| malarone oral tablet 250-100 mg, 62.5-25 mg (*atovaquone-proguanil hcl*) | NP | |
| *mefloquine hcl oral tablet 250 mg* | NP | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | NP | |
| qualaquin oral capsule 324 mg (*quinine sulfate*) | NP | |
| *quinine sulfate oral capsule 324 mg* | NP | |
| **ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION** | | |
| *abacavir sulfate oral solution 20 mg/ml* | PG | QL (4 bottles per 30 days) |
| *abacavir sulfate oral tablet 300 mg* | PG | QL (2 tablets per 1 day) |
| aptivus oral capsule 250 mg (*tipranavir*) | NF | # |
| *atazanavir sulfate oral capsule 150 mg, 300 mg* | PG | QL (1 capsule per 1 day) |
| *atazanavir sulfate oral capsule 200 mg* | PG | QL (2 capsules per 1 day) |
| crixivan oral capsule 400 mg (*indinavir sulfate*) | PB | #; QL (6 capsules per 1 day) |
| edurant oral tablet 25 mg (*rilpivirine hcl*) | PB | QL (1 tablet per 1 day) |
| *efavirenz oral capsule 200 mg, 50 mg* | PG | QL (3 capsules per 1 day) |
| *efavirenz oral tablet 600 mg* | PG | QL (1 tablet per 1 day) |
| *emtricitabine oral capsule 200 mg* | PG | QL (1 capsule per 1 day) |
| emtriva oral capsule 200 mg (*emtricitabine*) | PB | QL (1 capsule per 1 day) |
| emtriva oral solution 10 mg/ml (*emtricitabine*) | PB | #; QL (4 bottles per 30 days) |
| *etravirine oral tablet 100 mg* | PG | QL (4 tablets per 1 day) |
| *etravirine oral tablet 200 mg* | PG | QL (2 tablets per 1 day) |
| *fosamprenavir calcium oral tablet 700 mg* | PG | QL (4 tablets per 1 day) |
| fuzeon subcutaneous solution reconstituted 90 mg (*enfuvirtide*) | NPSP | #; SP; QL (2 vials per 1 day) |
| intelence oral tablet 100 mg, 25 mg (*etravirine*) | PB | #; QL (4 tablets per 1 day) |
| intelence oral tablet 200 mg (*etravirine*) | PB | #; QL (2 tablets per 1 day) |
| invirase oral tablet 500 mg (*saquinavir mesylate*) | NF | |
| isentress hd oral tablet 600 mg (*raltegravir potassium*) | NP | QL (2 tablets per 1 day) |
| isentress oral packet 100 mg (*raltegravir potassium*) | NP | QL (2 packets per 1 day) |
| isentress oral tablet 400 mg (*raltegravir potassium*) | NP | QL (2 tablets per 1 day) |
| isentress oral tablet chewable 100 mg, 25 mg (*raltegravir potassium*) | NP | QL (6 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *lamivudine oral solution 10 mg/ml* | PG | QL (4 bottles per 30 days) |
| *lamivudine oral tablet 150 mg* | PG | QL (2 tablets per 1 day) |
| *lamivudine oral tablet 300 mg* | PG | QL (1 tablet per 1 day) |
| lexiva oral suspension 50 mg/ml (*fosamprenavir calcium*) | NF | # |
| lexiva oral tablet 700 mg (*fosamprenavir calcium*) | NF | |
| *nevirapine er oral tablet extended release 24 hour 100 mg* | PG | QL (3 tablets per 1 day) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | PG | QL (1 tablet per 1 day) |
| *nevirapine oral suspension 50 mg/5ml* | PG | QL (5 bottles per 30 days) |
| *nevirapine oral tablet 200 mg* | PG | QL (2 tablets per 1 day) |
| norvir oral packet 100 mg (*ritonavir*) | PB | QL (12 packets per 1 day) |
| norvir oral solution 80 mg/ml (*ritonavir*) | PB | #; QL (2 bottles per 30 days) |
| norvir oral tablet 100 mg (*ritonavir*) | PB | QL (12 tablets per 1 day) |
| pifeltro oral tablet 100 mg (*doravirine*) | NF | |
| prezista oral suspension 100 mg/ml (*darunavir ethanolate*) | PB | QL (2 bottles per 1 day) |
| prezista oral tablet 150 mg, 600 mg, 75 mg (*darunavir ethanolate*) | PB | #; QL (2 tablets per 1 day) |
| prezista oral tablet 800 mg (*darunavir ethanolate*) | PB | #; QL (1 tablet per 1 day) |
| retrovir intravenous solution 10 mg/ml (*zidovudine*) | NP | |
| retrovir oral capsule 100 mg (*zidovudine*) | NP | QL (6 capsules per 1 day) |
| retrovir oral syrup 50 mg/5ml (*zidovudine*) | PB | QL (8 bottles per 30 days) |
| reyataz oral capsule 150 mg, 300 mg (*atazanavir sulfate*) | NP | QL (1 capsule per 1 day) |
| reyataz oral capsule 200 mg (*atazanavir sulfate*) | NP | QL (2 capsules per 1 day) |
| reyataz oral packet 50 mg (*atazanavir sulfate*) | NP | #; QL (6 packets per 1 day) |
| *ritonavir oral tablet 100 mg* | PG | QL (12 tablets per 1 day) |
| rukobia oral tablet extended release 12 hour 600 mg (*fostemsavir tromethamine*) | NF | |
| selzentry oral solution 20 mg/ml (*maraviroc*) | PB | QL (8 bottles per 1 month) |
| selzentry oral tablet 150 mg, 75 mg (*maraviroc*) | PB | #; QL (2 tablets per 1 day) |
| selzentry oral tablet 25 mg (*maraviroc*) | PB | #; QL (8 tablets per 1 day) |
| selzentry oral tablet 300 mg (*maraviroc*) | PB | #; QL (4 tablets per 1 day) |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | PG | QL (2 capsules per 1 day) |
| sustiva oral capsule 200 mg, 50 mg (*efavirenz*) | NP | QL (3 capsules per 1 day) |
| sustiva oral tablet 600 mg (*efavirenz*) | NP | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *tenofovir disoproxil fumarate oral tablet 300 mg* | PG | QL (1 tablet per 1 day) |
| tivicay oral tablet 10 mg (*dolutegravir sodium*) | NP | QL (8 tablets per 1 day) |
| tivicay oral tablet 25 mg (*dolutegravir sodium*) | NP | QL (2 tablets per 1 day) |
| tivicay oral tablet 50 mg (*dolutegravir sodium*) | NP | QL (2 TABS per 1 DAYS) |
| tivicay pd oral tablet soluble 5 mg (*dolutegravir sodium*) | PB | QL (12 tablets per 1 day) |
| tybost oral tablet 150 mg (*cobicistat*) | NP | QL (1 EA per 1 day) |
| viracept oral tablet 250 mg, 625 mg (*nelfinavir mesylate*) | NF | |
| viramune oral suspension 50 mg/5ml (*nevirapine*) | NP | SP; QL (5 bottles per 30 days) |
| viramune xr oral tablet extended release 24 hour 400 mg (*nevirapine*) | PB | QL (1 TB24 per 1 DAYS) |
| viread oral powder 40 mg/gm (*tenofovir disoproxil fumarate*) | NP | #; QL (4 bottles per 30 days) |
| viread oral tablet 150 mg, 200 mg, 250 mg (*tenofovir disoproxil fumarate*) | NP | #; QL (1 tablet per 1 day) |
| viread oral tablet 300 mg (*tenofovir disoproxil fumarate*) | NP | QL (1 tablet per 1 day) |
| *zidovudine oral capsule 100 mg* | PG | QL (6 capsules per 1 day) |
| *zidovudine oral syrup 50 mg/5ml* | PG | QL (8 bottles per 30 days) |
| *zidovudine oral tablet 300 mg* | PG | QL (2 tablets per 1 day) |
| **ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION** | | |
| *abacavir sulfate-lamivudine oral tablet 600-300 mg* | PG | QL (1 tablet per 1 day) |
| *abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg* | PG | QL (2 tablets per 1 day) |
| atripla oral tablet 600-200-300 mg (*efavirenz-emtricitab-tenofovir*) | NP | QL (1 tablet per 1 day) |
| biktarvy oral tablet 50-200-25 mg (*bictegravir-emtricitab-tenofov*) | PB | QL (1 tablet per 1 day) |
| cimduo oral tablet 300-300 mg (*lamivudine-tenofovir*) | NP | QL (1 tablet per 1 day) |
| complera oral tablet 200-25-300 mg (*emtricitab-rilpivir-tenofovir*) | NF | |
| delstrigo oral tablet 100-300-300 mg (*doravirin-lamivudin-tenofov df*) | NF | |
| descovy oral tablet 200-25 mg (*emtricitabine-tenofovir af*) | NP | QL (1 tablet per 1 day) |
| dovato oral tablet 50-300 mg (*dolutegravir-lamivudine*) | PB | QL (1 tablet per 1 day) |
| *efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg* | PG | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg* | PG | QL (1 tablet per 1 day) |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | PG | QL (1 TABLET per 1 Day) |
| *emtricitabine-tenofovir df oral tablet 200-300 mg* | PG | QL (1 tablet per 1 day) |
| epzicom oral tablet 600-300 mg (*abacavir sulfate-lamivudine*) | NP | QL (1 tablet per 1 day) |
| evotaz oral tablet 300-150 mg (*atazanavir-cobicistat*) | NP | QL (1 tablet per 1 day) |
| genvoya oral tablet 150-150-200-10 mg (*elviteg-cobic-emtricit-tenofaf*) | NPSP | ST; QL (1 tablet per 1 day) |
| juluca oral tablet 50-25 mg (*dolutegravir-rilpivirine*) | NP | ST; QL (1 tablet per 1 day) |
| kaletra oral solution 400-100 mg/5ml (*lopinavir-ritonavir*) | NP | QL (3 bottles per 30 days) |
| kaletra oral tablet 100-25 mg (*lopinavir-ritonavir*) | NP | #; QL (8 tablets per 1 day) |
| kaletra oral tablet 200-50 mg (*lopinavir-ritonavir*) | NP | #; QL (4 tablets per 1 day) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | PG | QL (2 tablets per 1 day) |
| *lopinavir-ritonavir oral solution 400-100 mg/5ml* | PG | QL (3 bottles per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | PG | QL (8 tablets per 1 day) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | PG | QL (4 tablets per 1 day) |
| odefsey oral tablet 200-25-25 mg (*emtricitab-rilpivir-tenofov af*) | NP | QL (1 tablet per 1 day) |
| prezcobix oral tablet 800-150 mg (*darunavir-cobicistat*) | PB | QL (1 tablet per 1 day) |
| stribild oral tablet 150-150-200-300 mg (*elviteg-cobic-emtricit-tenofdf*) | NF | |
| symfi lo oral tablet 400-300-300 mg (*efavirenz-lamivudine-tenofovir*) | NP | QL (1 tablet per 1 day) |
| symfi oral tablet 600-300-300 mg (*efavirenz-lamivudine-tenofovir*) | NP | QL (1 tablet per 1 day) |
| symtuza oral tablet 800-150-200-10 mg (*darun-cobic-emtricit-tenofaf*) | PB | QL (1 tablet per 1 day) |
| temixys oral tablet 300-300 mg (*lamivudine-tenofovir*) | NP | QL (1 tablet per 1 day) |
| triumeq oral tablet 600-50-300 mg (*abacavir-dolutegravir-lamivud*) | PB | QL (1 EA per 1 day) |
| trizivir oral tablet 300-150-300 mg (*abacavir-lamivudine-zidovudine*) | NP | QL (2 tablets per 1 day) |
| truvada oral tablet 100-150 mg, 133-200 mg, 167-250 mg (*emtricitabine-tenofovir df*) | PB | #; QL (1 tablet per 1 day) |
| truvada oral tablet 200-300 mg (*emtricitabine-tenofovir df*) | NP | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS** | | |
| *cycloserine oral capsule 250 mg* | NP | |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | PG | |
| *isoniazid injection solution 100 mg/ml* | NP | |
| *isoniazid oral syrup 50 mg/5ml* | PG | |
| *isoniazid oral tablet 100 mg, 300 mg* | PG | |
| myambutol oral tablet 400 mg (*ethambutol hcl*) | NP | |
| mycobutin oral capsule 150 mg (*rifabutin*) | NP | |
| paser oral packet 4 gm (*aminosalicylic acid*) | NP | |
| *pretomanid oral tablet 200 mg* | NP | PA; QL (1 tablet per 1 day) |
| priftin oral tablet 150 mg (*rifapentine*) | NP | |
| *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; SP |
| trecator oral tablet 250 mg (*ethionamide*) | NP | |
| **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS** | | |
| *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 | SP; QL (1 tablet per 1 day) |
| baraclude oral solution 0.05 mg/ml (*entecavir*) | NPSP | SP |
| baraclude oral tablet 0.5 mg, 1 mg (*entecavir*) | NF | |
| *cidofovir intravenous solution 75 mg/ml* | PSP | SP |
| *diclofenac sodium external gel 3 %* | NP | PA; QL (100 GM per 30 days) |
| *entecavir oral tablet 0.5 mg, 1 mg* | PG | SP; QL (1 tablet per 1 day) |
| epivir hbv oral solution 5 mg/ml (*lamivudine*) | NF | # |
| epivir hbv oral tablet 100 mg (*lamivudine*) | NF | |
| *famciclovir oral tablet 125 mg, 250 mg* | PG | QL (2 tablets per 1 day) |
| *famciclovir oral tablet 500 mg* | PG | QL (3 tablets per 1 day) |
| *favipiravir oral tablet 200 mg* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *foscarnet sodium intravenous solution 6000 mg/250ml* | PSP | SP |
| hepsera oral tablet 10 mg (*adefovir dipivoxil*) | NF | |
| *lamivudine oral tablet 100 mg* | PG | |
| *oseltamivir phosphate oral capsule 30 mg* | PG | QL (40 capsules per 90 days) |
| *oseltamivir phosphate oral capsule 45 mg, 75 mg* | PG | QL (20 capsules per 90 days) |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | PG | QL (360 ML per 90 days) |
| prevymis oral tablet 240 mg, 480 mg (*letermovir*) | NPSP | SP; QL (1 tablet per day, maximum 112 tablets per 1 year) |
| relenza diskhaler inhalation aerosol powder breath activated 5 mg/blister (*zanamivir*) | NP | QL (2 inhalers per 90 days) |
| *ribavirin inhalation solution reconstituted 6 gm* | PG | |
| *rimantadine hcl oral tablet 100 mg* | PG | |
| sitavig buccal tablet 50 mg (*acyclovir*) | NF | |
| synagis intramuscular solution 100 mg/ml, 50 mg/0.5ml (*palivizumab*) | PSP | PA; NPL; SP |
| tamiflu oral capsule 30 mg, 45 mg, 75 mg (*oseltamivir phosphate*) | NP | QL (20 capsules per 365 days) |
| tamiflu oral suspension reconstituted 6 mg/ml (*oseltamivir phosphate*) | NP | QL (360 mls per 90 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; SP; QL (1000 ML per 30 days) |
| *valganciclovir hcl oral tablet 450 mg* | PG | PA; SP; QL (102 tablets per 30 days) |
| valtrex oral tablet 1 gm, 500 mg (*valacyclovir hcl*) | NF | |
| vemlidy oral tablet 25 mg (*tenofovir alafenamide fumarate*) | NPSP | PA; ST; SP; QL (1 tablet per 1 day) |
| xerese external cream 5-1 % (*acyclovir-hydrocortisone*) | NF | |
| xofluza (40 mg dose) oral tablet therapy pack 2 x 20 mg (*baloxavir marboxil*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| xofluza (80 mg dose) oral tablet therapy pack 2 x 40 mg (*baloxavir marboxil*) | NF | |
| zovirax oral suspension 200 mg/5ml (*acyclovir*) | NF | |
| **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS** | | |
| *cefaclor er oral tablet extended release 12 hour 500 mg* | NP | |
| *cefaclor oral capsule 250 mg, 500 mg* | PG | |
| *cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml* | PG | |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | PG | |
| *cefadroxil oral tablet 1 gm* | PG | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 300 gm, 500 mg* | NPSP | |
| *cefazolin sodium intravenous solution reconstituted 1 gm* | NPSP | |
| *cefdinir oral capsule 300 mg* | PG | |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | PG | |
| *cefepime hcl injection solution reconstituted 1 gm, 2 gm* | NPSP | |
| *cefixime oral capsule 400 mg* | NP | |
| *cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | NP | |
| *cefotaxime sodium injection solution reconstituted 1 gm* | NPSP | |
| *cefotetan disodium injection solution reconstituted 1 gm, 2 gm* | NPSP | |
| *cefoxitin sodium injection solution reconstituted 10 gm* | NPSP | |
| *cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm* | NPSP | |
| *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 | |
| *ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm* | NPSP | |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | NPSP | |
| *ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | NPSP | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *cefuroxime sodium injection solution reconstituted 750 mg* | NPSP | |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | NPSP | |
| *cephalexin oral capsule 250 mg, 500 mg* | PG | |
| *cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | PG | |
| *cephalexin oral tablet 250 mg, 500 mg* | PG | |
| keflex oral capsule 750 mg (*cephalexin*) | NF | |
| suprax oral capsule 400 mg (*cefixime*) | NP | |
| suprax oral suspension reconstituted 100 mg/5ml, 200 mg/5ml, 500 mg/5ml (*cefixime*) | NP | |
| suprax oral tablet chewable 100 mg, 200 mg (*cefixime*) | NP | # |
| *tazicef injection solution reconstituted 1 gm, 2 gm, 6 gm* | NPSP | |
| *tazicef intravenous solution reconstituted 1 gm, 2 gm* | NPSP | |
| **ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS** | | |
| *azithromycin intravenous solution reconstituted 500 mg* | NP | |
| *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 | |
| dificid oral suspension reconstituted 40 mg/ml (*fidaxomicin*) | PB | |
| dificid oral tablet 200 mg (*fidaxomicin*) | NP | QL (20 tablets per 1 fill) |
| e.e.s. 400 oral tablet 400 mg (*erythromycin ethylsuccinate*) | NP | |
| 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 | |
| ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg (*erythromycin base*) | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| erythrocin lactobionate intravenous solution reconstituted 500 mg (*erythromycin lactobionate*) | NP | |
| 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 | |
| zithromax oral packet 1 gm (*azithromycin*) | NP | |
| zithromax oral suspension reconstituted 100 mg/5ml, 200 mg/5ml (*azithromycin*) | NP | |
| zithromax oral tablet 250 mg, 500 mg (*azithromycin*) | NP | |
| zithromax tri-pak oral tablet 500 mg (*azithromycin*) | NP | |
| zithromax z-pak oral tablet 250 mg (*azithromycin*) | NP | |
| **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS** | | |
| baxdela oral tablet 450 mg (*delafloxacin meglumine*) | NP | PA; QL (28 tablets per 1 fill) |
| cipro oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%) (*ciprofloxacin*) | NP | |
| cipro oral tablet 250 mg, 500 mg (*ciprofloxacin hcl*) | NP | |
| *ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg* | PG | |
| *ciprofloxacin in d5w intravenous solution 400 mg/200ml* | NP | |
| levaquin oral tablet 250 mg, 500 mg, 750 mg (*levofloxacin*) | NP | |
| *levofloxacin in d5w intravenous solution 750 mg/150ml* | NP | |
| *levofloxacin oral solution 25 mg/ml* | PG | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | PG | |
| *moxifloxacin hcl oral tablet 400 mg* | PG | |
| *ofloxacin oral tablet 300 mg* | PG | QL (28 tablets per 1 fill) |
| *ofloxacin oral tablet 400 mg* | PG | |
| **HEPATITIS C** | | |
| epclusa oral tablet 200-50 mg, 400-100 mg (*sofosbuvir-velpatasvir*) | PSP | PA; IBC (Preferred for all genotypes); NPL; SP; QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| harvoni oral packet 33.75-150 mg, 45-200 mg (*ledipasvir-sofosbuvir*) | PSP | PA; NPL; SP; QL (1 packet per 1 day) |
| harvoni oral tablet 45-200 mg (*ledipasvir-sofosbuvir*) | PSP | PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP; QL (1 tablet per 1 day) |
| harvoni oral tablet 90-400 mg (*ledipasvir-sofosbuvir*) | PSP | PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP |
| *ledipasvir-sofosbuvir oral tablet 90-400 mg* | NF | |
| mavyret oral tablet 100-40 mg (*glecaprevir-pibrentasvir*) | NF | |
| pegasys subcutaneous solution 180 mcg/0.5ml, 180 mcg/ml (*peginterferon alfa-2a*) | NF | |
| *ribavirin oral capsule 200 mg* | PG | SP |
| *ribavirin oral tablet 200 mg* | PG | SP |
| *sofosbuvir-velpatasvir oral tablet 400-100 mg* | NF | |
| sovaldi oral packet 150 mg, 200 mg (*sofosbuvir*) | NPSP | PA; ST; NPL; SP; QL (1 packet per 1 day) |
| sovaldi oral tablet 200 mg (*sofosbuvir*) | NPSP | PA; ST; NPL; SP; QL (1 tablet per 1 day) |
| sovaldi oral tablet 400 mg (*sofosbuvir*) | NPSP | PA; ST; NPL; SP; QL (1 TABS per 1 DAYS) |
| viekira pak oral tablet therapy pack 12.5-75-50 &250 mg (*ombitas-paritapre-ritona-dasab*) | NF | |
| vosevi oral tablet 400-100-100 mg (*sofosbuv-velpatasv-voxilaprev*) | PSP | PA; IBC (Preferred for all genotypes); NPL; SP; QL (1 tablet per 1 day) |
| zepatier oral tablet 50-100 mg (*elbasvir-grazoprevir*) | NF | |
| **PENICILLINS - DRUGS TO TREAT 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *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* | PG | |
| *ampicillin oral capsule 500 mg* | PG | |
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg* | NPSP | |
| *ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | NPSP | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | NPSP | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm* | NPSP | |
| augmentin oral suspension reconstituted 125-31.25 mg/5ml (*amoxicillin-pot clavulanate*) | PB | |
| augmentin oral suspension reconstituted 250-62.5 mg/5ml (*amoxicillin-pot clavulanate*) | NP | |
| augmentin oral tablet 500-125 mg (*amoxicillin-pot clavulanate*) | NP | |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | PG | |
| *penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml* | NP | |
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | PG | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | PG | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | NPSP | |
| unasyn injection solution reconstituted 3 (2-1) gm (*ampicillin-sulbactam sodium*) | NP | |
| unasyn intravenous solution reconstituted 15 (10-5) gm (*ampicillin-sulbactam sodium*) | NP | |
| **TETRACYCLINES - DRUGS TO TREAT INFECTIONS** | | |
| acticlate oral tablet 150 mg, 75 mg (*doxycycline hyclate*) | NF | |
| *avidoxy oral tablet 100 mg* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *minocycline hcl* (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg) | NP | |
| *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 (*doxycycline hyclate*) | NF | |
| *doxy 100 intravenous solution reconstituted 100 mg* | NP | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | PG | |
| *doxycycline hyclate oral tablet 100 mg* | PG | |
| *doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg* | NF | |
| *doxycycline hyclate oral tablet 20 mg* | NP | |
| *doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg* | NP | |
| *doxycycline hyclate oral tablet delayed release 200 mg, 50 mg* | NF | |
| *doxycycline monohydrate oral capsule 150 mg, 75 mg* | NF | |
| *doxycycline monohydrate oral capsule 50 mg* | PG | |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg* | NP | |
| *doxycycline monohydrate oral tablet 50 mg, 75 mg* | NP | ST |
| minocin oral capsule 100 mg (*minocycline hcl*) | NP | |
| *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, 75 mg* | PG | |
| *minocycline hcl oral capsule 50 mg* | NF | |
| *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 | |
| *doxycycline monohydrate* (Mondoxyne Nl Oral Capsule 75 Mg) | NF | ST; QL (2 capsules per 1 day) |
| morgidox combination kit 1 x 100 mg, 2 x 100 mg (*doxycycline hyclate-cleanser*) | NF | |
| *doxycycline hyclate* (Morgidox Oral Capsule 100 Mg) | PG | |
| nuzyra oral tablet 150 mg (*omadacycline tosylate*) | NP | PA; QL (2 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| seysara oral tablet 100 mg, 150 mg, 60 mg (*sarecycline hcl*) | NF | |
| 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 capsule 100 mg (*doxycycline hyclate*) | NP | |
| vibramycin oral suspension reconstituted 25 mg/5ml (*doxycycline monohydrate*) | NP | |
| vibramycin oral syrup 50 mg/5ml (*doxycycline calcium*) | NP | |
| ximino oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg (*minocycline hcl*) | NF | |
| **ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER** | | |
| **ALKYLATING AGENTS - CHEMOTHERAPY DRUGS** | | |
| alkeran intravenous solution reconstituted 50 mg (*melphalan hcl*) | PB | |
| alkeran oral tablet 2 mg (*melphalan*) | CE | ST; N2 (NP) |
| busulfex intravenous solution 6 mg/ml (*busulfan*) | NPSP | |
| *cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg* | NP | |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | CE | N2 (PG) |
| emcyt oral capsule 140 mg (*estramustine phosphate sodium*) | CE | N2 (PB) |
| gleostine oral capsule 10 mg, 100 mg, 40 mg (*lomustine*) | CE | PA; N2 (NP) |
| leukeran oral tablet 2 mg (*chlorambucil*) | CE | N2 (PSP) |
| *melphalan hcl intravenous solution reconstituted 50 mg* | PSP | |
| *melphalan oral tablet 2 mg* | CE | N2 (PG) |
| myleran oral tablet 2 mg (*busulfan*) | CE | N2 (PB) |
| temodar oral capsule 100 mg, 140 mg, 180 mg, 250 mg (*temozolomide*) | CE | N2 (NPSP) |
| *temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg* | CE | PA; SP; N2 (PG) |
| **ANTIMETABOLITES - CHEMOTHERAPY DRUGS** | | |
| *capecitabine oral tablet 150 mg* | CE | PA; SP; N2 (PG); QL (4 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *capecitabine oral tablet 500 mg* | CE | PA; SP; N2 (PG); QL (10 tablets per 1 day) |
| *fluorouracil intravenous solution 5 gm/100ml* | NP | |
| *mercaptopurine oral tablet 50 mg* | CE | N2 (PG) |
| *methotrexate oral tablet 2.5 mg* | CE | N2 (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 | |
| *methotrexate sodium oral tablet 2.5 mg* | CE | N2 (PG) |
| onureg oral tablet 200 mg, 300 mg (*azacitidine*) | CE | N2 (NF) |
| purixan oral suspension 2000 mg/100ml (*mercaptopurine*) | CE | PA; #; SP; N2 (NPSP) |
| tabloid oral tablet 40 mg (*thioguanine*) | CE | N2 (PB) |
| trexall oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg (*methotrexate sodium*) | CE | N2 (NP) |
| xatmep oral solution 2.5 mg/ml (*methotrexate*) | CE | PA; N2 (NP) |
| xeloda oral tablet 150 mg, 500 mg (*capecitabine*) | CE | PA; ST; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| **BIOLOGIC RESPONSE MODIFIERS** | | |
| daurismo oral tablet 100 mg, 25 mg (*glasdegib maleate*) | CE | N2 (NF) |
| erivedge oral capsule 150 mg (*vismodegib*) | CE | PA; SP; N2 (PSP); QL (1 capsule per 1 day) |
| farydak oral capsule 10 mg, 20 mg (*panobinostat lactate*) | CE | N2 (NF) |
| ibrance oral capsule 100 mg, 125 mg, 75 mg (*palbociclib*) | CE | PA; SP; N2 (NPSP); QL (21 EA per 28 days) |
| ibrance oral tablet 100 mg, 125 mg, 75 mg (*palbociclib*) | CE | PA; SP; N2 (NPSP); QL (21 tablets per 28 days) |
| kisqali (200 mg dose) oral tablet therapy pack 200 mg (*ribociclib succinate*) | CE | PA; N2 (NPSP); QL (21 tablets per 28 days) |
| kisqali (400 mg dose) oral tablet therapy pack 200 mg (*ribociclib succinate*) | CE | PA; N2 (NPSP); QL (42 tablets per 28 days) |
| kisqali (600 mg dose) oral tablet therapy pack 200 mg (*ribociclib succinate*) | CE | PA; N2 (NPSP); QL (63 tablets per 28 days) |
| kisqali femara (400 mg dose) oral tablet therapy pack 200 & 2.5 mg (*ribociclib-letrozole*) | CE | PA; SP; N2 (NPSP); QL (1 box per 1 month) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| kisqali femara (600 mg dose) oral tablet therapy pack 200 & 2.5 mg (*ribociclib-letrozole*) | CE | PA; SP; N2 (NPSP); QL (1 box per 1 month) |
| kisqali femara(200 mg dose) oral tablet therapy pack 200 & 2.5 mg (*ribociclib-letrozole*) | CE | PA; SP; N2 (NPSP); QL (1 box per 1 month) |
| lynparza oral tablet 100 mg, 150 mg (*olaparib*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| rubraca oral tablet 200 mg, 250 mg, 300 mg (*rucaparib camsylate*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| rydapt oral capsule 25 mg (*midostaurin*) | CE | PA; SP; N2 (PSP); QL (8 capsules per 1 day) |
| talzenna oral capsule 0.25 mg, 1 mg (*talazoparib tosylate*) | CE | N2 (NF) |
| verzenio oral tablet 100 mg, 150 mg, 200 mg, 50 mg (*abemaciclib*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| zejula oral capsule 100 mg (*niraparib tosylate*) | CE | PA; SP; N2 (NPSP); QL (3 capsules per 1 day) |
| zolinza oral capsule 100 mg (*vorinostat*) | CE | PA; SP; N2 (NPSP); QL (4 capsules per 1 day) |
| **HORMONAL ANTINEOPLASTIC AGENTS** | | |
| *abiraterone acetate oral tablet 250 mg* | CE | PA; SP; N2 (PSP); QL (4 tablets per 1 day) |
| *abiraterone acetate oral tablet 500 mg* | CE | PA; SP; N2 (PSP); QL (2 tablets per 1 day) |
| *anastrozole oral tablet 1 mg* | CE | N2 (PG) |
| arimidex oral tablet 1 mg (*anastrozole*) | CE | N2 (NP) |
| aromasin oral tablet 25 mg (*exemestane*) | CE | N2 (NP) |
| *bicalutamide oral tablet 50 mg* | CE | N2 (PG); QL (1 tablet per 1 day) |
| casodex oral tablet 50 mg (*bicalutamide*) | CE | N2 (NP); QL (1 TABS per 1 DAYS) |
| eligard subcutaneous kit 30 mg (*leuprolide acetate (4 month)*) | NPSP | PA; SP |
| erleada oral tablet 60 mg (*apalutamide*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| *exemestane oral tablet 25 mg* | CE | N2 (PG) |
| fareston oral tablet 60 mg (*toremifene citrate*) | CE | N2 (NP) |
| faslodex intramuscular solution 250 mg/5ml (*fulvestrant*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| femara oral tablet 2.5 mg (*letrozole*) | CE | N2 (NP) |
| firmagon (240 mg dose) subcutaneous solution reconstituted 120 mg/vial (*degarelix acetate*) | NPSP | PA |
| firmagon subcutaneous solution reconstituted 80 mg (*degarelix acetate*) | PSP | PA; SP |
| *flutamide oral capsule 125 mg* | CE | N2 (PG) |
| *fulvestrant intramuscular solution 250 mg/5ml* | PSP | PA; SP |
| *letrozole oral tablet 2.5 mg* | CE | N2 (PG) |
| *leuprolide acetate injection kit 1 mg/0.2ml* | PG | PA; SP |
| lupron depot (1-month) intramuscular kit 3.75 mg (*leuprolide acetate*) | NF | # |
| 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)*) | NF | # |
| 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 | |
| lupron depot-ped (1-month) intramuscular kit 11.25 mg, 15 mg, 7.5 mg (*leuprolide acetate*) | NF | # |
| lupron depot-ped (3-month) intramuscular kit 11.25 mg (ped), 30 mg (ped) (*leuprolide acetate (3 month)*) | NF | # |
| lysodren oral tablet 500 mg (*mitotane*) | CE | N2 (PB) |
| *megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml* | CE | N2 (PG) |
| *megestrol acetate oral suspension 625 mg/5ml* | CE | N2 (NP) |
| *megestrol acetate oral tablet 20 mg, 40 mg* | CE | N2 (PG) |
| nilandron oral tablet 150 mg (*nilutamide*) | CE | N2 (NF) |
| *nilutamide oral tablet 150 mg* | CE | N2 (PG) |
| nubeqa oral tablet 300 mg (*darolutamide*) | CE | PA; N2 (PSP); QL (4 tablets per 1 day) |
| orgovyx oral tablet 120 mg (*relugolix*) | CE | N2 (NF) |
| soltamox oral solution 10 mg/5ml (*tamoxifen citrate*) | CE | #; N2 (NP) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *tamoxifen citrate oral tablet 10 mg, 20 mg* | CE | N2 (PG); AL |
| *toremifene citrate oral tablet 60 mg* | CE | N2 (PG) |
| trelstar mixject intramuscular suspension reconstituted 11.25 mg, 22.5 mg, 3.75 mg (*triptorelin pamoate*) | NF | # |
| xtandi oral capsule 40 mg (*enzalutamide*) | CE | PA; SP; N2 (NPSP); QL (4 capsules per 1 day) |
| xtandi oral tablet 40 mg (*enzalutamide*) | CE | PA; SP; N2 (PSP); QL (4 tablets per 1 day) |
| xtandi oral tablet 80 mg (*enzalutamide*) | CE | PA; SP; N2 (PSP); QL (2 tablets per 1 day) |
| yonsa oral tablet 125 mg (*abiraterone acetate*) | CE | PA; #; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| zytiga oral tablet 250 mg, 500 mg (*abiraterone acetate*) | CE | N2 (NF) |
| **KINASE INHIBITORS** | | |
| afinitor disperz oral tablet soluble 2 mg, 5 mg (*everolimus*) | CE | PA; #; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| afinitor disperz oral tablet soluble 3 mg (*everolimus*) | CE | PA; #; SP; N2 (NPSP); QL (3 tablets per 1 day) |
| afinitor oral tablet 10 mg (*everolimus*) | CE | PA; #; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| afinitor oral tablet 2.5 mg, 5 mg, 7.5 mg (*everolimus*) | CE | PA; ST; SP; N2 (NPSP) |
| alecensa oral capsule 150 mg (*alectinib hcl*) | CE | PA; SP; N2 (PSP); QL (8 capsules per 1 day) |
| alunbrig oral tablet 180 mg, 90 mg (*brigatinib*) | CE | PA; SP; N2 (PSP); QL (1 tablet per 1 day) |
| alunbrig oral tablet 30 mg (*brigatinib*) | CE | PA; SP; N2 (PSP); QL (4 tablets per 1 day) |
| alunbrig oral tablet therapy pack 90 & 180 mg (*brigatinib*) | CE | PA; SP; N2 (PSP); QL (1 tablet per 1 day) |
| balversa oral tablet 3 mg (*erdafitinib*) | CE | PA; SP; N2 (NPSP); QL (3 tablets per 1 day) |
| balversa oral tablet 4 mg (*erdafitinib*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| balversa oral tablet 5 mg (*erdafitinib*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| bosulif oral tablet 100 mg (*bosutinib*) | CE | PA; SP; N2 (PSP); QL (3 tablets per 1 day) |
| bosulif oral tablet 400 mg, 500 mg (*bosutinib*) | CE | PA; SP; N2 (PSP); QL (1 tablet per 1 day) |
| brukinsa oral capsule 80 mg (*zanubrutinib*) | CE | PA; SP; N2 (NPSP); QL (4 capsules per 1 day) |
| cabometyx oral tablet 20 mg, 40 mg, 60 mg (*cabozantinib s-malate*) | CE | PA; SP; N2 (PSP); QL (1 tablet per 1 day) |
| calquence oral capsule 100 mg (*acalabrutinib*) | CE | PA; SP; N2 (NPSP); QL (2 capsules per 1 day) |
| caprelsa oral tablet 100 mg (*vandetanib*) | CE | PA; #; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| caprelsa oral tablet 300 mg (*vandetanib*) | CE | PA; #; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| cometriq (100 mg daily dose) oral kit 80 & 20 mg (*cabozantinib s-malate*) | CE | PA; SP; N2 (NPSP); QL (2 capsules per 1 day) |
| cometriq (140 mg daily dose) oral kit 3 x 20 mg & 80 mg (*cabozantinib s-malate*) | CE | PA; SP; N2 (NPSP); QL (4 capsules per 1 day) |
| cometriq (60 mg daily dose) oral kit 20 mg (*cabozantinib s-malate*) | CE | PA; SP; N2 (NPSP); QL (3 kits per 1 day) |
| copiktra oral capsule 15 mg, 25 mg (*duvelisib*) | CE | PA; SP; N2 (PSP); QL (2 capsules per 1 day) |
| cotellic oral tablet 20 mg (*cobimetinib fumarate*) | CE | PA; SP; N2 (NPSP); QL (63 tablets per 28 days) |
| *erlotinib hcl oral tablet 100 mg, 150 mg* | CE | PA; SP; N2 (PG); QL (1 tablet per 1 day) |
| *erlotinib hcl oral tablet 25 mg* | CE | PA; SP; N2 (PG); QL (2 tablets per 1 day) |
| *everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg* | CE | PA; SP; N2 (PSP); QL (1 tablet per 1 day) |
| fotivda oral capsule 0.89 mg, 1.34 mg (*tivozanib hcl*) | CE | N2 (NF) |
| gleevec oral tablet 100 mg, 400 mg (*imatinib mesylate*) | CE | N2 (NF) |
| iclusig oral tablet 10 mg, 30 mg (*ponatinib hcl*) | CE | PA; SP; N2 (NPSP); QL (1 TABLET per 1 Day) |
| iclusig oral tablet 15 mg, 45 mg (*ponatinib hcl*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| idhifa oral tablet 100 mg, 50 mg (*enasidenib mesylate*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| *imatinib mesylate oral tablet 100 mg* | CE | PA; SP; N2 (PG); QL (3 tablets per 1 day) |
| *imatinib mesylate oral tablet 400 mg* | CE | PA; SP; N2 (PG); QL (2 tablets per 1 day) |
| imbruvica oral capsule 140 mg (*ibrutinib*) | CE | PA; N2 (NPSP); QL (3 capsules per 1 day) |
| imbruvica oral capsule 70 mg (*ibrutinib*) | CE | PA; SP; N2 (NPSP); QL (1 capsule per 1 day) |
| imbruvica oral tablet 140 mg, 280 mg, 420 mg, 560 mg (*ibrutinib*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| inlyta oral tablet 1 mg (*axitinib*) | CE | PA; SP; N2 (NPSP); QL (8 tablets per 1 day) |
| inlyta oral tablet 5 mg (*axitinib*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| inrebic oral capsule 100 mg (*fedratinib hcl*) | CE | N2 (NF) |
| iressa oral tablet 250 mg (*gefitinib*) | CE | PA; #; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| jakafi oral tablet 10 mg (*ruxolitinib phosphate*) | CE | PA; SP; N2 (NPSP) |
| jakafi oral tablet 15 mg, 20 mg, 25 mg, 5 mg (*ruxolitinib phosphate*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| koselugo oral capsule 10 mg (*selumetinib sulfate*) | CE | PA; SP; N2 (NPSP); QL (8 capsules per 1 day) |
| koselugo oral capsule 25 mg (*selumetinib sulfate*) | CE | PA; SP; N2 (NPSP); QL (4 capsules per 1 day) |
| lenvima (10 mg daily dose) oral capsule therapy pack 10 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (1 capsules per 1 day) |
| lenvima (12 mg daily dose) oral capsule therapy pack 3 x 4 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (3 capsules per 1 day) |
| lenvima (14 mg daily dose) oral capsule therapy pack 10 & 4 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (2 capsules per 1 day) |
| lenvima (18 mg daily dose) oral capsule therapy pack 10 mg & 2 x 4 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (3 capsules per 1 day) |
| lenvima (20 mg daily dose) oral capsule therapy pack 2 x 10 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (2 capsules per 1 day) |

| 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; SP; N2 (NPSP); QL (3 capsules per 1 day) |
| lenvima (4 mg daily dose) oral capsule therapy pack 4 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (1 capsule per 1 day) |
| lenvima (8 mg daily dose) oral capsule therapy pack 2 x 4 mg (*lenvatinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (2 capsules per 1 day) |
| lorbrena oral tablet 100 mg (*lorlatinib*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| lorbrena oral tablet 25 mg (*lorlatinib*) | CE | PA; SP; N2 (NPSP); QL (3 tablets per 1 day) |
| mekinist oral tablet 0.5 mg (*trametinib dimethyl sulfoxide*) | CE | PA; SP; N2 (NPSP); QL (3 tablets per 1 day) |
| mekinist oral tablet 2 mg (*trametinib dimethyl sulfoxide*) | CE | PA; SP; N2 (NPSP); QL (1 tablets per 1 day) |
| nerlynx oral tablet 40 mg (*neratinib maleate*) | CE | PA; SP; N2 (NPSP); QL (6 tablets per 1 day) |
| nexavar oral tablet 200 mg (*sorafenib tosylate*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| piqray (200 mg daily dose) oral tablet therapy pack 200 mg (*alpelisib*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| piqray (250 mg daily dose) oral tablet therapy pack 200 & 50 mg (*alpelisib*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| piqray (300 mg daily dose) oral tablet therapy pack 2 x 150 mg (*alpelisib*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| retevmo oral capsule 40 mg, 80 mg (*selpercatinib*) | CE | N2 (NF) |
| rozlytrek oral capsule 100 mg (*entrectinib*) | CE | PA; SP; N2 (NF); QL (1 capsule per 1 day) |
| rozlytrek oral capsule 200 mg (*entrectinib*) | CE | PA; SP; N2 (NF); QL (3 capsules per 1 day) |
| sprycel oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (*dasatinib*) | CE | PA; SP; N2 (PSP); QL (1 tablet per 1 day) |
| sprycel oral tablet 20 mg (*dasatinib*) | CE | PA; SP; N2 (PSP); QL (3 tablets per 1 day) |
| stivarga oral tablet 40 mg (*regorafenib*) | CE | PA; SP; N2 (PSP); QL (84 tablets per 1 month) |
| sutent oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (*sunitinib malate*) | CE | PA; #; SP; N2 (PB); QL (1 capsule per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tafinlar oral capsule 50 mg, 75 mg (*dabrafenib mesylate*) | CE | PA; SP; N2 (NPSP); QL (4 EA per 1 day) |
| tagrisso oral tablet 40 mg, 80 mg (*osimertinib mesylate*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| tarceva oral tablet 100 mg, 150 mg (*erlotinib hcl*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| tarceva oral tablet 25 mg (*erlotinib hcl*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| tasigna oral capsule 150 mg, 200 mg, 50 mg (*nilotinib hcl*) | CE | N2 (NF) |
| tepmetko oral tablet 225 mg (*tepotinib hcl*) | CE | N2 (NF) |
| tukysa oral tablet 150 mg, 50 mg (*tucatinib*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| turalio oral capsule 200 mg (*pexidartinib hcl*) | CE | N2 (NF) |
| tykerb oral tablet 250 mg (*lapatinib ditosylate*) | CE | PA; #; SP; N2 (NPSP); QL (6 tablets per 1 day) |
| ukoniq oral tablet 200 mg (*umbralisib tosylate*) | PG | N2 (NF) |
| vitrakvi oral capsule 100 mg (*larotrectinib sulfate*) | CE | PA; SP; N2 (NPSP); QL (2 capsules per 1 day) |
| vitrakvi oral capsule 25 mg (*larotrectinib sulfate*) | CE | PA; SP; N2 (NPSP); QL (6 capsules per 1 day) |
| vitrakvi oral solution 20 mg/ml (*larotrectinib sulfate*) | CE | PA; SP; N2 (NPSP); QL (10 ml per 1 day) |
| vizimpro oral tablet 15 mg, 30 mg, 45 mg (*dacomitinib*) | CE | N2 (NF) |
| votrient oral tablet 200 mg (*pazopanib hcl*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| xalkori oral capsule 200 mg, 250 mg (*crizotinib*) | CE | PA; SP; N2 (NPSP); QL (4 CAPSULES per 1 day) |
| xospata oral tablet 40 mg (*gilteritinib fumarate*) | CE | PA; SP; N2 (PSP); QL (3 tablets per 1 day) |
| zelboraf oral tablet 240 mg (*vemurafenib*) | CE | PA; SP; N2 (NPSP); QL (8 tablets per 1 day) |
| zydelig oral tablet 100 mg, 150 mg (*idelalisib*) | CE | PA; SP; N2 (NF); QL (2 CAP per 1 DAYS) |
| zykadia oral tablet 150 mg (*ceritinib*) | CE | PA; SP; N2 (NPSP); QL (3 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **MISCELLANEOUS** | | |
| alferon n injection solution 5000000 unit/ml (*interferon alfa-n3*) | NPSP | SP |
| ayvakit oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg (*avapritinib*) | CE | PA; SP; N2 (NF); QL (1 tablet per 1 day) |
| *bexarotene oral capsule 75 mg* | CE | PA; SP; N2 (PSP) |
| braftovi oral capsule 75 mg (*encorafenib*) | CE | PA; SP; N2 (NPSP); QL (6 capsules per 1 day) |
| camptosar intravenous solution 100 mg/5ml, 40 mg/2ml (*irinotecan hcl*) | NP | |
| droxia oral capsule 200 mg, 300 mg, 400 mg (*hydroxyurea*) | NP | |
| gavreto oral capsule 100 mg (*pralsetinib*) | CE | N2 (NF) |
| gilotrif oral tablet 20 mg, 30 mg, 40 mg (*afatinib dimaleate*) | CE | PA; SP; N2 (NPSP); QL (1 tablet per 1 day) |
| hydrea oral capsule 500 mg (*hydroxyurea*) | CE | N2 (NP) |
| *hydroxyurea oral capsule 500 mg* | CE | N2 (PG) |
| inqovi oral tablet 35-100 mg (*decitabine-cedazuridine*) | NF | |
| lonsurf oral tablet 15-6.14 mg (*trifluridine-tipiracil*) | CE | PA; SP; N2 (PSP); QL (100 tablets per 28 days) |
| lonsurf oral tablet 20-8.19 mg (*trifluridine-tipiracil*) | CE | PA; SP; N2 (PSP); QL (80 tablets per 28 days) |
| matulane oral capsule 50 mg (*procarbazine hcl*) | CE | SP; N2 (PSP) |
| mektovi oral tablet 15 mg (*binimetinib*) | CE | PA; SP; N2 (NPSP); QL (6 tablets per 1 day) |
| *mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml* | NP | |
| odomzo oral capsule 200 mg (*sonidegib phosphate*) | CE | PA; N2 (PSP); QL (1 capsule per 1 day) |
| pemazyre oral tablet 13.5 mg, 4.5 mg, 9 mg (*pemigatinib*) | CE | N2 (NF) |
| qinlock oral tablet 50 mg (*ripretinib*) | CE | N2 (NF) |
| synribo subcutaneous solution reconstituted 3.5 mg (*omacetaxine mepesuccinate*) | NPSP | PA; ST |
| tabrecta oral tablet 150 mg, 200 mg (*capmatinib hcl*) | CE | N2 (NF) |
| targretin oral capsule 75 mg (*bexarotene*) | CE | PA; SP; N2 (NP) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tazverik oral tablet 200 mg (*tazemetostat hbr*) | CE | PA; ST; SP; N2 (NF); QL (8 tablets per 1 day) |
| tibsovo oral tablet 250 mg (*ivosidenib*) | CE | PA; SP; N2 (NPSP); QL (2 tablets per 1 day) |
| *tretinoin oral capsule 10 mg* | CE | SP; N2 (PG) |
| vistogard oral packet 10 gm (*uridine triacetate*) | PSP | SP; QL (20 packs per 1 fill) |
| xpovio (100 mg once weekly) oral tablet therapy pack 20 mg (*selinexor*) | CE | PA; SP; N2 (NF); QL (20 tablets per 28 days) |
| xpovio (100 mg once weekly) oral tablet therapy pack 50 mg (*selinexor*) | CE | N2 (NF) |
| xpovio (40 mg once weekly) oral tablet therapy pack 20 mg, 40 mg (*selinexor*) | CE | N2 (NF) |
| xpovio (40 mg twice weekly) oral tablet therapy pack 20 mg, 40 mg (*selinexor*) | CE | N2 (NF) |
| xpovio (60 mg once weekly) oral tablet therapy pack 20 mg (*selinexor*) | CE | PA; SP; N2 (NF); QL (12 tablets per 28 days) |
| xpovio (60 mg once weekly) oral tablet therapy pack 60 mg (*selinexor*) | CE | N2 (NF) |
| xpovio (60 mg twice weekly) oral tablet therapy pack 20 mg (*selinexor*) | CE | N2 (NF) |
| xpovio (80 mg once weekly) oral tablet therapy pack 20 mg (*selinexor*) | CE | PA; SP; N2 (NF); QL (16 tablets per 28 days) |
| xpovio (80 mg once weekly) oral tablet therapy pack 40 mg (*selinexor*) | CE | N2 (NF) |
| xpovio (80 mg twice weekly) oral tablet therapy pack 20 mg (*selinexor*) | CE | PA; SP; N2 (NF); QL (32 tablets per 28 days) |
| **PROTEASOME INHIBITORS** | | |
| ninlaro oral capsule 2.3 mg, 3 mg, 4 mg (*ixazomib citrate*) | CE | PA; N2 (PSP); QL (3 capsules per 28 days) |
| **PROTECTIVE AGENTS** | | |
| *leucovorin calcium injection solution reconstituted 350 mg, 500 mg* | NP | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | CE | N2 (PG) |
| mesnex oral tablet 400 mg (*mesna*) | CE | N2 (PB) |
| **TOPOISOMERASE INHIBITORS** | | |
| *etoposide intravenous solution 100 mg/5ml* | NPSP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *etoposide oral capsule 50 mg* | CE | N2 (PG) |
| hycamtin oral capsule 0.25 mg, 1 mg (*topotecan hcl*) | CE | PA; SP; N2 (NPSP) |
| *irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml* | PSP | |
| *toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml* | NPSP | |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | | |
| **ANTINEOPLASTIC, BCL-2 INHIBITORS** | | |
| venclexta oral tablet 10 mg, 50 mg (*venetoclax*) | CE | PA; SP; N2 (NPSP); QL (4 tablets per 1 day) |
| venclexta oral tablet 100 mg (*venetoclax*) | CE | PA; SP; N2 (NPSP); QL (6 tablets per 1 day) |
| venclexta starting pack oral tablet therapy pack 10 & 50 & 100 mg (*venetoclax*) | CE | PA; SP; N2 (NPSP); QL (1 pack per 28 days) |
| **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS** | | |
| **ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| accuretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (*quinapril-hydrochlorothiazide*) | NP | |
| *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 |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | PG | LGC |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | PG | LGC |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | PG | LGC |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | PG | LGC |
| lotensin hct oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (*benazepril-hydrochlorothiazide*) | NP | |
| lotrel oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (*amlodipine besy-benazepril hcl*) | NP | |
| prestalia oral tablet 14-10 mg, 3.5-2.5 mg, 7-5 mg (*perindopril arg-amlodipine*) | NF | # |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tarka oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg (*trandolapril-verapamil hcl*) | NP | |
| *trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | PG | |
| vaseretic oral tablet 10-25 mg (*enalapril-hydrochlorothiazide*) | NP | |
| zestoretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (*lisinopril-hydrochlorothiazide*) | NF | |
| **ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| accupril oral tablet 10 mg, 20 mg, 5 mg (*quinapril hcl*) | NP | |
| accupril oral tablet 40 mg (*quinapril hcl*) | NF | |
| altace oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (*ramipril*) | NP | |
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | PG | LGC |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | PG | LGC |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | PG | LGC |
| epaned oral solution 1 mg/ml (*enalapril maleate*) | NP | PA; #; QL (1 bottle per 30 days) |
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 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 | |
| lotensin oral tablet 10 mg, 20 mg, 40 mg (*benazepril hcl*) | NP | |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | PG | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | NP | LGC |
| prinivil oral tablet 20 mg (*lisinopril*) | NP | |
| qbrelis oral solution 1 mg/ml (*lisinopril*) | NP | PA |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | PG | LGC |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | PG | LGC |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | PG | LGC |
| vasotec oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (*enalapril maleate*) | NP | ST |
| zestril oral tablet 10 mg, 20 mg, 5 mg (*lisinopril*) | NP | |
| **ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *eplerenone oral tablet 25 mg, 50 mg* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| inspra oral tablet 25 mg, 50 mg (*eplerenone*) | NP | |
| **ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| cardura oral tablet 1 mg, 2 mg, 4 mg, 8 mg (*doxazosin mesylate*) | NP | |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | PG | |
| minipress oral capsule 1 mg, 2 mg, 5 mg (*prazosin hcl*) | NP | |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | PG | |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | PG | LGC |
| **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | NP | LGC; QL (1 tablet per 1 day) |
| *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; QL (1 tablet per 1 day) |
| atacand hct oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (*candesartan cilexetil-hctz*) | NF | |
| avalide oral tablet 150-12.5 mg (*irbesartan-hydrochlorothiazide*) | NP | QL (1 tabs per 1 DAYS) |
| avalide oral tablet 300-12.5 mg (*irbesartan-hydrochlorothiazide*) | NP | QL (1 TABS per 1 DAYS) |
| azor oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (*amlodipine-olmesartan*) | NF | |
| benicar hct oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (*olmesartan medoxomil-hctz*) | NF | |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | PG | LGC; QL (1 tablet per 1 day) |
| diovan hct oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (*valsartan-hydrochlorothiazide*) | NF | |
| edarbyclor oral tablet 40-12.5 mg, 40-25 mg (*azilsartan-chlorthalidone*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| exforge oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (*amlodipine besylate-valsartan*) | NF | |
| hyzaar oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (*losartan potassium-hctz*) | NF | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | PG | LGC |
| micardis hct oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (*telmisartan-hctz*) | NF | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *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; QL (1 tablet per 1 day) |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | NP | ST; LGC; QL (1 tablet per 1 day) |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | PG | LGC; QL (1 tablet per 1 day) |
| tribenzor oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (*olmesartan-amlodipine-hctz*) | NP | ST; QL (1 tablet per 1 day) |
| twynsta oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (*telmisartan-amlodipine*) | NP | ST; QL (1 tabs per 1 DAYS) |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | PG | LGC; QL (1 tablet per 1 day) |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| atacand oral tablet 16 mg, 32 mg, 4 mg, 8 mg (*candesartan cilexetil*) | NF | |
| avapro oral tablet 150 mg, 300 mg, 75 mg (*irbesartan*) | NP | QL (1 TABS per 1 DAYS) |
| benicar oral tablet 20 mg, 40 mg, 5 mg (*olmesartan medoxomil*) | NF | |
| *candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | PG | LGC; QL (1 tablet per 1 day) |
| cozaar oral tablet 100 mg, 25 mg, 50 mg (*losartan potassium*) | NF | |
| diovan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (*valsartan*) | NF | |
| edarbi oral tablet 40 mg, 80 mg (*azilsartan medoxomil*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *losartan potassium oral tablet 100 mg* | PG | LGC |
| *losartan potassium oral tablet 25 mg, 50 mg* | PG | LGC; QL (2 tablets per 1 day) |
| micardis oral tablet 20 mg, 40 mg, 80 mg (*telmisartan*) | NF | |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | PG | LGC; QL (1 tablet per 1 day) |
| **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM** | | |
| *amiodarone hcl oral tablet 200 mg, 400 mg* | PG | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | PG | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | PG | |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | PG | |
| *lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%* | NP | |
| *mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg* | PG | |
| multaq oral tablet 400 mg (*dronedarone hcl*) | NP | QL (2 tablets per 1 day) |
| norpace cr oral capsule extended release 12 hour 100 mg, 150 mg (*disopyramide phosphate*) | NP | |
| norpace oral capsule 100 mg, 150 mg (*disopyramide phosphate*) | NF | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | PG | |
| *procainamide hcl injection solution 100 mg/ml, 500 mg/ml* | NP | |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | PG | SP; QL (2 capsules per 1 day) |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | PG | |
| *quinidine gluconate er oral tablet extended release 324 mg* | PG | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | PG | |
| rythmol sr oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg (*propafenone hcl*) | NP | QL (2 CP12 per 1 DAYS) |
| *sorine oral tablet 120 mg, 80 mg* | PG | LGC |
| *sorine oral tablet 160 mg, 240 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* | PG | |
| *sotalol hcl oral tablet 120 mg, 80 mg* | PG | LGC |
| *sotalol hcl oral tablet 160 mg, 240 mg* | PG | |
| tikosyn oral capsule 125 mcg, 250 mcg, 500 mcg (*dofetilide*) | NP | |
| **ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS** | | |
| nexletol oral tablet 180 mg (*bempedoic acid*) | PB | |
| nexlizet oral tablet 180-10 mg (*bempedoic acid-ezetimibe*) | PB | |
| **ANTILIPEMICS, BILE ACID RESINS** | | |
| *cholestyramine light oral powder 4 gm/dose* | PG | |
| *colesevelam hcl oral packet 3.75 gm* | PG | |
| *colesevelam hcl oral tablet 625 mg* | PG | |
| colestid flavored oral granules 5 gm (*colestipol hcl*) | NP | |
| colestid flavored oral packet 5 gm (*colestipol hcl*) | NF | |
| colestid oral granules 5 gm (*colestipol hcl*) | NP | |
| colestid oral packet 5 gm (*colestipol hcl*) | NP | |
| colestid oral tablet 1 gm (*colestipol hcl*) | NP | |
| *colestipol hcl oral granules 5 gm* | PG | |
| *prevalite oral packet 4 gm* | PG | |
| questran light oral powder 4 gm/dose (*cholestyramine light*) | NP | |
| welchol oral packet 3.75 gm (*colesevelam hcl*) | NP | ST |
| welchol oral tablet 625 mg (*colesevelam hcl*) | NP | ST |
| **ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR** | | |
| *ezetimibe oral tablet 10 mg* | PG | QL (1 tablet per 1 day) |
| zetia oral tablet 10 mg (*ezetimibe*) | NF | |
| **ANTILIPEMICS, FIBRATES** | | |
| antara oral capsule 30 mg, 90 mg (*fenofibrate micronized*) | NP | #; QL (1 capsule per 1 day) |
| *fenofibrate micronized oral capsule 130 mg* | NF | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | PG | QL (1 capsule per 1 day) |
| *fenofibrate micronized oral capsule 43 mg* | NP | QL (1 capsule per 1 day) |
| *fenofibrate oral capsule 150 mg* | NP | QL (1 capsule per 1 day) |
| *fenofibrate oral capsule 50 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *fenofibrate oral tablet 120 mg, 40 mg* | NF | |
| *fenofibrate oral tablet 145 mg, 48 mg, 54 mg* | PG | QL (1 tablet per 1 day) |
| *fenofibrate oral tablet 160 mg* | NP | QL (1 tablet per 1 day) |
| *fenofibric acid oral capsule delayed release 135 mg, 45 mg* | PG | QL (1 capsule per 1 day) |
| *fenofibric acid oral tablet 105 mg, 35 mg* | NP | |
| fenoglide oral tablet 120 mg (*fenofibrate*) | NF | |
| fenoglide oral tablet 40 mg (*fenofibrate*) | NP | ST; QL (1 tablet per 1 day) |
| *gemfibrozil oral tablet 600 mg* | PG | LGC |
| lipofen oral capsule 150 mg, 50 mg (*fenofibrate*) | NP | QL (1 CAPS per 1 DAY) |
| tricor oral tablet 145 mg, 48 mg (*fenofibrate*) | NF | |
| trilipix oral capsule delayed release 135 mg, 45 mg (*choline fenofibrate*) | NP | QL (1 CPDR per 1 DAYS) |
| **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS** | | |
| 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; N2 (PG); QL (1 tablet per 1 day); AL |
| *atorvastatin calcium oral tablet 40 mg, 80 mg* | PG | LGC; QL (1 tablet per 1 day) |
| 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 | |
| *flolipid oral suspension 20 mg/5ml, 40 mg/5ml* | NF | |
| *fluvastatin sodium er oral tablet extended release 24 hour 80 mg* | NP | QL (1 tablet per 1 day) |
| *fluvastatin sodium oral capsule 20 mg, 40 mg* | PG | QL (2 capsules per 1 day) |
| 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; QL (2 tablets per 1 day) |
| pravachol oral tablet 40 mg (*pravastatin sodium*) | NP | QL (1 tabs per 1 DAYS) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *simvastatin oral tablet 10 mg, 5 mg* | CE | LGC; N2 (PG); QL (1 tablet per 1 day); AL |
| *simvastatin oral tablet 20 mg, 40 mg* | CE | N2 (PG); QL (1 tablet per 1 day); AL |
| *simvastatin oral tablet 80 mg* | PG | LGC; QL (1 tablet per 1 day) |
| zocor oral tablet 10 mg, 20 mg, 40 mg, 80 mg (*simvastatin*) | NP | QL (1 tabs per 1 DAYS) |
| zypitamag oral tablet 2 mg, 4 mg (*pitavastatin magnesium*) | NF | |
| **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS** | | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | PG | QL (1 tablet per 1 day) |
| roszet oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg (*ezetimibe-rosuvastatin*) | NF | |
| vytorin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (*ezetimibe-simvastatin*) | NP | ST; QL (1 tablet per 1 day) |
| **ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *icosapent ethyl oral capsule 1 gm* | PG | |
| juxtapid oral capsule 10 mg, 20 mg, 30 mg, 5 mg (*lomitapide mesylate*) | NPSP | PA; ST; SP; QL (1 capsule per 1 day) |
| lovaza oral capsule 1 gm (*omega-3-acid ethyl esters*) | NP | QL (4 CAPS per 1 DAYS) |
| *niacin (antihyperlipidemic) oral tablet 500 mg* | NF | |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg* | PG | |
| niacor oral tablet 500 mg (*niacin (antihyperlipidemic)*) | NF | |
| niaspan oral tablet extended release 1000 mg, 500 mg, 750 mg (*niacin (antihyperlipidemic)*) | NP | |
| **ANTILIPEMICS, OMEGA-3 FATTY ACIDS** | | |
| *omega-3-acid ethyl esters oral capsule 1 gm* | PG | QL (4 capsules per 1 day) |
| vascepa oral capsule 0.5 gm (*icosapent ethyl*) | PB | #; QL (8 capsules per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| vascepa oral capsule 1 gm (*icosapent ethyl*) | PB | QL (4 CAPS per 1 DAYS) |
| **ANTILIPEMICS, PCSK9 INHIBITORS** | | |
| praluent subcutaneous solution auto-injector 150 mg/ml, 75 mg/ml (*alirocumab*) | PSP | PA; QL (2 syringes per 28 days) |
| 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 | |
| **BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | PG | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | PG | LGC |
| dutoprol oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg (*metoprolol-hydrochlorothiazide*) | NF | |
| *metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | PG | |
| ziac oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (*bisoprolol-hydrochlorothiazide*) | NP | |
| **BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | PG | |
| *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* | NP | |
| *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 | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| coreg cr oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg (*carvedilol phosphate*) | NF | |
| coreg oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (*carvedilol*) | NP | |
| corgard oral tablet 20 mg, 40 mg, 80 mg (*nadolol*) | NP | |
| hemangeol oral solution 4.28 mg/ml (*propranolol hcl*) | NP | PA |
| inderal la oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg (*propranolol hcl*) | 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 intravenous solution 5 mg/ml* | NP | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | PG | |
| lopressor oral tablet 100 mg, 50 mg (*metoprolol tartrate*) | NP | |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg* | PG | QL (1.5 tablets per 1 day) |
| *metoprolol succinate er oral tablet extended release 24 hour 200 mg* | PG | QL (2 tablets per 1 day) |
| *metoprolol succinate er oral tablet extended release 24 hour 25 mg* | PG | QL (1 tablet per 1 day) |
| *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 intravenous solution 1 mg/ml* | NP | |
| *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 | |
| *sotalol hcl intravenous solution 150 mg/10ml* | NP | |
| sotylize oral solution 5 mg/ml (*sotalol hcl*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *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 BLOCKER/ANTILIPEMIC COMBINATIONS** | | |
| *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 | ST; QL (1 tablet per 1 day) |
| caduet oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (*amlodipine-atorvastatin*) | NP | ST; QL (1 tablet per 1 day) |
| **CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *afeditab cr oral tablet extended release 24 hour 30 mg* | PG | QL (1 tablet per 1 day) |
| *afeditab cr oral tablet extended release 24 hour 60 mg* | PG | QL (2 tablets per 1 day) |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | PG | LGC |
| calan sr oral tablet extended release 120 mg, 180 mg, 240 mg (*verapamil hcl*) | NP | |
| cardene iv intravenous solution 20-4.8 mg/200ml-% (*nicardipine hcl in dextrose*) | NP | |
| 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 | |
| *cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg* | PG | QL (1 capsule per 1 day) |
| *cartia xt oral capsule extended release 24 hour 240 mg* | PG | QL (2 tablet per 1 day) |
| 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, 300 mg, 360 mg, 420 mg* | PG | QL (1 capsule per 1 day) |
| *diltiazem hcl er beads oral capsule extended release 24 hour 240 mg* | PG | QL (2 capsules per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg* | PG | QL (1 capsule per 1 day) |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg* | PG | QL (2 Capsules per 1 day) |
| *diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg* | NP | |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | PG | |
| *diltiazem hcl er oral capsule extended release 24 hour 120 mg* | PG | |
| *diltiazem hcl intravenous solution 50 mg/10ml* | NP | |
| *diltiazem hcl intravenous solution reconstituted 100 mg* | NP | |
| *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* | PG | |
| *dilt-xr oral capsule extended release 24 hour 240 mg* | PG | QL (2 capsule per 1 day) |
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | PG | QL (1 tablet per 1 day) |
| *isradipine oral capsule 2.5 mg, 5 mg* | PG | |
| katerzia oral suspension 1 mg/ml (*amlodipine benzoate*) | NF | |
| *matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | NF | |
| *nicardipine hcl intravenous solution 2.5 mg/ml* | NP | |
| *nicardipine hcl oral capsule 20 mg, 30 mg* | PG | |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg* | PG | QL (1 tablet per 1 day) |
| *nifedipine er oral tablet extended release 24 hour 60 mg* | PG | QL (2 tablets per 1 day) |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg* | PG | QL (1 tablet per 1 day) |
| *nifedipine er osmotic release oral tablet extended release 24 hour 60 mg* | PG | QL (2 tablets per 1 day) |
| *nifedipine oral capsule 10 mg, 20 mg* | PG | |
| *nimodipine oral capsule 30 mg* | PG | |
| *nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg* | PG | QL (1 tablet per 1 day) |
| *nisoldipine er oral tablet extended release 24 hour 25.5 mg* | PG | |
| *nisoldipine er oral tablet extended release 24 hour 30 mg* | PG | QL (2 tablets per 1 day) |
| norvasc oral tablet 10 mg, 2.5 mg, 5 mg (*amlodipine besylate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| nymalize oral solution 6 mg/ml (*nimodipine*) | NP | |
| procardia xl oral tablet extended release 24 hour 30 mg (*nifedipine*) | NP | QL (1 TB24 per 1 DAYS) |
| procardia xl oral tablet extended release 24 hour 60 mg, 90 mg (*nifedipine*) | NP | QL (2 TB24 per 1 DAYS) |
| sular oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg (*nisoldipine*) | NP | QL (1 TB24 per 1 DAYS) |
| *taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg* | PG | QL (1 capsule per 1 day) |
| *taztia xt oral capsule extended release 24 hour 240 mg* | PG | QL (2 capsules per 1 day) |
| tiazac oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg (*diltiazem hcl er beads*) | NP | QL (1 CP24 per 1 DAYS) |
| tiazac oral capsule extended release 24 hour 240 mg (*diltiazem hcl er beads*) | NP | QL (2 CP24 per 1 DAYS) |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg* | PG | QL (1 capsule per 1 day) |
| *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg* | PG | |
| *verapamil hcl er oral capsule extended release 24 hour 200 mg* | PG | QL (2 capsules per 1 day) |
| *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 intravenous solution 2.5 mg/ml* | NP | |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | PG | LGC |
| verelan oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (*verapamil hcl*) | NP | |
| **DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS** | | |
| *digoxin* (Digitek Oral Tablet 125 Mcg, 250 Mcg) | PG | |
| *digoxin* (Digox Oral Tablet 125 Mcg, 250 Mcg) | PG | |
| *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 | |
| **DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS** | | |
| *aliskiren fumarate oral tablet 150 mg, 300 mg* | NP | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tekturna hct oral tablet 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg (*aliskiren-hydrochlorothiazide*) | NP | ST; QL (1 tablet per 1 day) |
| tekturna oral tablet 150 mg, 300 mg (*aliskiren fumarate*) | NP | ST; QL (1 tablet per 1 day) |
| **DIURETICS - DRUGS TO TREAT HEART CONDITIONS** | | |
| *acetazolamide er oral capsule extended release 12 hour 500 mg* | PG | ST |
| *acetazolamide oral tablet 125 mg, 250 mg* | PG | |
| aldactazide oral tablet 25-25 mg, 50-50 mg (*spironolactone-hctz*) | NP | |
| aldactone oral tablet 100 mg, 25 mg, 50 mg (*spironolactone*) | NP | |
| *amiloride hcl oral tablet 5 mg* | PG | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | PG | LGC |
| *bumetanide injection solution 0.25 mg/ml* | NP | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| carospir oral suspension 25 mg/5ml (*spironolactone*) | NF | |
| *chlorothiazide sodium intravenous solution reconstituted 500 mg* | NP | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | PG | |
| diuril oral suspension 250 mg/5ml (*chlorothiazide*) | NP | |
| dyrenium oral capsule 100 mg, 50 mg (*triamterene*) | NF | |
| edecrin oral tablet 25 mg (*ethacrynic acid*) | NP | |
| *ethacrynic acid oral tablet 25 mg* | NP | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | PG | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | PG | LGC |
| *hydrochlorothiazide oral 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 (4 tablets per 1 day) |
| lasix oral tablet 20 mg, 40 mg, 80 mg (*furosemide*) | NP | |
| maxzide oral tablet 75-50 mg (*triamterene-hctz*) | NP | |
| maxzide-25 oral tablet 37.5-25 mg (*triamterene-hctz*) | NP | |
| *methazolamide oral tablet 25 mg* | PG | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | PG | |
| sodium edecrin intravenous solution reconstituted 50 mg (*ethacrynate sodium*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *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* | NP | |
| *triamterene-hctz oral capsule 37.5-25 mg* | PG | LGC |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | PG | LGC |
| **HEART FAILURE** | | |
| verquvo oral tablet 10 mg, 2.5 mg, 5 mg (*vericiguat*) | NF | |
| **MISCELLANEOUS** | | |
| bidil oral tablet 20-37.5 mg (*isosorb dinitrate-hydralazine*) | NP | # |
| catapres-tts-1 transdermal patch weekly 0.1 mg/24hr (*clonidine*) | NP | |
| catapres-tts-2 transdermal patch weekly 0.2 mg/24hr (*clonidine*) | NP | |
| catapres-tts-3 transdermal patch weekly 0.3 mg/24hr (*clonidine*) | NP | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | PG | LGC |
| corlanor oral solution 5 mg/5ml (*ivabradine hcl*) | PB | |
| corlanor oral tablet 5 mg, 7.5 mg (*ivabradine hcl*) | PB | |
| demser oral capsule 250 mg (*metyrosine*) | NPSP | ST; SP |
| dibenzyline oral capsule 10 mg (*phenoxybenzamine hcl*) | NPSP | ST; QL (12 capsules per 1 day) |
| *droxidopa oral capsule 100 mg* | PSP | PA; SP; QL (3 capsules per 1 day) |
| *droxidopa oral capsule 200 mg, 300 mg* | PSP | PA; SP; QL (6 capsules per 1 day) |
| entresto oral tablet 24-26 mg, 49-51 mg, 97-103 mg (*sacubitril-valsartan*) | PB | QL (2 tablets per 1 day) |
| *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 |
| *isoxsuprine hcl oral tablet 10 mg* | NP | |
| *methyldopa oral tablet 250 mg, 500 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *metyrosine oral capsule 250 mg* | NP | |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | PG | SP |
| *minoxidil oral tablet 10 mg, 2.5 mg* | PG | |
| northera oral capsule 100 mg, 200 mg, 300 mg (*droxidopa*) | NF | |
| *phenoxybenzamine hcl oral capsule 10 mg* | PSP | QL (12 capsules per 1 day) |
| ranexa oral tablet extended release 12 hour 1000 mg (*ranolazine*) | NP | ST; QL (2 tablet per 1 day) |
| *ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg* | PG | QL (2 tablets per 1 day) |
| vecamyl oral tablet 2.5 mg (*mecamylamine hcl*) | NPSP | PA; ST; SP; QL (10 tabs per 1 DAYS) |
| vyndamax oral capsule 61 mg (*tafamidis*) | NPSP | PA; SP; QL (1 capsule per 1 day) |
| vyndaqel oral capsule 20 mg (*tafamidis meglumine (cardiac)*) | NF | |
| **NITRATES - DRUGS TO TREAT HEART CONDITIONS** | | |
| dilatrate-sr oral capsule extended release 40 mg (*isosorbide dinitrate*) | NP | |
| 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, 5 mg* | PG | |
| *isosorbide dinitrate oral tablet 40 mg* | NF | |
| *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 | |
| *minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | PG | |
| nitro-bid transdermal ointment 2 % (*nitroglycerin*) | NP | |
| nitro-dur transdermal patch 24 hour 0.3 mg/hr, 0.8 mg/hr (*nitroglycerin*) | NP | |
| *nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%* | NP | |
| *nitroglycerin intravenous solution 5 mg/ml* | NP | |
| *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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *nitroglycerin translingual solution 0.4 mg/spray* | PG | |
| nitrolingual translingual solution 0.4 mg/spray (*nitroglycerin*) | NP | |
| nitromist translingual aerosol solution 400 mcg/spray (*nitroglycerin*) | NF | |
| nitrostat sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg (*nitroglycerin*) | NP | ST |
| ranexa oral tablet extended release 12 hour 500 mg (*ranolazine*) | NP | ST; QL (3 tablet per 1 day) |
| **PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION** | | |
| 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*) | NPSP | PA; NPL; SP; QL (3 TABS per 1 DAYS) |
| *tadalafil (pah)* (Alyq Oral Tablet 20 Mg) | PSP | PA; NPL; SP; QL (2 tablets per 1 day) |
| *ambrisentan oral tablet 10 mg, 5 mg* | PSP | PA; NPL; SP |
| *bosentan oral tablet 125 mg, 62.5 mg* | PSP | PA; NPL; SP |
| *epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg* | PSP | PA; NPL; SP |
| flolan intravenous solution reconstituted 0.5 mg, 1.5 mg (*epoprostenol sodium*) | NPSP | PA; NPL; SP |
| letairis oral tablet 10 mg, 5 mg (*ambrisentan*) | NF | |
| opsumit oral tablet 10 mg (*macitentan*) | PSP | PA; NPL; SP; QL (1 EA per 1 day) |
| orenitram oral tablet extended release 0.125 mg, 0.25 mg, 1 mg, 2.5 mg, 5 mg (*treprostinil diolamine*) | NPSP | PA; NPL; SP |
| remodulin injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml (*treprostinil*) | NF | |
| 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 oral tablet 20 mg* | PG | PA; NPL; SP; QL (3 tablets per 1 day) |
| *tadalafil (pah) oral tablet 20 mg* | PSP | PA; NPL; SP; QL (2 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tracleer oral tablet 125 mg, 62.5 mg (*bosentan*) | NPSP | PA; ST; NPL; SP |
| tracleer oral tablet soluble 32 mg (*bosentan*) | NF | |
| *treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml* | PSP | PA; NPL; SP |
| tyvaso inhalation solution 0.6 mg/ml (*treprostinil*) | NPSP | PA; NPL; SP; QL (1 SOLN per 1 DAYS) |
| tyvaso refill inhalation solution 0.6 mg/ml (*treprostinil*) | NPSP | PA; NPL; SP; QL (1 ML per 1 day) |
| tyvaso starter inhalation solution 0.6 mg/ml (*treprostinil*) | NPSP | PA; NPL; SP; QL (1 ML per 1 day) |
| uptravi oral tablet 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg (*selexipag*) | NPSP | PA; NPL; SP; QL (2 capsules per 1 day) |
| uptravi oral tablet 200 mcg (*selexipag*) | NPSP | PA; NPL; SP; QL (5 tablets per 1 day) |
| uptravi oral tablet therapy pack 200 & 800 mcg (*selexipag*) | NPSP | PA; NPL; SP; QL (1 pack per 1 month) |
| veletri intravenous solution reconstituted 0.5 mg, 1.5 mg (*epoprostenol sodium*) | NPSP | PA; NPL; SP |
| ventavis inhalation solution 10 mcg/ml, 20 mcg/ml (*iloprost*) | NPSP | PA; NPL; SP |
| **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS** | | |
| **ANTIANXIETY - DRUGS TO TREAT ANXIETY** | | |
| *alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg* | PG | QL (2 tablets per 1 day) |
| alprazolam intensol oral concentrate 1 mg/ml (*alprazolam*) | NP | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | |
| *alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | |
| *alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg* | PG | QL (2 tablets per 1 day) |
| ativan oral tablet 0.5 mg, 1 mg, 2 mg (*lorazepam*) | NF | |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | PG | |
| *lorazepam* (Lorazepam Intensol Oral Concentrate 2 Mg/Ml) | PG | |
| *lorazepam oral concentrate 2 mg/ml* | PG | |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| *meprobamate oral tablet 200 mg, 400 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | PG | |
| 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 | |
| **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES** | | |
| aptiom oral tablet 200 mg, 400 mg, 600 mg, 800 mg (*eslicarbazepine acetate*) | NF | # |
| banzel oral suspension 40 mg/ml (*rufinamide*) | NF | |
| banzel oral tablet 200 mg, 400 mg (*rufinamide*) | NP | #; QL (8 tablets per 1 day) |
| 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, 300 mg* | PG | |
| *carbamazepine er oral capsule extended release 12 hour 200 mg* | NF | |
| *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 | |
| carbatrol oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (*carbamazepine*) | PB | |
| celontin oral capsule 300 mg (*methsuximide*) | PB | |
| cerebyx injection solution 100 mg pe/2ml, 500 mg pe/10ml (*fosphenytoin sodium*) | NPSP | |
| *clobazam oral suspension 2.5 mg/ml* | PG | |
| *clobazam oral tablet 10 mg, 20 mg* | PG | QL (2 tablets per 1 day) |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | PG | |
| depakote er oral tablet extended release 24 hour 250 mg, 500 mg (*divalproex sodium*) | NP | |
| depakote oral tablet delayed release 125 mg, 250 mg, 500 mg (*divalproex sodium*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| depakote sprinkles oral capsule delayed release sprinkle 125 mg (*divalproex sodium*) | NP | |
| diacomit oral capsule 250 mg (*stiripentol*) | NPSP | SP; QL (12 capsules per 1 day) |
| diacomit oral capsule 500 mg (*stiripentol*) | NPSP | SP; QL (6 capsules per 1 day) |
| diacomit oral packet 250 mg (*stiripentol*) | NPSP | SP; QL (12 packets per 1 day) |
| diacomit oral packet 500 mg (*stiripentol*) | NPSP | SP; QL (6 packets per 1 day) |
| diastat acudial rectal gel 10 mg, 20 mg (*diazepam*) | NF | |
| diastat pediatric rectal gel 2.5 mg (*diazepam*) | NF | |
| *diazepam intensol oral concentrate 5 mg/ml* | PG | |
| *diazepam oral concentrate 5 mg/ml* | PG | |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | PG | |
| *diazepam rectal gel 10 mg, 2.5 mg, 20 mg* | PG | QL (1 box per 1 fill) |
| 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 | |
| elepsia xr oral tablet extended release 24 hour 1000 mg, 1500 mg (*levetiracetam*) | NF | |
| epidiolex oral solution 100 mg/ml (*cannabidiol*) | NPSP | PA; ST; SP; QL (800 ML per 1 month) |
| *epitol oral tablet 200 mg* | PG | |
| *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 | |
| felbatol oral suspension 600 mg/5ml (*felbamate*) | NP | |
| felbatol oral tablet 400 mg, 600 mg (*felbamate*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| fintepla oral solution 2.2 mg/ml (*fenfluramine hcl*) | NF | |
| *fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml* | NPSP | |
| 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 | QL (1 tablet per 1 day) |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | PG | QL (6 capsules per 1 day) |
| *gabapentin oral solution 250 mg/5ml, 300 mg/6ml* | PG | |
| *gabapentin oral tablet 600 mg* | PG | QL (4 tablets per 1 day) |
| *gabapentin oral tablet 800 mg* | PG | QL (6 tablets per 1 day) |
| gabitril oral tablet 12 mg, 4 mg (*tiagabine hcl*) | NP | QL (4 TABS per 1 DAYS) |
| gabitril oral tablet 16 mg (*tiagabine hcl*) | NP | QL (3 TABS per 1 DAYS) |
| gabitril oral tablet 2 mg (*tiagabine hcl*) | NP | QL (1 TABS per 1 DAYS) |
| 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 | |
| lamictal odt oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg (*lamotrigine*) | NP | |
| lamictal odt oral tablet dispersible 100 mg, 200 mg (*lamotrigine*) | NP | QL (2 tablets per 1 day) |
| lamictal odt oral tablet dispersible 25 mg (*lamotrigine*) | NP | QL (6 tablets per 1 day) |
| lamictal odt oral tablet dispersible 50 mg (*lamotrigine*) | NP | QL (3 tablets per 1 day) |
| lamictal oral tablet 100 mg, 150 mg, 200 mg, 25 mg (*lamotrigine*) | NP | |
| lamictal oral tablet chewable 25 mg, 5 mg (*lamotrigine*) | NP | |
| lamictal starter oral kit 35 x 25 mg, 42 x 25 mg & 7 x 100 mg, 84 x 25 mg & 14x100 mg (*lamotrigine*) | NP | |
| lamictal xr oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 50 & 100 & 200 mg (*lamotrigine*) | NP | |
| lamictal xr oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg (*lamotrigine*) | NP | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| lamictal xr oral tablet extended release 24 hour 200 mg (*lamotrigine*) | NP | QL (3 tablets per 1 day) |
| lamictal xr oral tablet extended release 24 hour 250 mg, 300 mg (*lamotrigine*) | NP | QL (2 tablets per 1 day) |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg* | PG | QL (1 tablet per 1 day) |
| *lamotrigine er oral tablet extended release 24 hour 200 mg* | PG | QL (3 tablets per 1 day) |
| *lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg* | PG | QL (2 tablets per 1 day) |
| *lamotrigine er oral tablet extended release 24 hour 50 mg* | PG | QL (1 TB24 per 1 DAYS) |
| *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* | NP | QL (2 TAB per 1 DAILY) |
| *lamotrigine oral tablet dispersible 25 mg* | NP | QL (6 TAB per 1 DAILY) |
| *lamotrigine oral tablet dispersible 50 mg* | NP | QL (3 TAB per 1 DAILY) |
| *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* | PG | QL (6 tablets per 1 day) |
| *levetiracetam er oral tablet extended release 24 hour 750 mg* | PG | QL (4 tablets per 1 day) |
| *levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml* | NP | |
| *levetiracetam oral solution 100 mg/ml* | PG | QL (960 ML per 1 month) |
| *levetiracetam oral tablet 1000 mg* | PG | QL (90 tablets per 1 month) |
| *levetiracetam oral tablet 250 mg* | PG | QL (360 tablets per 1 month) |
| *levetiracetam oral tablet 500 mg* | PG | QL (180 tablets per 1 month) |
| *levetiracetam oral tablet 750 mg* | PG | QL (120 tablets per 1 month) |
| lyrica oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg (*pregabalin*) | NF | |
| lyrica oral solution 20 mg/ml (*pregabalin*) | NF | |
| mysoline oral tablet 250 mg, 50 mg (*primidone*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| nayzilam nasal solution 5 mg/0.1ml (*midazolam (anticonvulsant)*) | PB | QL (5 spray bottles per 30 days) |
| neurontin oral capsule 100 mg, 300 mg, 400 mg (*gabapentin*) | NP | QL (6 cap per 1 DAYS) |
| neurontin oral solution 250 mg/5ml (*gabapentin*) | NP | |
| neurontin oral tablet 600 mg, 800 mg (*gabapentin*) | NP | QL (6 tabs per 1 DAYS) |
| 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 (*oxcarbazepine*) | PB | QL (2 tablets per 1 day) |
| oxtellar xr oral tablet extended release 24 hour 600 mg (*oxcarbazepine*) | PB | QL (4 tablets per 1 day) |
| *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 | |
| phenytek oral capsule 200 mg, 300 mg (*phenytoin sodium extended*) | PB | |
| *phenytoin infatabs oral tablet chewable 50 mg* | PG | QL (12 tablets per 1 day) |
| *phenytoin oral suspension 125 mg/5ml* | PG | QL (720 ML per 1 month) |
| *phenytoin oral tablet chewable 50 mg* | PG | QL (360 tablets per 1 month) |
| *phenytoin sodium extended oral capsule 100 mg* | PG | QL (6 capsules per 1 day) |
| *phenytoin sodium injection solution 50 mg/ml* | NP | |
| *pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg* | NF | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg* | PG | |
| *pregabalin oral solution 20 mg/ml* | PG | |
| *primidone oral tablet 250 mg, 50 mg* | PG | |
| qudexy xr oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg (*topiramate*) | NP | ST; QL (1 CAPS per 1 DAYS) |
| qudexy xr oral capsule er 24 hour sprinkle 150 mg, 200 mg (*topiramate*) | NP | QL (2 capsules per 1 day) |
| *rufinamide oral suspension 40 mg/ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *rufinamide oral tablet 200 mg, 400 mg* | PG | PA |
| 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 | |
| tegretol oral suspension 100 mg/5ml (*carbamazepine*) | PB | |
| tegretol oral tablet 200 mg (*carbamazepine*) | PB | |
| tegretol-xr oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg (*carbamazepine*) | PB | |
| *tiagabine hcl oral tablet 12 mg, 4 mg* | PG | QL (4 tablets per 1 day) |
| *tiagabine hcl oral tablet 16 mg* | PG | QL (3 tablets per 1 day) |
| *tiagabine hcl oral tablet 2 mg* | PG | QL (1 tablet per 1 day) |
| topamax oral tablet 100 mg, 200 mg, 25 mg, 50 mg (*topiramate*) | NP | |
| topamax sprinkle oral capsule sprinkle 15 mg, 25 mg (*topiramate*) | NP | QL (4 CPSP per 1 DAYS) |
| *topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | NF | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | NF | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | PG | |
| tranxene-t oral tablet 7.5 mg (*clorazepate dipotassium*) | NP | |
| trileptal oral suspension 300 mg/5ml (*oxcarbazepine*) | NP | |
| trileptal oral tablet 150 mg, 300 mg, 600 mg (*oxcarbazepine*) | NP | |
| trokendi xr oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg (*topiramate*) | PB | #; QL (1 CP24 per 1 DAYS) |
| trokendi xr oral capsule extended release 24 hour 200 mg (*topiramate*) | PB | #; QL (2 capsules per 1 day) |
| valium oral tablet 10 mg, 2 mg, 5 mg (*diazepam*) | NP | |
| *valproate sodium intravenous solution 100 mg/ml* | NP | |
| *valproic acid oral capsule 250 mg* | PG | |
| valtoco 10 mg dose nasal liquid 10 mg/0.1ml (*diazepam*) | PB | QL (10 blister packs (5 cartons) per 25 days) |
| valtoco 15 mg dose nasal liquid therapy pack 7.5 mg/0.1ml (*diazepam*) | PB | QL (10 blister packs (5 cartons) per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| valtoco 20 mg dose nasal liquid therapy pack 10 mg/0.1ml (*diazepam*) | PB | QL (10 blister packs (5 cartons) per 25 days) |
| valtoco 5 mg dose nasal liquid 5 mg/0.1ml (*diazepam*) | PB | QL (10 blister packs (5 cartons) per 25 days) |
| *vigabatrin oral packet 500 mg* | PSP | PA; SP; QL (6 packets per 1 day) |
| *vigabatrin oral tablet 500 mg* | PSP | PA; SP; QL (6 tablets per 1 day) |
| *vigabatrin* (Vigadrone Oral Packet 500 Mg) | PSP | PA; SP; QL (6 packets per 1 day) |
| vimpat intravenous solution 200 mg/20ml (*lacosamide*) | NP | |
| vimpat oral solution 10 mg/ml (*lacosamide*) | PB | #; QL (40 ML per 1 DAYS) |
| vimpat oral tablet 100 mg, 150 mg, 200 mg, 50 mg (*lacosamide*) | PB | #; QL (2 tablets per 1 day) |
| xcopri (250 mg daily dose) oral tablet therapy pack 100 & 150 mg, 50 & 200 mg (*cenobamate*) | PB | |
| xcopri (350 mg daily dose) oral tablet therapy pack 150 & 200 mg (*cenobamate*) | PB | |
| xcopri oral tablet 100 mg, 150 mg, 200 mg, 50 mg (*cenobamate*) | PB | |
| 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*) | PB | |
| zarontin oral capsule 250 mg (*ethosuximide*) | NP | |
| zarontin oral solution 250 mg/5ml (*ethosuximide*) | NP | |
| zonegran oral capsule 100 mg, 25 mg (*zonisamide*) | NF | |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| **ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS** | | |
| aricept oral tablet 10 mg, 5 mg (*donepezil hcl*) | NP | PA |
| aricept oral tablet 23 mg (*donepezil hcl*) | NP | PA; AL |
| *donepezil hcl oral tablet 10 mg* | PG | PA |
| *donepezil hcl oral tablet 23 mg* | NP | PA; AL |
| *donepezil hcl oral tablet 5 mg* | PG | PA; AL |
| *donepezil hcl oral tablet dispersible 10 mg, 5 mg* | PG | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *ergoloid mesylates oral tablet 1 mg* | NP | |
| exelon transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr (*rivastigmine*) | NP | PA |
| *galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg* | NP | PA; AL |
| *galantamine hydrobromide oral solution 4 mg/ml* | NP | PA; AL |
| *galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg* | NP | PA; AL |
| *memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg* | PG | PA; AL |
| *memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg* | PG | AL |
| namenda oral tablet 10 mg, 5 mg (*memantine hcl*) | NP | PA |
| namenda titration pak oral tablet 28 x 5 mg & 21 x 10 mg (*memantine hcl*) | NP | PA |
| 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; AL |
| namzaric oral capsule extended release 24 hour 14-10 mg, 28-10 mg (*memantine hcl-donepezil hcl*) | PB | PA; AL |
| namzaric oral capsule extended release 24 hour 21-10 mg, 7-10 mg (*memantine hcl-donepezil hcl*) | PB | PA |
| razadyne er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg (*galantamine hydrobromide*) | NP | PA; AL |
| *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 |
| **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION** | | |
| *amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | PG | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | PG | |
| anafranil oral capsule 25 mg, 50 mg, 75 mg (*clomipramine hcl*) | NP | |
| aplenzin oral tablet extended release 24 hour 174 mg, 348 mg, 522 mg (*bupropion hbr*) | NP | ST; QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| brisdelle oral capsule 7.5 mg (*paroxetine mesylate*) | NP | PA; ST; QL (1 capsule per 1 day) |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg* | PG | QL (2 tablets per 1 day) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | PG | QL (1 tablet per 1 day) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg* | NF | |
| *bupropion hcl oral tablet 100 mg, 75 mg* | PG | QL (6 tablets per 1 day) |
| celexa oral tablet 10 mg, 20 mg, 40 mg (*citalopram hydrobromide*) | NP | QL (1 tabs per 1 DAYS) |
| *citalopram hydrobromide oral solution 10 mg/5ml* | PG | |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg* | PG | LGC; QL (1.5 tablets per 1 day) |
| *citalopram hydrobromide oral tablet 40 mg* | PG | LGC; QL (1 tablet per 1 day) |
| cymbalta oral capsule delayed release particles 20 mg, 30 mg, 60 mg (*duloxetine hcl*) | NF | |
| *desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | PG | |
| *desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg* | NF | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg* | NP | PA; ST; QL (1 tablet per 1 day) |
| *doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | PG | |
| *doxepin hcl oral concentrate 10 mg/ml* | PG | |
| 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 | |
| emsam transdermal patch 24 hour 12 mg/24hr, 6 mg/24hr, 9 mg/24hr (*selegiline*) | NP | #; QL (1 patch per 1 day) |
| *escitalopram oxalate oral solution 5 mg/5ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *escitalopram oxalate oral tablet 10 mg* | PG | QL (1.5 tablets per 1 day) |
| *escitalopram oxalate oral tablet 20 mg, 5 mg* | PG | QL (1 tablet per 1 day) |
| 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 (pmdd) oral tablet 10 mg, 20 mg* | NF | |
| *fluoxetine hcl oral capsule 10 mg* | PG | LGC; QL (1 capsule per 1 day) |
| *fluoxetine hcl oral capsule 20 mg* | PG | LGC; QL (4 capsules per 1 day) |
| *fluoxetine hcl oral capsule 40 mg* | PG | LGC; QL (2 capsules per 1 day) |
| *fluoxetine hcl oral capsule delayed release 90 mg* | PG | QL (4 capsules per 1 month) |
| *fluoxetine hcl oral solution 20 mg/5ml* | PG | |
| *fluoxetine hcl oral tablet 10 mg, 20 mg* | PG | QL (1 tablet per 1 day) |
| *fluoxetine hcl oral tablet 60 mg* | NF | |
| forfivo xl oral tablet extended release 24 hour 450 mg (*bupropion hcl*) | NP | ST; QL (1 tablet per 1 day) |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | PG | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | NP | |
| lexapro oral tablet 10 mg, 20 mg, 5 mg (*escitalopram oxalate*) | NF | |
| marplan oral tablet 10 mg (*isocarboxazid*) | NP | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | PG | QL (1 tablet per 1 day) |
| *mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg* | PG | QL (1 tablet per 1 day) |
| nardil oral tablet 15 mg (*phenelzine sulfate*) | NP | |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | NP | |
| norpramin oral tablet 10 mg, 25 mg (*desipramine hcl*) | NP | |
| *nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | PG | |
| *nortriptyline hcl oral solution 10 mg/5ml* | PG | |
| pamelor oral capsule 10 mg, 25 mg, 50 mg, 75 mg (*nortriptyline hcl*) | NP | |
| parnate oral tablet 10 mg (*tranylcypromine sulfate*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg* | PG | QL (1 tablet per 1 day) |
| *paroxetine hcl er oral tablet extended release 24 hour 25 mg* | PG | QL (2 tablets per 1 day) |
| *paroxetine hcl oral tablet 10 mg, 20 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *paroxetine hcl oral tablet 30 mg, 40 mg* | PG | LGC; QL (2 tablets per 1 day) |
| *paroxetine mesylate oral capsule 7.5 mg* | NF | |
| 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, 5 mg* | PG | |
| prozac oral capsule 10 mg, 20 mg, 40 mg (*fluoxetine hcl*) | NF | |
| remeron oral tablet 15 mg, 30 mg (*mirtazapine*) | NP | QL (1 tablet per 1 day) |
| remeron soltab oral tablet dispersible 15 mg, 30 mg, 45 mg (*mirtazapine*) | NP | QL (1 tablet per 1 day) |
| *sertraline hcl oral concentrate 20 mg/ml* | PG | |
| *sertraline hcl oral tablet 100 mg* | PG | LGC; QL (2 tablets per 1 day) |
| *sertraline hcl oral tablet 25 mg* | PG | LGC; QL (1 tablet per 1 day) |
| *sertraline hcl oral tablet 50 mg* | PG | LGC; QL (1.5 tablets per 1 day) |
| *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, 25 mg, 50 mg* | NP | |
| trintellix oral tablet 10 mg, 20 mg, 5 mg (*vortioxetine hbr*) | PB | QL (1 tablet per 1 day) |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg* | PG | QL (2 capsules per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg* | PG | QL (1 capsule per 1 day) |
| *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 | QL (1 tabs per 1 DAYS) |
| *venlafaxine hcl oral tablet 100 mg, 25 mg* | PG | QL (3 tablets per 1 day) |
| *venlafaxine hcl oral tablet 37.5 mg* | PG | QL (4 tablets per 1 day) |
| *venlafaxine hcl oral tablet 50 mg* | PG | QL (6 tablets per 1 day) |
| *venlafaxine hcl oral tablet 75 mg* | PG | QL (5 tablets per 1 day) |
| viibryd oral tablet 10 mg, 20 mg, 40 mg (*vilazodone hcl*) | NF | |
| viibryd starter pack oral kit 10 & 20 mg (*vilazodone hcl*) | NF | # |
| wellbutrin sr oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg (*bupropion hcl*) | NP | QL (2 tabs per 1 DAYS) |
| wellbutrin xl oral tablet extended release 24 hour 150 mg, 300 mg (*bupropion hcl*) | NP | ST; QL (1 tablet per 1 day) |
| zoloft oral concentrate 20 mg/ml (*sertraline hcl*) | NF | |
| zoloft oral tablet 100 mg, 25 mg, 50 mg (*sertraline hcl*) | NF | |
| **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE** | | |
| *amantadine hcl oral capsule 100 mg* | PG | |
| *amantadine hcl oral syrup 50 mg/5ml* | PG | |
| *amantadine hcl oral tablet 100 mg* | PG | |
| apokyn subcutaneous solution cartridge 30 mg/3ml (*apomorphine hcl*) | NF | |
| azilect oral tablet 0.5 mg, 1 mg (*rasagiline mesylate*) | NP | QL (1 capsules per 1 day) |
| *benztropine mesylate injection solution 1 mg/ml* | NPSP | |
| *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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *carbidopa-levodopa oral tablet dispersible 10-100 mg* | PG | |
| *carbidopa-levodopa oral tablet dispersible 25-250 mg* | NP | |
| comtan oral tablet 200 mg (*entacapone*) | NP | |
| duopa enteral suspension 4.63-20 mg/ml (*carbidopa-levodopa*) | NPSP | PA; ST; QL (100 ML per 1 day) |
| *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*) | PSP | PA; SP; QL (10 capsules per 1 day) |
| kynmobi sublingual film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (*apomorphine hcl*) | PSP | PA; QL (5 films per 1 day) |
| kynmobi titration kit sublingual kit 10/15/20/25/30 mg (*apomorphine hcl*) | PSP | PA; QL (1 kit per 1 month) |
| lodosyn oral tablet 25 mg (*carbidopa*) | NP | |
| mirapex er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (*pramipexole dihydrochloride*) | NP | QL (1 tablet per 1 day) |
| mirapex oral tablet 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (*pramipexole dihydrochloride*) | NP | |
| neupro transdermal patch 24 hour 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr (*rotigotine*) | NP | #; QL (1 patch per 1 day) |
| nourianz oral tablet 20 mg, 40 mg (*istradefylline*) | NF | |
| ongentys oral capsule 25 mg, 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 | |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg, 4.5 mg* | NP | QL (1 tablet per 1 day) |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour 0.75 mg, 1.5 mg* | NP | QL (1 TAB per 1 DAILY) |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg* | NP | QL (1 tablet per 1 Day) |
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | PG | QL (1 tablet per 1 day) |
| *ropinirole hcl er oral tablet extended release 24 hour 12 mg* | NP | QL (2 tablets per 1 day) |
| *ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg* | NP | QL (1 tablet per 1 day) |
| *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*) | NF | # |
| *selegiline hcl oral capsule 5 mg* | PG | |
| *selegiline hcl oral tablet 5 mg* | PG | |
| sinemet oral tablet 10-100 mg, 25-100 mg (*carbidopa-levodopa*) | NP | |
| stalevo 100 oral tablet 25-100-200 mg (*carbidopa-levodopa-entacapone*) | NP | |
| stalevo 125 oral tablet 31.25-125-200 mg (*carbidopa-levodopa-entacapone*) | NP | |
| stalevo 150 oral tablet 37.5-150-200 mg (*carbidopa-levodopa-entacapone*) | NP | |
| stalevo 200 oral tablet 50-200-200 mg (*carbidopa-levodopa-entacapone*) | NP | |
| stalevo 50 oral tablet 12.5-50-200 mg (*carbidopa-levodopa-entacapone*) | NP | |
| tasmar oral tablet 100 mg (*tolcapone*) | NP | |
| *tolcapone oral tablet 100 mg* | NP | |
| *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 - DRUGS TO TREAT PSYCHOSES** | | |
| abilify maintena intramuscular prefilled syringe 300 mg, 400 mg (*aripiprazole*) | PB | |
| abilify maintena intramuscular suspension reconstituted er 300 mg, 400 mg (*aripiprazole*) | PB | |
| abilify oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (*aripiprazole*) | NF | |
| *aripiprazole oral solution 1 mg/ml* | PG | QL (30 ml per 1 day) |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | PG | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *aripiprazole oral tablet dispersible 10 mg, 15 mg* | PG | QL (1 tablet per 1 day) |
| aristada initio intramuscular prefilled syringe 675 mg/2.4ml (*aripiprazole lauroxil*) | NP | |
| aristada intramuscular prefilled syringe 1064 mg/3.9ml, 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml (*aripiprazole lauroxil*) | NP | |
| *asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg* | PG | |
| caplyta oral capsule 42 mg (*lumateperone tosylate*) | NF | |
| *chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml* | NP | |
| *chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | PG | |
| *clozapine oral tablet 100 mg* | PG | QL (9 tablets per 1 day) |
| *clozapine oral tablet 200 mg* | PG | QL (4 tablets per 1 day) |
| *clozapine oral tablet 25 mg, 50 mg* | PG | QL (3 tablets per 1 day) |
| *clozapine oral tablet dispersible 100 mg* | PG | QL (9 tablets per 1 day) |
| *clozapine oral tablet dispersible 12.5 mg* | PG | QL (1 tablet per 1 day) |
| *clozapine oral tablet dispersible 150 mg* | PG | QL (6 tablets per 1 day) |
| *clozapine oral tablet dispersible 200 mg* | PG | QL (4 tablets per 1 day) |
| *clozapine oral tablet dispersible 25 mg* | PG | QL (3 tablets per 1 day) |
| clozaril oral tablet 100 mg (*clozapine*) | NP | PA; ST; QL (9 tablets per 1 day) |
| clozaril oral tablet 25 mg (*clozapine*) | NP | PA; ST; QL (3 tablets per 1 day) |
| equetro oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (*carbamazepine (antipsychotic)*) | NP | |
| 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 decanoate injection solution 25 mg/ml* | PG | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | PG | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | PG | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | PG | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | PG | |
| geodon intramuscular solution reconstituted 20 mg (*ziprasidone mesylate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| geodon oral capsule 20 mg, 40 mg, 60 mg, 80 mg (*ziprasidone hcl*) | NF | |
| haldol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (*haloperidol decanoate*) | NP | |
| haldol injection solution 5 mg/ml (*haloperidol lactate*) | NP | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | PG | |
| *haloperidol lactate injection solution 5 mg/ml* | PG | |
| *haloperidol lactate oral concentrate 2 mg/ml* | PG | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | PG | |
| invega oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg (*paliperidone*) | NP | PA; ST; QL (1 tablet per 1 day) |
| invega oral tablet extended release 24 hour 6 mg (*paliperidone*) | NP | PA; ST; QL (2 tablets per 1 day) |
| invega sustenna intramuscular suspension prefilled syringe 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml, 39 mg/0.25ml, 78 mg/0.5ml (*paliperidone palmitate*) | NP | |
| 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*) | PB | |
| lithobid oral tablet extended release 300 mg (*lithium carbonate*) | NP | |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | PG | |
| nuplazid oral capsule 34 mg (*pimavanserin tartrate*) | NPSP | PA; SP; QL (1 capsule per 1 day) |
| nuplazid oral tablet 10 mg (*pimavanserin tartrate*) | NPSP | PA; SP; QL (1 tablet per 1 day) |
| *olanzapine intramuscular solution reconstituted 10 mg* | PG | |
| *olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | PG | QL (1 tablet per 1 day) |
| *olanzapine oral tablet 2.5 mg* | PG | QL (2 tablets per 1 day) |
| *olanzapine oral tablet dispersible 10 mg* | PG | QL (1 Tablet per 1 day) |
| *olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg* | PG | QL (1 tablet per 1 day) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg* | NP | QL (2 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *paliperidone er oral tablet extended release 24 hour 9 mg* | NP | QL (1 tablets per 1 day) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | PG | |
| perseris subcutaneous prefilled syringe 120 mg, 90 mg (*risperidone*) | PB | |
| *prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml* | PG | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg* | NP | QL (1 tablet per 1 day) |
| *quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg* | NP | QL (2 tablets per 1 day) |
| *quetiapine fumarate oral tablet 100 mg, 50 mg* | PG | QL (3 tablets per 1 day) |
| *quetiapine fumarate oral tablet 200 mg* | PG | QL (4 tablets per 1 day) |
| *quetiapine fumarate oral tablet 25 mg* | PG | QL (6 tablets per 1 day) |
| *quetiapine fumarate oral tablet 300 mg, 400 mg* | PG | QL (2 tablets per 1 day) |
| rexulti oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (*brexpiprazole*) | NP | PA; QL (1 tablet per 1 day) |
| risperdal consta intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg (*risperidone microspheres*) | NP | # |
| risperdal oral solution 1 mg/ml (*risperidone*) | NP | PA; ST |
| risperdal oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (*risperidone*) | NP | PA; ST; QL (2 tabs per 1 DAYS) |
| risperdal oral tablet 4 mg (*risperidone*) | NP | PA; ST; QL (4 tabs per 1 DAYS) |
| *risperidone oral solution 1 mg/ml* | PG | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | QL (2 tablets per 1 day) |
| *risperidone oral tablet 3 mg* | PG | QL (3 tablets per 1 day) |
| *risperidone oral tablet 4 mg* | PG | QL (4 tablets per 1 day) |
| *risperidone oral tablet dispersible 0.25 mg* | PG | |
| *risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg* | PG | QL (2 tablets per 1 day) |
| *risperidone oral tablet dispersible 3 mg* | PG | QL (3 tablets per 1 day) |
| *risperidone oral tablet dispersible 4 mg* | PG | QL (4 tablets per 1 day) |
| saphris sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (*asenapine maleate*) | NP | # |
| secuado transdermal patch 24 hour 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr (*asenapine*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| seroquel oral tablet 100 mg, 50 mg (*quetiapine fumarate*) | NP | PA; ST; QL (3 tabs per 1 DAYS) |
| seroquel oral tablet 200 mg (*quetiapine fumarate*) | NP | PA; ST; QL (4 tabs per 1 DAYS) |
| seroquel oral tablet 25 mg (*quetiapine fumarate*) | NP | PA; ST; QL (6 tabs per 1 DAYS) |
| seroquel oral tablet 300 mg, 400 mg (*quetiapine fumarate*) | NP | PA; ST; QL (2 tabs per 1 DAYS) |
| 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 (*cariprazine hcl*) | PB | PA; QL (4 capsule per 1 day) |
| vraylar oral capsule 3 mg (*cariprazine hcl*) | PB | PA; QL (2 capsule per 1 day) |
| vraylar oral capsule 4.5 mg, 6 mg (*cariprazine hcl*) | PB | PA; QL (1 capsule per 1 day) |
| vraylar oral capsule therapy pack 1.5 & 3 mg (*cariprazine hcl*) | PB | PA; QL (2 capsules per 1 day) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | PG | QL (2 capsules per 1 day) |
| *ziprasidone mesylate intramuscular solution reconstituted 20 mg* | PG | |
| zyprexa intramuscular solution reconstituted 10 mg (*olanzapine*) | NP | |
| zyprexa oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg (*olanzapine*) | NP | PA; ST; QL (1 tabs per 1 DAYS) |
| zyprexa oral tablet 2.5 mg (*olanzapine*) | NP | PA; ST; QL (2 tablets per 1 day) |
| zyprexa relprevv intramuscular suspension reconstituted 210 mg, 300 mg, 405 mg (*olanzapine pamoate*) | NP | |
| zyprexa zydis oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg (*olanzapine*) | NP | PA; ST; QL (1 tabs per 1 DAYS) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD** | | |
| adderall oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (*amphetamine-dextroamphetamine*) | NF | |
| adderall xr oral capsule extended release 24 hour 10 mg, 5 mg (*amphetamine-dextroamphetamine*) | NP | QL (3 tablet per 1 day) |
| adderall xr oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg (*amphetamine-dextroamphetamine*) | NP | QL (1 tablet per 1 day) |
| adhansia xr oral capsule extended release 24 hour 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg (*methylphenidate hcl*) | NF | |
| adzenys er oral suspension extended release 1.25 mg/ml (*amphetamine*) | NF | |
| 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 | QL (15 ML per 1 day) |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | NP | PA; QL (4 tablets per 1 day) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg* | PG | QL (3 capsules per 1 day) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg* | PG | QL (1 capsule per 1 day) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg* | PG | QL (3 tablets per 1 day) |
| *amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg* | PG | QL (2 tablets per 1 day) |
| *amphetamine-dextroamphetamine oral tablet 30 mg* | PG | QL (1 tablet per 1 day) |
| aptensio xr oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (*methylphenidate hcl*) | NF | |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 40 mg* | PG | QL (2 capsules per 1 day) |
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | PG | QL (1 capsule per 1 day) |
| *atomoxetine hcl oral capsule 25 mg* | PG | QL (4 capsules per 1 day) |
| *clonidine hcl er oral tablet extended release 12 hour 0.1 mg* | PG | PA; QL (4 tablets per 1 day) |
| concerta oral tablet extended release 18 mg, 27 mg, 36 mg (*methylphenidate hcl*) | NP | ST; QL (2 tablets per 1 day) |
| concerta oral tablet extended release 54 mg (*methylphenidate hcl*) | NP | ST; QL (1 tablet per 1 day) |
| cotempla xr-odt oral tablet extended release dispersible 17.3 mg, 25.9 mg, 8.6 mg (*methylphenidate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| daytrana transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (*methylphenidate*) | NF | |
| desoxyn oral tablet 5 mg (*methamphetamine hcl*) | NP | QL (5 tablets per 1 day) |
| dexedrine oral capsule extended release 24 hour 10 mg, 5 mg (*dextroamphetamine sulfate*) | NP | QL (4 capsules per 1 day) |
| dexedrine oral capsule extended release 24 hour 15 mg (*dextroamphetamine sulfate*) | NP | QL (2 capsules per 1 day) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | NP | QL (2 capsules per 1 day) |
| *dexmethylphenidate hcl oral tablet 10 mg* | PG | QL (2 tablets per 1 day) |
| *dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg* | PG | QL (4 tablets per 1 day) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg* | PG | QL (4 capsules per 1 day) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | PG | QL (2 capsules per 1 day) |
| *dextroamphetamine sulfate oral solution 5 mg/5ml* | PG | PA; QL (40 milliliters per 1 day) |
| *dextroamphetamine sulfate oral tablet 10 mg, 5 mg* | PG | QL (4 tablets per 1 day) |
| dyanavel xr oral suspension extended release 2.5 mg/ml (*amphetamine*) | NP | PA; ST; QL (8 ML per 1 day) |
| 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 | ST; QL (2 tablets per 1 day) |
| focalin oral tablet 2.5 mg, 5 mg (*dexmethylphenidate hcl*) | NP | ST; QL (4 tablets per 1 day) |
| focalin xr oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (*dexmethylphenidate hcl*) | NF | |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg* | NP | PA; QL (1 tablet per 1 day) |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methamphetamine hcl oral tablet 5 mg* | PG | PA; QL (5 tablets per 1 day) |
| methylin oral solution 10 mg/5ml (*methylphenidate hcl*) | NP | ST; QL (30 soln per 1 DAYS) |
| methylin oral solution 5 mg/5ml (*methylphenidate hcl*) | NP | ST; QL (60 ML per 1 day) |
| *methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg* | PG | QL (2 capsules per 1 day) |
| *methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg* | PG | QL (1 capsule per 1 day) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg* | PG | QL (2 capsules per 1 day) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg* | PG | QL (1 capsule per 1 day) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg* | PG | QL (1 tablet per 1 day) |
| *methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg* | PG | PA; QL (2 capsules per 1 day) |
| *methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg* | PG | PA; QL (1 capsule per 1 day) |
| *methylphenidate hcl er oral tablet extended release 10 mg, 20 mg* | PG | QL (3 tablets per 1 day) |
| *methylphenidate hcl er oral tablet extended release 18 mg, 27 mg* | PG | QL (2 tablets per 1 day) |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg* | PG | QL (2 tablets per 1 Day) |
| *methylphenidate hcl er oral tablet extended release 24 hour 36 mg* | PG | QL (2 capsules per 1 day) |
| *methylphenidate hcl er oral tablet extended release 24 hour 54 mg* | PG | QL (1 tablet per 1 day) |
| *methylphenidate hcl er oral tablet extended release 36 mg* | PG | QL (2 capsules per 1 day) |
| *methylphenidate hcl er oral tablet extended release 54 mg* | PG | QL (1 tablet per 1 day) |
| *methylphenidate hcl er oral tablet extended release 72 mg* | NP | QL (1 tablet per 1 day) |
| *methylphenidate hcl oral solution 10 mg/5ml* | PG | QL (30 milliliters per 1 day) |
| *methylphenidate hcl oral solution 5 mg/5ml* | PG | QL (60 milliliters per 1 day) |
| *methylphenidate hcl oral tablet 10 mg, 5 mg* | PG | QL (6 tablet per 1 day) |
| *methylphenidate hcl oral tablet 20 mg* | PG | QL (3 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg* | NP | QL (6 tablets per 1 day) |
| mydayis oral capsule extended release 24 hour 12.5 mg, 25 mg (*amphetamine-dextroamphetamine*) | PB | #; QL (2 capsules per 1 day) |
| mydayis oral capsule extended release 24 hour 37.5 mg, 50 mg (*amphetamine-dextroamphetamine*) | PB | #; QL (1 capsule per 1 day) |
| procentra oral solution 5 mg/5ml (*dextroamphetamine sulfate*) | NP | PA; ST; QL (40 ML per 1 day) |
| qelbree oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg (*viloxazine hcl*) | NF | |
| quillichew er oral tablet chewable extended release 20 mg, 30 mg (*methylphenidate hcl*) | NP | PA; ST; QL (2 tablets per 1 day) |
| quillichew er oral tablet chewable extended release 40 mg (*methylphenidate hcl*) | NP | PA; ST; QL (1 tablet per 1 day) |
| quillivant xr oral suspension reconstituted er 25 mg/5ml (*methylphenidate hcl*) | NP | PA; ST; QL (12 ML per 1 day) |
| 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 | ST; QL (2 capsules per 1 day) |
| ritalin la oral capsule extended release 24 hour 40 mg (*methylphenidate hcl*) | NP | ST; QL (1 CAPS per 1 DAYS) |
| ritalin oral tablet 10 mg, 5 mg (*methylphenidate hcl*) | NP | ST; QL (6 tablet per 1 day) |
| ritalin oral tablet 20 mg (*methylphenidate hcl*) | NP | ST; QL (3 tablets per 1 day) |
| stalevo 75 oral tablet 18.75-75-200 mg (*carbidopa-levodopa-entacapone*) | NP | |
| strattera oral capsule 10 mg, 18 mg, 40 mg (*atomoxetine hcl*) | NP | QL (2 capsules per 1 day) |
| strattera oral capsule 100 mg, 60 mg, 80 mg (*atomoxetine hcl*) | NP | QL (1 capsule per 1 day) |
| strattera oral capsule 25 mg (*atomoxetine hcl*) | NP | QL (4 capsules per 1 day) |
| vyvanse oral capsule 10 mg, 20 mg, 30 mg (*lisdexamfetamine dimesylate*) | PB | QL (2 capsules per 1 day) |
| vyvanse oral capsule 40 mg (*lisdexamfetamine dimesylate*) | PB | QL (1 capsule per 1 day) |
| vyvanse oral capsule 50 mg, 60 mg, 70 mg (*lisdexamfetamine dimesylate*) | PB | ST; QL (2 capsules per 1 day) |
| vyvanse oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (*lisdexamfetamine dimesylate*) | PB | ST; QL (1 tablet per 1 day) |
| *dextroamphetamine sulfate* (Zenzedi Oral Tablet 10 Mg, 5 Mg) | PG | QL (4 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg (*dextroamphetamine sulfate*) | NF | |
| **HYPNOTICS - DRUGS TO TREAT INSOMNIA** | | |
| ambien cr oral tablet extended release 12.5 mg, 6.25 mg (*zolpidem tartrate*) | NP | QL (1 tablet per 1 day) |
| ambien oral tablet 10 mg (*zolpidem tartrate*) | NP | ST; QL (1 tabs per 1 DAYS) |
| ambien oral tablet 5 mg (*zolpidem tartrate*) | NP | ST; QL (2 tabs per 1 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 | |
| *doxepin hcl oral tablet 3 mg, 6 mg* | PG | QL (1 tablet per 1 day) |
| edluar sublingual tablet sublingual 10 mg, 5 mg (*zolpidem tartrate*) | NF | |
| *estazolam oral tablet 1 mg, 2 mg* | PG | |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | PG | QL (1 tablet per 1 day) |
| *flurazepam hcl oral capsule 15 mg, 30 mg* | PG | |
| halcion oral tablet 0.25 mg (*triazolam*) | NP | |
| hetlioz lq oral suspension 4 mg/ml (*tasimelteon*) | NPSP | PA; SP; QL (5 ML per 1 day) |
| hetlioz oral capsule 20 mg (*tasimelteon*) | NPSP | PA; SP; QL (1 capsule per 1 day) |
| lunesta oral tablet 1 mg, 2 mg, 3 mg (*eszopiclone*) | NF | |
| *midazolam hcl oral syrup 2 mg/ml* | NP | |
| *quazepam oral tablet 15 mg* | NF | |
| *ramelteon oral tablet 8 mg* | PG | QL (1 tablet per 1 day) |
| restoril oral capsule 15 mg, 30 mg (*temazepam*) | NP | |
| restoril oral capsule 22.5 mg, 7.5 mg (*temazepam*) | NP | QL (1 CAPS per 1 DAYS) |
| rozerem oral tablet 8 mg (*ramelteon*) | NF | |
| silenor oral tablet 3 mg, 6 mg (*doxepin hcl*) | NF | |
| *temazepam oral capsule 15 mg, 30 mg* | PG | |
| *temazepam oral capsule 22.5 mg, 7.5 mg* | PG | QL (1 capsule per 1 day) |
| *triazolam oral tablet 0.125 mg, 0.25 mg* | PG | |
| *zaleplon oral capsule 10 mg, 5 mg* | PG | QL (1 capsule per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg* | NP | QL (1 tablet per 1 day) |
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | PG | QL (2 tablets per 1 day) |
| *zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg* | NF | |
| **MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES** | | |
| aimovig subcutaneous solution auto-injector 140 mg/ml, 70 mg/ml (*erenumab-aooe*) | PB | PA; ST; QL (1 pen per 1 month) |
| ajovy subcutaneous solution auto-injector 225 mg/1.5ml (*fremanezumab-vfrm*) | PB | PA; ST; QL (1 pen per 1 month) |
| ajovy subcutaneous solution prefilled syringe 225 mg/1.5ml (*fremanezumab-vfrm*) | PB | PA; ST; QL (1 injection per 1 month) |
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | NP | QL (6 tablets per 30 days) |
| amerge oral tablet 1 mg, 2.5 mg (*naratriptan hcl*) | NP | QL (9 tablets per 30 days) |
| cafergot oral tablet 1-100 mg (*ergotamine-caffeine*) | NF | |
| d.h.e. 45 injection solution 1 mg/ml (*dihydroergotamine mesylate*) | NP | |
| *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 (6 tablets per 30 days) |
| emgality (300 mg dose) subcutaneous solution prefilled syringe 100 mg/ml (*galcanezumab-gnlm*) | PB | PA; ST; QL (3 injections per 25 days) |
| emgality subcutaneous solution auto-injector 120 mg/ml (*galcanezumab-gnlm*) | PB | PA; ST; QL (1 injection per 1 month) |
| emgality subcutaneous solution prefilled syringe 120 mg/ml (*galcanezumab-gnlm*) | PB | PA; ST; QL (1 injection per 1 month) |
| ergomar sublingual tablet sublingual 2 mg (*ergotamine tartrate*) | NP | |
| *ergotamine-caffeine oral tablet 1-100 mg* | NF | |
| frova oral tablet 2.5 mg (*frovatriptan succinate*) | NP | QL (9 tablets per 30 days) |
| *frovatriptan succinate oral tablet 2.5 mg* | NP | QL (9 tablets per 30 days) |
| imitrex nasal solution 20 mg/act, 5 mg/act (*sumatriptan*) | NP | QL (6 sprays per 30 days) |
| imitrex oral tablet 100 mg, 25 mg, 50 mg (*sumatriptan succinate*) | NP | QL (9 tablets per 30 days) |
| imitrex statdose refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml (*sumatriptan succinate*) | NP | QL (10 cart/30 days per 48 max in 365 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| imitrex statdose system subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (*sumatriptan succinate*) | NP | QL (10 cart/30 days per 48 max in 365 days) |
| imitrex subcutaneous solution 6 mg/0.5ml (*sumatriptan succinate*) | NP | QL (10 vials/30 days per 48 max in 365 days) |
| maxalt oral tablet 10 mg (*rizatriptan benzoate*) | NF | |
| maxalt-mlt oral tablet dispersible 10 mg (*rizatriptan benzoate*) | NF | |
| 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 (9 tablets per 30 days) |
| nurtec oral tablet dispersible 75 mg (*rimegepant sulfate*) | PB | ST; QL (16 tablets per 30 days) |
| onzetra xsail nasal exhaler powder 11 mg/nosepc (*sumatriptan succinate*) | NP | ST; QL (1 kit per 30 days) |
| relpax oral tablet 20 mg, 40 mg (*eletriptan hydrobromide*) | NP | QL (6 tablets per 30 days) |
| reyvow oral tablet 100 mg (*lasmiditan succinate*) | PB | ST; QL (8 tablets per 30 days) |
| reyvow oral tablet 50 mg (*lasmiditan succinate*) | PB | ST; QL (4 tablets per 30 days) |
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | PG | QL (12 tablets per 30 days) |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | PG | QL (12 tablets per 30 days) |
| *sumatriptan nasal solution 20 mg/act, 5 mg/act* | PG | QL (6 sprays per 30 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | PG | QL (9 tablets per 30 days) |
| *sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml* | PG | QL (10 cart/30 day per 48 max in 365 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | PG | QL (10 vials/30 days per 48 max in 365 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml* | PG | QL (10 cart/30 day per 48 max in 365 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 1 month) |
| zembrace symtouch subcutaneous solution auto-injector 3 mg/0.5ml (*sumatriptan succinate*) | NP | ST; QL (8 syringes/1 month per 48 max in 365 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *zolmitriptan nasal solution 2.5 mg, 5 mg* | PG | QL (12 SPRAYS per 1 month) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | PG | QL (6 tablets per 30 days) |
| *zolmitriptan oral tablet dispersible 2.5 mg, 5 mg* | PG | QL (6 tablets per 30 days) |
| zomig nasal solution 2.5 mg, 5 mg (*zolmitriptan*) | NP | QL (12 sprays per 1 month) |
| zomig oral tablet 2.5 mg, 5 mg (*zolmitriptan*) | NP | QL (6 tablets per 30 days) |
| zomig zmt oral tablet dispersible 2.5 mg, 5 mg (*zolmitriptan*) | NP | QL (6 tablets per 30 days) |
| **MISCELLANEOUS** | | |
| austedo oral tablet 12 mg, 6 mg, 9 mg (*deutetrabenazine*) | NPSP | PA; ST; SP; QL (4 tablets per 1 day) |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | PG | |
| *caffeine citrate oral solution 20 mg/ml* | PG | |
| *clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg* | PG | |
| evrysdi oral solution reconstituted 0.75 mg/ml (*risdiplam*) | NPSP | PA; SP; QL (200 ML per 1 month) |
| exservan oral film 50 mg (*riluzole*) | NF | |
| firdapse oral tablet 10 mg (*amifampridine phosphate*) | NPSP | PA; SP; QL (8 tablets per 1 day) |
| *fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg* | PG | QL (2 cap per 1 DAYS) |
| *fluvoxamine maleate oral tablet 100 mg* | PG | QL (3 tablets per 1 day) |
| *fluvoxamine maleate oral tablet 25 mg, 50 mg* | PG | QL (1 tablet per 1 day) |
| imcivree subcutaneous solution 10 mg/ml (*setmelanotide acetate*) | NF | |
| ingrezza oral capsule 40 mg, 80 mg (*valbenazine tosylate*) | NPSP | PA; SP; QL (1 capsule per 1 day) |
| ingrezza oral capsule 60 mg (*valbenazine tosylate*) | PSP | PA; SP; QL (1 capsule per 1 day) |
| ingrezza oral capsule therapy pack 40 & 80 mg (*valbenazine tosylate*) | NPSP | PA; SP; QL (1 capsule per 1 day) |
| *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 | |
| *lithium oral solution 8 meq/5ml* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| mestinon oral solution 60 mg/5ml (*pyridostigmine bromide*) | NF | |
| mestinon oral tablet 60 mg (*pyridostigmine bromide*) | NF | |
| mestinon oral tablet extended release 180 mg (*pyridostigmine bromide*) | NP | |
| nuedexta oral capsule 20-10 mg (*dextromethorphan-quinidine*) | PB | PA; QL (2 capsules per 1 day) |
| *phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg* | NF | |
| *pimozide oral tablet 1 mg, 2 mg* | NP | |
| *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 | |
| regonol intravenous solution 10 mg/2ml (*pyridostigmine bromide*) | NP | |
| rilutek oral tablet 50 mg (*riluzole*) | NP | PA |
| *riluzole oral tablet 50 mg* | PG | PA |
| ruzurgi oral tablet 10 mg (*amifampridine*) | NPSP | PA; SP; QL (10 tablets per 1 day) |
| savella oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg (*milnacipran hcl*) | NP | ST; QL (2 tablets per 1 day) |
| savella titration pack oral 12.5 & 25 & 50 mg (*milnacipran hcl*) | NP | ST; QL (2 tablets per 1 day) |
| *tetrabenazine oral tablet 12.5 mg* | PSP | PA; SP; QL (8 tablets per 1 day) |
| *tetrabenazine oral tablet 25 mg* | PSP | PA; SP; QL (4 tablets per 1 day) |
| tiglutik oral suspension 50 mg/10ml (*riluzole*) | NF | |
| xenazine oral tablet 12.5 mg, 25 mg (*tetrabenazine*) | NF | |
| **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS** | | |
| ampyra oral tablet extended release 12 hour 10 mg (*dalfampridine*) | NPSP | PA; SP; QL (2 tablets per 1 day) |
| aubagio oral tablet 14 mg, 7 mg (*teriflunomide*) | PSP | PA; NPL; SP; QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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; NPL; SP; QL (1 kit per 1 month) |
| copaxone subcutaneous solution prefilled syringe 20 mg/ml (*glatiramer acetate*) | PSP | PA; NPL; SP; QL (1 syringe per 1 day) |
| copaxone subcutaneous solution prefilled syringe 40 mg/ml (*glatiramer acetate*) | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| *dalfampridine er oral tablet extended release 12 hour 10 mg* | PSP | PA; SP; QL (2 tablets per 1 day) |
| *dimethyl fumarate oral capsule delayed release 120 mg, 240 mg* | PSP | PA; NPL; SP; QL (2 capsules per 1 day) |
| extavia subcutaneous kit 0.3 mg (*interferon beta-1b*) | NF | |
| gilenya oral capsule 0.25 mg, 0.5 mg (*fingolimod hcl*) | PSP | PA; NPL; #; SP; QL (1 capsule per 1 day) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | PSP | PA; NPL; SP; QL (1 syringe per 1 day) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| *glatiramer acetate* (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml) | PSP | PA; NPL; SP; QL (1 syringe per 1 day) |
| *glatiramer acetate* (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml) | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| kesimpta subcutaneous solution auto-injector 20 mg/0.4ml (*ofatumumab*) | PSP | PA; NPL; SP; QL (1 injection per 28 days) |
| lemtrada intravenous solution 12 mg/1.2ml (*alemtuzumab*) | NF | |
| mavenclad (10 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |
| mavenclad (4 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |
| mavenclad (5 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| mavenclad (6 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |
| mavenclad (7 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |
| mavenclad (8 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |
| mavenclad (9 tabs) oral tablet therapy pack 10 mg (*cladribine*) | NPSP | PA; NPL; SP; QL (4 tablets per 1 day) |
| mayzent oral tablet 0.25 mg (*siponimod fumarate*) | PSP | PA; NPL; SP; QL (5 tablets per 1 day) |
| mayzent oral tablet 2 mg (*siponimod fumarate*) | PSP | PA; NPL; SP; QL (1 tablet per 1 day) |
| mayzent starter pack oral tablet therapy pack 0.25 mg (*siponimod fumarate*) | PSP | PA; NPL; SP; QL (5 tablets per 1 day) |
| plegridy intramuscular solution prefilled syringe 125 mcg/0.5ml (*peginterferon beta-1a*) | NF | |
| 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 | |
| ponvory oral tablet 20 mg (*ponesimod*) | NF | |
| ponvory starter pack oral tablet therapy pack 2-3-4-5-6-7-8-9 & 10 mg (*ponesimod*) | NF | |
| rebif rebidose subcutaneous solution auto-injector 22 mcg/0.5ml, 44 mcg/0.5ml (*interferon beta-1a*) | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| rebif rebidose titration pack subcutaneous solution auto-injector 6x8.8 & 6x22 mcg (*interferon beta-1a*) | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| rebif subcutaneous solution prefilled syringe 22 mcg/0.5ml, 44 mcg/0.5ml (*interferon beta-1a*) | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| rebif titration pack subcutaneous solution prefilled syringe 6x8.8 & 6x22 mcg (*interferon beta-1a*) | PSP | PA; NPL; SP; QL (12 syringes per 28 days) |
| tecfidera oral 120 & 240 mg (*dimethyl fumarate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tecfidera oral capsule delayed release 120 mg, 240 mg (*dimethyl fumarate*) | NF | |
| tysabri intravenous concentrate 300 mg/15ml (*natalizumab*) | NPSP | PA; NPL; SP; QL (1 vial per 1 month) |
| vumerity oral capsule delayed release 231 mg (*diroximel fumarate*) | PSP | PA; NPL; SP; QL (4 capsules per 1 day) |
| zeposia 7-day starter pack oral capsule therapy pack 4 x 0.23mg & 3 x 0.46mg (*ozanimod hcl*) | PSP | PA; SP |
| zeposia oral capsule 0.92 mg (*ozanimod hcl*) | PSP | PA; SP |
| zeposia starter kit oral capsule therapy pack 0.23mg & 0.46mg & 0.92mg (*ozanimod hcl*) | PSP | PA; SP |
| **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS** | | |
| amrix oral capsule extended release 24 hour 15 mg, 30 mg (*cyclobenzaprine hcl*) | NF | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | PG | |
| botox injection solution reconstituted 100 unit, 200 unit (*onabotulinumtoxina*) | NPSP | PA; ST; NPL; SP |
| *carisoprodol oral tablet 250 mg* | NF | |
| *carisoprodol oral tablet 350 mg* | PG | |
| *carisoprodol-aspirin-codeine oral tablet 200-325-16 mg* | NP | PA |
| *chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg* | NF | |
| *cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg* | NF | |
| *cyclobenzaprine hcl oral tablet 10 mg, 7.5 mg* | NF | |
| *cyclobenzaprine hcl oral tablet 5 mg* | PG | |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| dysport intramuscular solution reconstituted 300 unit, 500 unit (*abobotulinumtoxina*) | NPSP | PA; NPL; SP |
| fexmid oral tablet 7.5 mg (*cyclobenzaprine hcl*) | NF | |
| gablofen intrathecal solution 10000 mcg/20ml, 20000 mcg/20ml, 40000 mcg/20ml (*baclofen*) | NPSP | |
| *chlorzoxazone* (Lorzone Oral Tablet 375 Mg, 750 Mg) | NP | |
| *metaxalone oral tablet 400 mg* | NF | |
| *metaxalone oral tablet 800 mg* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methocarbamol oral tablet 500 mg, 750 mg* | NF | |
| myobloc intramuscular solution 2500 unit/0.5ml, 5000 unit/ml (*rimabotulinumtoxinb*) | NPSP | PA |
| *norgesic forte oral tablet 50-770-60 mg* | NF | |
| *orphenadrine citrate er oral tablet extended release 12 hour 100 mg* | PG | |
| *orphenadrine-asa-caffeine oral tablet 50-770-60 mg* | NF | |
| *orphenadrine-aspirin-caffeine* (Orphengesic Forte Oral Tablet 50-770-60 Mg) | NP | PA; ST; QL (4 tablets per 1 day) |
| ozobax oral solution 5 mg/5ml (*baclofen*) | NF | |
| robaxin injection solution 1000 mg/10ml (*methocarbamol*) | NP | |
| skelaxin oral tablet 800 mg (*metaxalone*) | NP | |
| soma oral tablet 250 mg, 350 mg (*carisoprodol*) | NP | ST |
| *tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg* | NP | |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | PG | |
| *carisoprodol* (Vanadom Oral Tablet 350 Mg) | NP | |
| xeomin intramuscular solution reconstituted 100 unit, 200 unit, 50 unit (*incobotulinumtoxina*) | NPSP | PA; NPL; SP |
| zanaflex oral capsule 2 mg, 4 mg, 6 mg (*tizanidine hcl*) | NP | |
| zanaflex oral tablet 4 mg (*tizanidine hcl*) | NP | |
| **NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | PG | PA; QL (1 tablet per 1 day) |
| *armodafinil oral tablet 50 mg* | PG | PA; QL (2 tablets per 1 day) |
| *modafinil oral tablet 100 mg* | PG | PA; QL (1 tablet per 1 day) |
| *modafinil oral tablet 200 mg* | PG | PA; QL (2 tablets per 1 day) |
| nuvigil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (*armodafinil*) | NF | |
| provigil oral tablet 100 mg, 200 mg (*modafinil*) | NF | |
| sunosi oral tablet 150 mg, 75 mg (*solriamfetol hcl*) | NP | PA; ST; QL (1 tablet per 1 day) |
| wakix oral tablet 17.8 mg, 4.45 mg (*pitolisant hcl*) | NF | |
| xyrem oral solution 500 mg/ml (*sodium oxybate*) | NPSP | PA; SP |
| xywav oral solution 500 mg/ml (*ca, mg, k, and na oxybates*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **POLYNEUROPATHY** | | |
| tegsedi subcutaneous solution prefilled syringe 284 mg/1.5ml (*inotersen sodium*) | NPSP | PA; NPL; SP; QL (4 injections per 1 month) |
| **POSTHERPETIC NEURALGIA (PHN)** | | |
| horizant oral tablet extended release 300 mg, 600 mg (*gabapentin enacarbil*) | NF | |
| lyrica cr oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg (*pregabalin*) | NF | |
| **PSYCHOTHERAPEUTIC-MISC** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | NP | QL (6 tablets per 1 day) |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | CE | N2 (PG); QL (168 day supply per 365 days) |
| chantix continuing month pak oral tablet 1 mg (*varenicline tartrate*) | CE | #; N2 (Not Covered); QL (168 day supply per 365 days) |
| chantix oral tablet 0.5 mg, 1 mg (*varenicline tartrate*) | CE | #; N2 (Not Covered); QL (168 day supply per 365 days) |
| chantix starting month pak oral tablet 0.5 mg x 11 & 1 mg x 42 (*varenicline tartrate*) | CE | #; N2 (Not Covered); QL (168 day supply per 365 days) |
| *chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg* | NP | |
| *disulfiram oral tablet 250 mg, 500 mg* | PG | |
| *goodsense nicotine mouth/throat gum 4 mg* | CE | N2 (Not Covered); QL (180 day supply per 365 days) |
| lucemyra oral tablet 0.18 mg (*lofexidine hcl*) | NF | |
| *naloxone hcl injection solution 0.4 mg/ml* | PG | |
| *naltrexone hcl oral tablet 50 mg* | CE | N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.) |
| narcan nasal liquid 4 mg/0.1ml (*naloxone hcl*) | PB | #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (4 sprays per 180 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *nicotine step 1 transdermal patch 24 hour 21 mg/24hr* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *nicotine step 2 transdermal patch 24 hour 14 mg/24hr* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *nicotine step 3 transdermal patch 24 hour 7 mg/24hr* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *nicotine transdermal kit 21-14-7 mg/24hr* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| nicotrol inhalation inhaler 10 mg (*nicotine*) | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| nicotrol ns nasal solution 10 mg/ml (*nicotine*) | CE | N2 (Not Covered); QL (168 day supply per 365 days) |
| *olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg* | NP | QL (1 capsule per 1 day) |
| *olanzapine-fluoxetine hcl oral capsule 3-25 mg* | NP | |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | PG | |
| symbyax oral capsule 3-25 mg (*olanzapine-fluoxetine hcl*) | NP | |
| symbyax oral capsule 6-25 mg (*olanzapine-fluoxetine hcl*) | NP | QL (1 CAPS per 1 DAYS) |
| vivitrol intramuscular suspension reconstituted 380 mg (*naltrexone*) | NP | UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 injection per 1 month) |
| vyleesi subcutaneous solution auto-injector 1.75 mg/0.3ml (*bremelanotide acetate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES** | | |
| **ANDROGENS - DRUGS TO REGULATE MALE HORMONES** | | |
| androderm transdermal patch 24 hour 2 mg/24hr, 4 mg/24hr (*testosterone*) | NP | PA; ST; QL (1 patch per 1 day) |
| androgel pump transdermal gel 20.25 mg/act (1.62%) (*testosterone*) | NF | |
| androgel transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) (*testosterone*) | NF | |
| depo-testosterone intramuscular solution 100 mg/ml, 200 mg/ml (*testosterone cypionate*) | NP | |
| fortesta transdermal gel 10 mg/act (2%) (*testosterone*) | NF | |
| intrarosa vaginal insert 6.5 mg (*prasterone*) | NF | |
| jatenzo oral capsule 158 mg, 198 mg, 237 mg (*testosterone undecanoate*) | NF | |
| methitest oral tablet 10 mg | NP | |
| *methyltestosterone oral capsule 10 mg* | PG | |
| natesto nasal gel 5.5 mg/act (*testosterone*) | PB | PA |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | NP | |
| testim transdermal gel 50 mg/5gm (1%) (*testosterone*) | NF | |
| *testosterone cypionate injection solution 200 mg/ml* | NP | |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml* | PG | |
| *testosterone enanthate intramuscular solution 200 mg/ml* | PG | |
| *testosterone transdermal gel 10 mg/act (2%)* | PG | PA; QL (4 grams per 1 day) |
| *testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)* | NF | |
| *testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)* | PG | PA; QL (5 grams per 1 day) |
| *testosterone transdermal gel 25 mg/2.5gm (1%)* | PG | PA; QL (2.5 grams per 1 day) |
| *testosterone transdermal solution 30 mg/act* | NP | PA; QL (6 ml per 1 day) |
| vogelxo pump transdermal gel 12.5 mg/act (1%) (*testosterone*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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; ST; QL (4 injections per 1 month) |
| **ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | PG | |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | PG | |
| precose oral tablet 100 mg, 25 mg, 50 mg (*acarbose*) | NP | |
| **ANTIDIABETICS, AMYLIN ANALOGS** | | |
| symlinpen 120 subcutaneous solution pen-injector 2700 mcg/2.7ml (*pramlintide acetate*) | NP | PA; #; QL (4 pens per 1 month) |
| symlinpen 60 subcutaneous solution pen-injector 1500 mcg/1.5ml (*pramlintide acetate*) | NP | PA; # |
| **ANTIDIABETICS, BIGUANIDE** | | |
| fortamet oral tablet extended release 24 hour 1000 mg, 500 mg (*metformin hcl*) | NF | |
| glumetza oral tablet extended release 24 hour 1000 mg, 500 mg (*metformin hcl*) | 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 solution 500 mg/5ml* | NP | |
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | PG | LGC |
| riomet oral solution 500 mg/5ml (*metformin hcl*) | NF | |
| **ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS** | | |
| *glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | PG | LGC |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS** | | |
| *alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg* | NF | |
| januvia oral tablet 100 mg, 25 mg, 50 mg (*sitagliptin phosphate*) | PB | QL (1 tablet per 1 day) |
| nesina oral tablet 12.5 mg, 25 mg, 6.25 mg (*alogliptin benzoate*) | NF | |
| onglyza oral tablet 2.5 mg, 5 mg (*saxagliptin hcl*) | NF | |
| tradjenta oral tablet 5 mg (*linagliptin*) | NF | |
| **ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS** | | |
| cycloset oral tablet 0.8 mg (*bromocriptine mesylate*) | NF | |
| **ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS** | | |
| *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 | |
| janumet oral tablet 50-1000 mg, 50-500 mg (*sitagliptin-metformin hcl*) | PB | QL (2 tablets per 1 day) |
| janumet xr oral tablet extended release 24 hour 100-1000 mg, 50-500 mg (*sitagliptin-metformin hcl*) | PB | QL (1 tablet per 1 day) |
| janumet xr oral tablet extended release 24 hour 50-1000 mg (*sitagliptin-metformin hcl*) | PB | QL (2 tablets per 1 day) |
| 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 | |
| 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 | |
| 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; QL (1 tablet per 1 day) |
| **ANTIDIABETICS, INCRETIN MIMETIC AGENTS** | | |
| 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 | |
| bydureon bcise subcutaneous auto-injector 2 mg/0.85ml (*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 | # |
| ozempic (0.25 or 0.5 mg/dose) subcutaneous solution pen-injector 2 mg/1.5ml (*semaglutide*) | PB | PA; ST; QL (1 pen per 28 days) |
| ozempic (1 mg/dose) subcutaneous solution pen-injector 2 mg/1.5ml (*semaglutide*) | PB | PA; ST; QL (2 pens per 28 days) |
| ozempic (1 mg/dose) subcutaneous solution pen-injector 4 mg/3ml (*semaglutide*) | PB | PA; QL (1 pen per 1 month) |
| rybelsus oral tablet 14 mg, 3 mg, 7 mg (*semaglutide*) | PB | PA; ST; QL (1 tablet per 1 day) |
| trulicity subcutaneous solution pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml (*dulaglutide*) | PB | PA; ST; QL (4 injections per 30 days) |
| trulicity subcutaneous solution pen-injector 3 mg/0.5ml, 4.5 mg/0.5ml (*dulaglutide*) | PB | PA; QL (4 injections per 1 month) |
| victoza subcutaneous solution pen-injector 18 mg/3ml (*liraglutide*) | PB | PA; ST; QL (3 pens per 30 days) |
| **ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS** | | |
| soliqua subcutaneous solution pen-injector 100-33 unt-mcg/ml (*insulin glargine-lixisenatide*) | PB | ST; QL (5 pens per 1 month) |
| xultophy subcutaneous solution pen-injector 100-3.6 unit-mg/ml (*insulin degludec-liraglutide*) | PB | ST; QL (5 pens per 1 month) |
| **ANTIDIABETICS, INSULIN** | | |
| 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 | |
| apidra injection solution 100 unit/ml (*insulin glulisine*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| apidra solostar subcutaneous solution pen-injector 100 unit/ml (*insulin glulisine*) | NF | |
| basaglar kwikpen subcutaneous solution pen-injector 100 unit/ml (*insulin glargine*) | PB | |
| 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 | |
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 | |
| *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 | |
| lantus solostar subcutaneous solution pen-injector 100 unit/ml (*insulin glargine*) | NF | |
| 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 | |
| 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 70/30 flexpen relion subcutaneous suspension pen-injector (70-30) 100 unit/ml (*insulin aspart prot & aspart*) | NF | |
| novolog flexpen relion subcutaneous solution pen-injector 100 unit/ml (*insulin aspart*) | 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 relion subcutaneous suspension (70-30) 100 unit/ml (*insulin aspart prot & aspart*) | NF | |
| 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 relion subcutaneous solution 100 unit/ml (*insulin aspart*) | NF | |
| novolog subcutaneous solution 100 unit/ml (*insulin aspart*) | PB | |
| semglee subcutaneous solution 100 unit/ml (*insulin glargine*) | NF | |
| semglee subcutaneous solution pen-injector 100 unit/ml (*insulin glargine*) | NF | |
| toujeo max solostar subcutaneous solution pen-injector 300 unit/ml (*insulin glargine*) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| toujeo solostar subcutaneous solution pen-injector 300 unit/ml (*insulin glargine*) | PB | |
| tresiba flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml (*insulin degludec*) | PB | |
| tresiba subcutaneous solution 100 unit/ml (*insulin degludec*) | PB | |
| **ANTIDIABETICS, INSULIN SENSITIZER** | | |
| actos oral tablet 15 mg, 30 mg, 45 mg (*pioglitazone hcl*) | NF | |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | PG | LGC; QL (1 tablet per 1 day) |
| **ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION** | | |
| actoplus met oral tablet 15-500 mg, 15-850 mg (*pioglitazone hcl-metformin hcl*) | NP | QL (2 TABS per 1 DAYS) |
| *pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg* | PG | LGC; QL (2 tablets per 1 day) |
| **ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION** | | |
| *pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg* | PG | QL (1 tablet per 1 day) |
| **ANTIDIABETICS, MEGLITINIDE** | | |
| *nateglinide oral tablet 120 mg, 60 mg* | PG | LGC |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | NP | LGC |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB** | | |
| qtern oral tablet 10-5 mg, 5-5 mg (*dapagliflozin-saxagliptin*) | NF | |
| steglujan oral tablet 15-100 mg, 5-100 mg (*ertugliflozin-sitagliptin*) | NF | |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB** | | |
| synjardy oral tablet 12.5-1000 mg, 12.5-500 mg, 5-1000 mg, 5-500 mg (*empagliflozin-metformin hcl*) | PB | QL (2 tablets per 1 day) |
| synjardy xr oral tablet extended release 24 hour 10-1000 mg, 12.5-1000 mg, 5-1000 mg (*empagliflozin-metformin hcl*) | PB | QL (2 tablets per 1 day) |
| synjardy xr oral tablet extended release 24 hour 25-1000 mg (*empagliflozin-metformin hcl*) | PB | QL (1 tablet per 1 day) |
| xigduo xr oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg (*dapagliflozin-metformin hcl*) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| xigduo xr oral tablet extended release 24 hour 2.5-1000 mg (*dapagliflozin-metformin hcl*) | PB | QL (2 tablets per 1 day) |
| xigduo xr oral tablet extended release 24 hour 5-1000 mg (*dapagliflozin-metformin hcl*) | PB | QL (2 tablet per 1 day) |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBO** | | |
| 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 | |
| segluromet oral tablet 2.5-1000 mg, 2.5-500 mg, 7.5-1000 mg, 7.5-500 mg (*ertugliflozin-metformin hcl*) | NF | |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB(SGLT2)/DPP-4 INHIBITOR COMBINATIONS** | | |
| glyxambi oral tablet 10-5 mg, 25-5 mg (*empagliflozin-linagliptin*) | PB | QL (1 tablet per 1 day) |
| **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB** | | |
| farxiga oral tablet 10 mg, 5 mg (*dapagliflozin propanediol*) | PB | QL (1 tablet per 1 day) |
| invokana oral tablet 100 mg, 300 mg (*canagliflozin*) | NF | |
| jardiance oral tablet 10 mg, 25 mg (*empagliflozin*) | PB | QL (1 tablet per 1 day) |
| steglatro oral tablet 15 mg, 5 mg (*ertugliflozin l-pyroglutamicac*) | NF | |
| **ANTIDIABETICS, SULFONYLUREA** | | |
| amaryl oral tablet 1 mg, 2 mg, 4 mg (*glimepiride*) | NP | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | PG | LGC |
| *glipizide er oral tablet extended release 24 hour 10 mg, 5 mg* | PG | LGC |
| *glipizide er oral tablet extended release 24 hour 2.5 mg* | PG | LGC |
| *glipizide oral tablet 10 mg, 5 mg* | PG | LGC |
| *glipizide xl oral tablet extended release 24 hour 2.5 mg* | PG | LGC |
| glucotrol xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg (*glipizide*) | NP | |
| *glyburide micronized oral tablet 1.5 mg* | PG | |
| *glyburide micronized oral tablet 3 mg, 6 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *glyburide oral tablet 1.25 mg* | PG | LGC |
| *glyburide oral tablet 2.5 mg, 5 mg* | PG | LGC |
| glynase oral tablet 1.5 mg, 3 mg, 6 mg (*glyburide micronized*) | NP | |
| *tolbutamide oral tablet 500 mg* | NP | |
| **ANTIDIABETICS, SULFONYLUREA/ THIAZOLIDINEDIONE COMBINATIONS** | | |
| duetact oral tablet 30-2 mg, 30-4 mg (*pioglitazone hcl-glimepiride*) | NP | QL (1 TABS per 1 DAYS) |
| **BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS** | | |
| actonel oral tablet 150 mg (*risedronate sodium*) | NP | ST; QL (1 tablet per 28 days) |
| actonel oral tablet 35 mg (*risedronate sodium*) | NP | ST; QL (4 tablets per 1 month) |
| *alendronate sodium oral solution 70 mg/75ml* | PG | |
| *alendronate sodium oral tablet 10 mg, 5 mg* | PG | QL (1 tablet per 1 day) |
| *alendronate sodium oral tablet 35 mg* | PG | QL (8 tablets per 1 month) |
| *alendronate sodium oral tablet 70 mg* | PG | QL (4 tablets per 1 month) |
| atelvia oral tablet delayed release 35 mg (*risedronate sodium*) | NP | ST; QL (4 tablets per 1 month) |
| binosto oral tablet effervescent 70 mg (*alendronate sodium*) | NP | ST; QL (1 tablet per 7 days) |
| boniva oral tablet 150 mg (*ibandronate sodium*) | NP | QL (0.04 tabs per 1 DAYS) |
| fosamax oral tablet 70 mg (*alendronate sodium*) | NP | QL (0.15 tabs per 1 DAYS) |
| fosamax plus d oral tablet 70-2800 mg-unit, 70-5600 mg-unit (*alendronate-cholecalciferol*) | NP | #; QL (4 tablets per 1 month) |
| *ibandronate sodium intravenous solution 3 mg/3ml* | PSP | ST; SP |
| *ibandronate sodium oral tablet 150 mg* | NP | ST; QL (1 tablet per 1 month) |
| *pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml* | PSP | SP |
| reclast intravenous solution 5 mg/100ml (*zoledronic acid*) | NPSP | SP |
| *risedronate sodium oral tablet 150 mg* | NP | QL (1 tablet per 1 month) |
| *risedronate sodium oral tablet 30 mg, 5 mg* | NP | QL (1 tablet per 1 day) |
| *risedronate sodium oral tablet 35 mg* | NP | QL (4 tablets per 1 month) |
| *risedronate sodium oral tablet delayed release 35 mg* | NP | QL (4 tablets per 1 month) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *zoledronic acid intravenous concentrate 4 mg/5ml* | PSP | SP |
| *zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml* | PSP | SP |
| **CALCIUM RECEPTOR AGONISTS** | | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | PG | |
| *calcitriol oral solution 1 mcg/ml* | PG | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | PG | QL (1 capsules per 1 day) |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | PG | QL (1 capsule per 1 day) |
| rayaldee oral capsule extended release 30 mcg (*calcifediol*) | NP | PA; ST; QL (1 capsules per 1 day) |
| rocaltrol oral capsule 0.25 mcg, 0.5 mcg (*calcitriol*) | NP | |
| sensipar oral tablet 30 mg, 60 mg (*cinacalcet hcl*) | NPSP | PA; SP; QL (2 tablets per 1 day) |
| sensipar oral tablet 90 mg (*cinacalcet hcl*) | NPSP | PA; SP; QL (4 tablets per 1 day) |
| strensiq subcutaneous solution 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml (*asfotase alfa*) | NPSP | PA; NPL; SP |
| zemplar oral capsule 1 mcg, 2 mcg (*paricalcitol*) | NP | ST; QL (1 capsule per 1 day) |
| **CARNITINE DEFICIENCY AGENTS** | | |
| carnitor oral solution 1 gm/10ml (*levocarnitine*) | NF | |
| carnitor oral tablet 330 mg (*levocarnitine*) | NF | |
| carnitor sf oral solution 1 gm/10ml (*levocarnitine*) | NF | |
| *levocarnitine oral solution 1 gm/10ml* | PG | |
| *levocarnitine oral tablet 330 mg* | PG | |
| **CHELATING AGENTS** | | |
| chemet oral capsule 100 mg (*succimer*) | NP | |
| cuprimine oral capsule 250 mg (*penicillamine*) | NF | |
| *deferasirox granules oral packet 180 mg, 360 mg* | PSP | PA |
| *deferasirox granules oral packet 90 mg* | PSP | PA; SP |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | PSP | PA; SP |
| *deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg* | PSP | PA; SP |
| *deferiprone oral tablet 500 mg* | PSP | PA; SP |
| *deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg* | PSP | SP |
| depen titratabs oral tablet 250 mg (*penicillamine*) | NPSP | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| desferal injection solution reconstituted 500 mg (*deferoxamine mesylate*) | NF | |
| exjade oral tablet soluble 125 mg, 250 mg, 500 mg (*deferasirox*) | NF | |
| ferriprox oral solution 100 mg/ml (*deferiprone*) | NF | |
| ferriprox oral tablet 1000 mg (*deferiprone*) | NF | # |
| ferriprox oral tablet 500 mg (*deferiprone*) | NF | |
| ferriprox twice-a-day oral tablet 1000 mg (*deferiprone*) | NF | # |
| jadenu oral tablet 180 mg, 360 mg, 90 mg (*deferasirox*) | NF | |
| jadenu sprinkle oral packet 180 mg, 360 mg, 90 mg (*deferasirox*) | NF | |
| lokelma oral packet 10 gm, 5 gm (*sodium zirconium cyclosilicate*) | NP | PA; ST |
| *penicillamine oral capsule 250 mg* | PSP | PA; SP |
| *penicillamine oral tablet 250 mg* | PG | PA |
| *sodium polystyrene sulfonate oral powder* | PG | |
| *trientine hcl oral capsule 250 mg* | PSP | PA; SP |
| veltassa oral packet 16.8 gm, 25.2 gm, 8.4 gm (*patiromer sorbitex calcium*) | NP | PA; ST; QL (1 packet per 1 day) |
| **CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL** | | |
| *levonorgestrel-ethinyl estrad* (Afirmelle Oral Tablet 0.1-20 Mg-Mcg) | CE | N2 (PG) |
| *altavera oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *alyacen 1/35 oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | CE | N2 (PG) |
| *amethia oral tablet 0.15-0.03 &0.01 mg* | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Amethyst Oral Tablet 90-20 Mcg) | CE | N2 (NP) |
| annovera vaginal ring 0.013-0.15 mg/24hr (*segesterone-ethinyl estradiol*) | CE | N2 (PB); QL (1 ring per 1 year) |
| *apri oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *aranelle oral tablet 0.5/1/0.5-35 mg-mcg* | CE | N2 (PG) |
| *levonorgest-eth estrad 91-day* (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg) | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *levonorgestrel-ethinyl estrad* (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg) | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Aubra Oral Tablet 0.1-20 Mg-Mcg) | CE | N2 (PG) |
| *norethindrone acet-ethinyl est* (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N2 (PG) |
| *norethindrone acet-ethinyl est* (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N2 (PG) |
| *aviane oral tablet 0.1-20 mg-mcg* | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Ayuna Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |
| *azurette oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | N2 (PG) |
| balcoltra oral tablet 0.1-20 mg-mcg(21) (*levonorgest-eth estrad-fe bisg*) | CE | #; N2 (NP) |
| *balziva oral tablet 0.4-35 mg-mcg* | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N2 (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 | N2 (PG) |
| *norethin ace-eth estrad-fe* (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N2 (PG) |
| *briellyn oral tablet 0.4-35 mg-mcg* | CE | N2 (PG) |
| *camila oral tablet 0.35 mg* | CE | N2 (PG) |
| *camrese lo oral tablet 0.1-0.02 & 0.01 mg* | CE | N2 (PG) |
| *camrese oral tablet 0.15-0.03 &0.01 mg* | CE | N2 (PG) |
| *caziant oral tablet 0.1/0.125/0.15 -0.025 mg* | CE | N2 (PG) |
| *cesia oral tablet 0.1/0.125/0.15 -0.025 mg* | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *chateal oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *cryselle-28 oral tablet 0.3-30 mg-mcg* | CE | N2 (PG) |
| *cyclafem 1/35 oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Cyred Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |
| *dasetta 1/35 oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | CE | N2 (PG) |
| *daysee oral tablet 0.15-0.03 &0.01 mg* | CE | N2 (PG) |
| *norethindrone* (Deblitane Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Delyla Oral Tablet 0.1-20 Mg-Mcg) | CE | N2 (PG) |
| depo-provera intramuscular suspension 150 mg/ml (*medroxyprogesterone acetate*) | NP | QL (1 injection per 75 days or 4 injections per 300 days) |
| depo-subq provera 104 subcutaneous suspension prefilled syringe 104 mg/0.65ml (*medroxyprogesterone acetate*) | CE | #; N2 (NF); QL (1 injection per 75 days or 4 injections per 300 days) |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | N2 (PG) |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg* | CE | N2 (PG) |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | CE | N2 (PG) |
| *elinest oral tablet 0.3-30 mg-mcg* | CE | N2 (PG) |
| ella oral tablet 30 mg (*ulipristal acetate*) | CE | #; N2 (NP) |
| *etonogestrel-ethinyl estradiol* (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr) | CE | N2 (PG) |
| *emoquette oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg* | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Enskyce Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |
| *errin oral tablet 0.35 mg* | CE | N2 (PG) |
| *norgestimate-eth estradiol* (Estarylla Oral Tablet 0.25-35 Mg-Mcg) | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| estrostep fe oral tablet 1-20/1-30/1-35 mg-mcg (*norethindron-ethinyl estrad-fe*) | NP | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | CE | N2 (PG) |
| falessa oral kit 20-1-0.1 mcg-mg (*levonorgestrel-eth estrad & fa*) | CE | N2 (NP) |
| *falmina oral tablet 0.1-20 mg-mcg* | CE | N2 (PG) |
| *levonorgest-eth estrad 91-day* (Fayosim Oral Tablet 42-21-21-7 Days) | CE | N2 (PG) |
| *norgestimate-eth estradiol* (Femynor Oral Tablet 0.25-35 Mg-Mcg) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Gemmily Oral Capsule 1-20 Mg-Mcg(24)) | CE | N2 (PG) |
| generess fe oral tablet chewable 0.8-25 mg-mcg (*norethin-eth estradiol-fe*) | NP | |
| *norethin ace-eth estrad-fe* (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N2 (PG) |
| *heather oral tablet 0.35 mg* | CE | N2 (PG) |
| *norethindrone* (Incassia Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *introvale oral tablet 0.15-0.03 mg* | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Isibloom Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |
| *drospirenone-ethinyl estradiol* (Jasmiel Oral Tablet 3-0.02 Mg) | CE | N2 (PG) |
| *norethindrone* (Jencycla Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *jolessa oral tablet 0.15-0.03 mg* | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Juleber Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |
| *junel 1.5/30 oral tablet 1.5-30 mg-mcg* | CE | N2 (PG) |
| *junel 1/20 oral tablet 1-20 mg-mcg* | CE | N2 (PG) |
| *junel fe 1.5/30 oral tablet 1.5-30 mg-mcg* | CE | N2 (PG) |
| *junel fe 1/20 oral tablet 1-20 mg-mcg* | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24)) | CE | N2 (PG) |
| *norethin-eth estradiol-fe* (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg) | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *kariva oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | N2 (PG) |
| *kelnor 1/35 oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *ethynodiol diac-eth estradiol* (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg) | CE | N2 (PG) |
| *kurvelo oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| kyleena intrauterine intrauterine device 19.5 mg (*levonorgestrel*) | CE | N2 (PB); QL (1 Device per 300 days) |
| *norethindrone acet-ethinyl est* (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N2 (PG) |
| *norethindrone acet-ethinyl est* (Larin 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Larissia Oral Tablet 0.1-20 Mg-Mcg) | CE | N2 (PG) |
| *norethin-eth estradiol-fe* (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg) | CE | N2 (PG) |
| *leena oral tablet 0.5/1/0.5-35 mg-mcg* | CE | N2 (PG) |
| *lessina oral tablet 0.1-20 mg-mcg* | CE | N2 (PG) |
| *levonest oral tablet 50-30/75-40/ 125-30 mcg* | CE | N2 (PG) |
| *levonorgest-eth est & eth est oral tablet 42-21-21-7 days* | CE | N2 (PG) |
| *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg* | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg* | CE | N2 (PG) |
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg* | CE | N2 (PG) |
| *levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| liletta (52 mg) intrauterine intrauterine device 19.5 mcg/day (*levonorgestrel*) | CE | N2 (NF); QL (1 Device per 300 days) |
| *levonorgestrel-ethinyl estrad* (Lillow Oral Tablet 0.15-30 Mg-Mcg) | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| lo loestrin fe oral tablet 1 mg-10 mcg / 10 mcg (*norethin-eth estrad-fe biphas*) | CE | N2 (NP) |
| loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg (*norethindrone acet-ethinyl est*) | NP | |
| loestrin 1/20 (21) oral tablet 1-20 mg-mcg (*norethindrone acet-ethinyl est*) | NP | |
| *norethin ace-eth estrad-fe* (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | NP | |
| *norethin ace-eth estrad-fe* (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | NP | |
| *loryna oral tablet 3-0.02 mg* | CE | N2 (PG) |
| loseasonique oral tablet 0.1-0.02 & 0.01 mg (*levonorgest-eth estrad 91-day*) | NP | |
| *low-ogestrel oral tablet 0.3-30 mg-mcg* | CE | N2 (PG) |
| *drospirenone-ethinyl estradiol* (Lo-Zumandimine Oral Tablet 3-0.02 Mg) | CE | N2 (PG) |
| *lutera oral tablet 0.1-20 mg-mcg* | CE | N2 (PG) |
| *norethindrone* (Lyza Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *marlissa oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *medroxyprogesterone acetate intramuscular suspension 150 mg/ml* | CE | N2 (PG); QL (1 injection per 75 days or 4 injections per 300 days) |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml* | CE | N2 (PG); QL (1 injection per 75 days or 4 injections per 300 days) |
| *microgestin 1.5/30 oral tablet 1.5-30 mg-mcg* | CE | N2 (PG) |
| *microgestin 1/20 oral tablet 1-20 mg-mcg* | CE | N2 (PG) |
| *microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg* | CE | N2 (PG) |
| *microgestin fe 1/20 oral tablet 1-20 mg-mcg* | CE | N2 (PG) |
| *norgestimate-eth estradiol* (Mili Oral Tablet 0.25-35 Mg-Mcg) | CE | N2 (PG) |
| minastrin 24 fe oral tablet chewable 1-20 mg-mcg(24) (*norethin ace-eth estrad-fe*) | NF | |
| mircette oral tablet 0.15-0.02/0.01 mg (21/5) (*desogestrel-ethinyl estradiol*) | NP | |
| mirena (52 mg) intrauterine intrauterine device 20 mcg/24hr (*levonorgestrel*) | CE | #; N2 (PB); QL (1 Device per 300 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *mono-linyah oral tablet 0.25-35 mg-mcg* | CE | N2 (PG) |
| natazia oral tablet 3/2-2/2-3/1 mg (*estradiol valerate-dienogest*) | CE | N2 (NF) |
| *necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | CE | N2 (PG) |
| *necon 1/35 (28) oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| nexplanon subcutaneous implant 68 mg (*etonogestrel*) | CE | N2 (NP); QL (1 Device per 300 days) |
| nextstellis oral tablet 3-14.2 mg (*drospirenone-estetrol*) | NF | |
| *drospirenone-ethinyl estradiol* (Nikki Oral Tablet 3-0.02 Mg) | CE | N2 (PG) |
| *nora-be oral tablet 0.35 mg* | CE | N2 (PG) |
| *norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)* | CE | N2 (PG) |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg* | CE | N2 (PG) |
| *norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)* | CE | N2 (PG) |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg* | CE | N2 (PG) |
| *norethindrone oral tablet 0.35 mg* | CE | N2 (PG) |
| *norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg* | CE | N2 (PG) |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | CE | N2 (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 | N2 (PG) |
| *norethindrone* (Norlyda Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *norethindrone* (Norlyroc Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | CE | N2 (PG) |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | CE | N2 (PG) |
| nuvaring vaginal ring 0.12-0.015 mg/24hr (*etonogestrel-ethinyl estradiol*) | NF | |
| *ocella oral tablet 3-0.03 mg* | CE | N2 (PG) |
| option 2 oral tablet 1.5 mg (*levonorgestrel*) | CE | N2 (Not Covered) |
| *orsythia oral tablet 0.1-20 mg-mcg* | CE | N2 (PG) |
| ortho tri-cyclen lo oral tablet 0.18/0.215/0.25 mg-25 mcg (*norgestim-eth estrad triphasic*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| paragard intrauterine copper intrauterine intrauterine device (*copper*) | CE | N2 (NP); QL (1 device per 300 days) |
| *philith oral tablet 0.4-35 mg-mcg* | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N2 (PG) |
| *norethindrone-eth estradiol* (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg) | CE | N2 (PG) |
| *norethin-eth estrad triphasic* (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | N2 (PG) |
| plan b one-step oral tablet 1.5 mg (*levonorgestrel*) | NP | |
| *portia-28 oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *previfem oral tablet 0.25-35 mg-mcg* | CE | N2 (PG) |
| quartette oral tablet 42-21-21-7 days (*levonorgest-eth estrad 91-day*) | NF | |
| *reclipsen oral tablet 0.15-30 mg-mcg* | CE | N2 (PG) |
| *levonorgest-eth estrad 91-day* (Rivelsa Oral Tablet 42-21-21-7 Days) | CE | N2 (PG) |
| safyral oral tablet 3-0.03-0.451 mg (*drospiren-eth estrad-levomefol*) | NP | |
| seasonique oral tablet 0.15-0.03 &0.01 mg (*levonorgest-eth estrad 91-day*) | NF | |
| *levonorgest-eth estrad 91-day* (Setlakin Oral Tablet 0.15-0.03 Mg) | CE | N2 (PG) |
| *norethindrone* (Sharobel Oral Tablet 0.35 Mg) | CE | N2 (PG) |
| *desogestrel-ethinyl estradiol* (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N2 (PG) |
| *levonorgest-eth estrad 91-day* (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg) | CE | N2 (PG) |
| skyla intrauterine intrauterine device 13.5 mg (*levonorgestrel*) | CE | N2 (PB); QL (1 Device per 300 days) |
| slynd oral tablet 4 mg (*drospirenone*) | CE | N2 (NF) |
| *solia oral tablet 0.15-30 mg-mcg* | CE | N2 (PG); QL (1.5 tablets per 1 day) |
| *sprintec 28 oral tablet 0.25-35 mg-mcg* | CE | N2 (PG) |
| *sronyx oral tablet 0.1-20 mg-mcg* | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *syeda oral tablet 3-0.03 mg* | CE | N2 (PG) |
| *take action oral tablet 1.5 mg* | CE | N2 (Not Covered); QL (1 tablet per 1 fill) |
| *norethin ace-eth estrad-fe* (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N2 (NP) |
| *norethin ace-eth estrad-fe* (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg) | CE | N2 (PG) |
| *norethin ace-eth estrad-fe* (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N2 (PG) |
| taytulla oral capsule 1-20 mg-mcg(24) (*norethin ace-eth estrad-fe*) | NF | # |
| *tilia fe oral tablet 1-20/1-30/1-35 mg-mcg* | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N2 (PG) |
| *tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg* | CE | N2 (PG) |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg* | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N2 (PG) |
| *trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg* | CE | N2 (PG) |
| *tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg* | CE | N2 (PG) |
| *tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg* | CE | N2 (PG) |
| *trivora (28) oral tablet 50-30/75-40/ 125-30 mcg* | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N2 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N2 (PG) |
| *norethindrone* (Tulana Oral Tablet 0.35 Mg) | CE | N2 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| twirla transdermal patch weekly 120-30 mcg/24hr (*levonorgestrel-eth estradiol*) | NF | |
| *drospiren-eth estrad-levomefol* (Tydemy Oral Tablet 3-0.03-0.451 Mg) | CE | N2 (PG) |
| *velivet oral tablet 0.1/0.125/0.15 -0.025 mg* | CE | N2 (PG) |
| *levonorgestrel-ethinyl estrad* (Vienva Oral Tablet 0.1-20 Mg-Mcg) | CE | N2 (PG) |
| *viorele oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | N2 (PG) |
| *norethindrone-eth estradiol* (Vyfemla Oral Tablet 0.4-35 Mg-Mcg) | CE | N2 (PG) |
| *norgestimate-eth estradiol* (Vylibra Oral Tablet 0.25-35 Mg-Mcg) | CE | N2 (PG) |
| *wera oral tablet 0.5-35 mg-mcg* | CE | N2 (PG) |
| *wymzya fe oral tablet chewable 0.4-35 mg-mcg* | CE | N2 (PG) |
| *norelgestromin-eth estradiol* (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | N2 (PG) |
| yasmin 28 oral tablet 3-0.03 mg (*drospirenone-ethinyl estradiol*) | NF | |
| yaz oral tablet 3-0.02 mg (*drospirenone-ethinyl estradiol*) | NF | |
| *zarah oral tablet 3-0.03 mg* | CE | N2 (PG) |
| *zovia 1/35e (28) oral tablet 1-35 mg-mcg* | CE | N2 (PG) |
| *drospirenone-ethinyl estradiol* (Zumandimine Oral Tablet 3-0.03 Mg) | CE | N2 (PG) |
| **ENDOMETRIOSIS** | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | PG | |
| fensolvi (6 month) subcutaneous kit 45 mg (ped) (*leuprolide acetate (6 month)*) | NPSP | PA; SP |
| orilissa oral tablet 150 mg (*elagolix sodium*) | NPSP | PA; SP; QL (1 tab/day per 730 lifetime days) |
| orilissa oral tablet 200 mg (*elagolix sodium*) | NPSP | PA; SP; QL (2 tabs/day per 180 lifetime days) |
| synarel nasal solution 2 mg/ml (*nafarelin acetate*) | NPSP | PA; SP |
| triptodur intramuscular suspension reconstituted er 22.5 mg (*triptorelin pamoate*) | PSP | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES** | | |
| buphenyl oral powder 3 gm/tsp (*sodium phenylbutyrate*) | NF | |
| buphenyl oral tablet 500 mg (*sodium phenylbutyrate*) | NF | |
| carbaglu oral tablet 200 mg (*carglumic acid*) | NPSP | PA; #; SP |
| cerdelga oral capsule 84 mg (*eliglustat tartrate*) | PB | PA; SP; QL (2 capsules per 1 day) |
| cerezyme intravenous solution reconstituted 400 unit (*imiglucerase*) | PSP | PA; NPL; SP |
| cystadane oral powder (*betaine*) | NPSP | SP |
| cystagon oral capsule 150 mg, 50 mg (*cysteamine bitartrate*) | NP | PA; SP |
| elelyso intravenous solution reconstituted 200 unit (*taliglucerase alfa*) | NF | |
| kuvan oral packet 100 mg, 500 mg (*sapropterin dihydrochloride*) | NF | |
| kuvan oral tablet 100 mg (*sapropterin dihydrochloride*) | NF | |
| *miglustat oral capsule 100 mg* | PSP | PA; SP; QL (3 capsules per 1 day) |
| myalept subcutaneous solution reconstituted 11.3 mg (*metreleptin*) | NPSP | PA; NPL; SP; QL (0.5 VIAL per 1 DAYS) |
| *nitisinone oral capsule 10 mg, 2 mg, 5 mg* | PSP | PA; SP |
| nityr oral tablet 10 mg, 2 mg, 5 mg (*nitisinone*) | NPSP | PA; SP |
| orfadin oral capsule 10 mg, 2 mg, 5 mg (*nitisinone*) | NPSP | PA; SP |
| orfadin oral capsule 20 mg (*nitisinone*) | NPSP | PA |
| orfadin oral suspension 4 mg/ml (*nitisinone*) | NPSP | PA; SP |
| palynziq subcutaneous solution prefilled syringe 10 mg/0.5ml, 2.5 mg/0.5ml, 20 mg/ml (*pegvaliase-pqpz*) | NF | |
| ravicti oral liquid 1.1 gm/ml (*glycerol phenylbutyrate*) | NF | |
| *sapropterin dihydrochloride oral packet 100 mg, 500 mg* | PSP | PA; SP |
| *sapropterin dihydrochloride oral tablet 100 mg* | PSP | PA |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | PSP | PA; SP; QL (25 grams per 1 day) |
| *sodium phenylbutyrate oral tablet 500 mg* | PSP | PA; SP |
| vpriv intravenous solution reconstituted 400 unit (*velaglucerase alfa*) | PSP | PA; NPL; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| zavesca oral capsule 100 mg (*miglustat*) | NPSP | PA; SP; QL (3 capsules per 1 day) |
| **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| activella oral tablet 1-0.5 mg (*estradiol-norethindrone acet*) | NP | QL (1 TABS per 1 DAYS) |
| alora transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (*estradiol*) | NF | |
| angeliq oral tablet 0.25-0.5 mg, 0.5-1 mg (*drospirenone-estradiol*) | NF | |
| bijuva oral capsule 1-100 mg (*estradiol-progesterone*) | PB | |
| climara pro transdermal patch weekly 0.045-0.015 mg/day (*estradiol-levonorgestrel*) | NP | #; QL (1 box (4 patches) per 1 month) |
| climara transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (*estradiol*) | NP | QL (0.15 patch per 1 DAYS) |
| combipatch transdermal patch twice weekly 0.05-0.14 mg/day, 0.05-0.25 mg/day (*estradiol-norethindrone acet*) | NF | |
| delestrogen intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml (*estradiol valerate*) | NP | |
| depo-estradiol intramuscular oil 5 mg/ml (*estradiol cypionate*) | NP | |
| divigel transdermal gel 0.75 mg/0.75gm (*estradiol*) | NP | QL (1 packet per 1 day) |
| divigel transdermal gel 1.25 mg/1.25gm (*estradiol*) | PB | QL (30 packets per 1 month) |
| duavee oral tablet 0.45-20 mg (*conj estrogens-bazedoxifene*) | NF | |
| elestrin transdermal gel 0.52 mg/0.87 gm (0.06%) (*estradiol*) | NF | |
| estrace oral tablet 0.5 mg, 1 mg, 2 mg (*estradiol*) | NP | |
| estrace vaginal cream 0.1 mg/gm (*estradiol*) | NP | |
| *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 | QL (8 patches per 28 days) |
| *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 | QL (4 patches per 28 days) |
| *estradiol vaginal cream 0.1 mg/gm* | PG | |
| *estradiol vaginal tablet 10 mcg* | NP | |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | PG | QL (1 tablet per 1 day) |
| estring vaginal ring 2 mg (*estradiol*) | NF | |
| estrogel transdermal gel 0.75 mg/1.25 gm (0.06%) (*estradiol*) | NF | |
| evamist transdermal solution 1.53 mg/spray (*estradiol*) | NP | #; QL (2 bottles per 1 fill) |
| femring vaginal ring 0.05 mg/24hr, 0.1 mg/24hr (*estradiol acetate*) | NF | |
| *norethindrone-eth estradiol* (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg) | PG | |
| imvexxy maintenance pack vaginal insert 10 mcg, 4 mcg (*estradiol*) | PB | |
| imvexxy starter pack vaginal insert 10 mcg, 4 mcg (*estradiol*) | PB | |
| *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 | |
| *mimvey oral tablet 1-0.5 mg* | PG | QL (1 tablet per 1 day) |
| minivelle transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (*estradiol*) | NF | |
| *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | PG | |
| oriahnn oral capsule therapy pack 300-1-0.5 & 300 mg (*elagolix-estradiol-norethind*) | PB | |
| 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*) | NF | |
| premarin vaginal cream 0.625 mg/gm (*estrogens, conjugated*) | NF | |
| premphase oral tablet 0.625-5 mg (*conj estrog-medroxyprogest ace*) | NF | |
| 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*) | NF | |
| vagifem vaginal tablet 10 mcg (*estradiol*) | NP | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *estradiol* (Yuvafem Vaginal Tablet 10 Mcg) | NP | |
| **GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE** | | |
| alkindi sprinkle oral capsule sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg (*hydrocortisone*) | NF | |
| *budesonide er oral tablet extended release 24 hour 9 mg* | PG | QL (1 tablet per 1 day) |
| cortef oral tablet 10 mg, 20 mg, 5 mg (*hydrocortisone*) | NP | |
| depo-medrol injection suspension 20 mg/ml, 40 mg/ml, 80 mg/ml (*methylprednisolone acetate*) | NP | |
| *dexabliss oral tablet therapy pack 1.5 mg (39)* | NP | ST |
| dexamethasone intensol oral concentrate 1 mg/ml (*dexamethasone*) | NP | |
| *dexamethasone oral elixir 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 | |
| *dexamethasone sod phosphate pf injection solution 10 mg/ml* | NP | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml* | NP | |
| 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 | |
| medrol oral tablet 16 mg, 2 mg, 32 mg, 8 mg (*methylprednisolone*) | NP | |
| medrol oral tablet 4 mg (*methylprednisolone*) | NF | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | PG | |
| *methylprednisolone oral tablet therapy pack 4 mg* | PG | |
| *methylprednisolone sodium succ injection solution reconstituted 40 mg* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| millipred oral tablet 5 mg (*prednisolone*) | NF | |
| orapred odt oral tablet dispersible 10 mg, 15 mg, 30 mg (*prednisolone sodium phosphate*) | NP | |
| *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 intensol oral concentrate 5 mg/ml (*prednisone*) | 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*) | NP | ST |
| solu-cortef injection solution reconstituted 100 mg, 500 mg (*hydrocortisone sod succinate*) | NP | |
| solu-medrol injection solution reconstituted 2 gm, 500 mg (*methylprednisolone sodium succ*) | NP | |
| 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 | |
| *zcort 7-day oral tablet therapy pack 1.5 mg (25)* | NF | |
| **GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR** | | |
| baqsimi one pack nasal powder 3 mg/dose (*glucagon*) | PB | QL (2 inhalers per 30 days) |
| baqsimi two pack nasal powder 3 mg/dose (*glucagon*) | PB | QL (2 inhalers per 30 days) |
| *diazoxide oral suspension 50 mg/ml* | PG | |
| glucagen hypokit injection solution reconstituted 1 mg (*glucagon hcl (rdna)*) | PB | QL (1 box per 1 fill) |
| glucagon emergency injection kit 1 mg | PB | QL (2 kits per 1 month) |
| *glucagon emergency injection solution reconstituted 1 mg/ml* | NF | |
| *glucose oral tablet chewable 4 gm, 4-6 gm-mg* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| gvoke hypopen 1-pack subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml (*glucagon*) | NP | QL (2 injections per 30 days) |
| gvoke hypopen 2-pack subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml (*glucagon*) | NP | QL (2 injections per 30 days) |
| gvoke pfs subcutaneous solution prefilled syringe 0.5 mg/0.1ml, 1 mg/0.2ml (*glucagon*) | NP | QL (2 injections per 30 days) |
| proglycem oral suspension 50 mg/ml (*diazoxide*) | NP | |
| zegalogue subcutaneous solution auto-injector 0.6 mg/0.6ml (*dasiglucagon hcl*) | NF | |
| zegalogue subcutaneous solution prefilled syringe 0.6 mg/0.6ml (*dasiglucagon hcl*) | NF | |
| **HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| genotropin miniquick subcutaneous solution reconstituted 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg (*somatropin*) | NF | |
| genotropin subcutaneous solution reconstituted 12 mg, 5 mg (*somatropin*) | NF | |
| humatrope injection solution reconstituted 12 mg, 24 mg, 5 mg, 6 mg (*somatropin*) | NF | |
| omnitrope subcutaneous solution reconstituted 5.8 mg (*somatropin*) | NF | |
| saizen injection solution reconstituted 5 mg, 8.8 mg (*somatropin (non-refrigerated)*) | NF | |
| saizenprep injection solution reconstituted 8.8 mg (*somatropin (non-refrigerated)*) | NF | |
| serostim subcutaneous solution reconstituted 4 mg, 5 mg, 6 mg (*somatropin (non-refrigerated)*) | NPSP | PA; NPL; SP |
| 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; NPL; SP |
| **MISCELLANEOUS** | | |
| acthar injection gel 80 unit/ml (*corticotropin*) | NPSP | PA; NPL; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *cabergoline oral tablet 0.5 mg* | PG | |
| *calcitonin (salmon) nasal solution 200 unit/act* | PG | QL (1 bottle per 1 month) |
| evenity subcutaneous solution prefilled syringe 105 mg/1.17ml (*romosozumab-aqqg*) | NF | |
| evista oral tablet 60 mg (*raloxifene hcl*) | NP | |
| forteo subcutaneous solution pen-injector 620 mcg/2.48ml (*teriparatide (recombinant)*) | PSP | PA; QL (1 pen per 1 month) |
| galafold oral capsule 123 mg (*migalastat hcl*) | NPSP | PA; SP; QL (14 capsules per 28 days) |
| increlex subcutaneous solution 40 mg/4ml (*mecasermin*) | NPSP | PA; NPL; SP |
| isturisa oral tablet 1 mg, 10 mg, 5 mg (*osilodrostat phosphate*) | NF | |
| jynarque oral tablet 15 mg, 30 mg (*tolvaptan*) | NPSP | PA; SP; QL (1 tablet per 1 day) |
| jynarque oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (*tolvaptan*) | PSP | PA; SP; QL (2 tablets per 1 day) |
| korlym oral tablet 300 mg (*mifepristone*) | NPSP | PA; #; SP; QL (4 tablets per 1 day) |
| *methylergonovine maleate* (Methergine Oral Tablet 0.2 Mg) | PG | QL (4 tablets per 7 days) |
| miacalcin injection solution 200 unit/ml (*calcitonin (salmon)*) | NPSP | PA |
| miacalcin nasal solution 200 unit/act (*calcitonin (salmon)*) | NP | ST; QL (1 bottle per 30 days) |
| mycapssa oral capsule delayed release 20 mg (*octreotide acetate*) | NF | |
| natpara subcutaneous cartridge 100 mcg, 25 mcg, 50 mcg, 75 mcg (*parathyroid hormone (recomb)*) | NPSP | PA; NPL; SP; QL (2 cartridges per 28 days) |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* | PG | PA; SP |
| *octreotide acetate injection solution 1000 mcg/ml* | PG | PA; SP; QL (9 vials per 1 month) |
| *octreotide acetate injection solution 200 mcg/ml* | PG | PA; SP; QL (45 vials per 1 month) |
| osphena oral tablet 60 mg (*ospemifene*) | NF | |
| *raloxifene hcl oral tablet 60 mg* | CE | N2 (PG); AL |
| samsca oral tablet 15 mg (*tolvaptan*) | NPSP | PA; SP; QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| samsca oral tablet 30 mg (*tolvaptan*) | NPSP | PA; SP; QL (2 tablets per 1 day) |
| sandostatin injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (*octreotide acetate*) | NPSP | PA; SP |
| sandostatin lar depot intramuscular kit 10 mg, 20 mg, 30 mg (*octreotide acetate*) | NF | # |
| signifor lar intramuscular suspension reconstituted er 10 mg, 20 mg, 30 mg, 40 mg, 60 mg (*pasireotide pamoate*) | NF | |
| signifor subcutaneous solution 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml (*pasireotide diaspartate*) | NPSP | PA; SP; QL (2 SOLN per 1 DAYS) |
| somatuline depot subcutaneous solution 120 mg/0.5ml, 60 mg/0.2ml, 90 mg/0.3ml (*lanreotide acetate*) | PSP | PA; #; SP; QL (1 injection per 1 month) |
| somavert subcutaneous solution reconstituted 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (*pegvisomant*) | NF | # |
| *teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml* | NF | |
| *tolvaptan oral tablet 15 mg* | PSP | PA; SP |
| *tolvaptan oral tablet 30 mg* | PSP | PA; SP; QL (2 tablets per 1 day) |
| tymlos subcutaneous solution pen-injector 3120 mcg/1.56ml (*abaloparatide*) | PSP | PA; NPL; SP; QL (1 pen per 1 month) |
| xgeva subcutaneous solution 120 mg/1.7ml (*denosumab*) | NPSP | PA; ST; NPL; SP |
| xuriden oral packet 2 gm (*uridine triacetate*) | NPSP | PA; SP; QL (4 packets per 1 day) |
| zokinvy oral capsule 50 mg, 75 mg (*lonafarnib*) | NPSP | PA; SP; QL (4 CAPSULES per 1 Day) |
| **PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS** | | |
| fosrenol oral packet 1000 mg, 750 mg (*lanthanum carbonate*) | NF | |
| fosrenol oral tablet chewable 1000 mg, 500 mg, 750 mg (*lanthanum carbonate*) | NF | |
| gemtesa oral tablet 75 mg (*vibegron*) | NF | |
| *lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg* | NF | |
| myrbetriq oral tablet extended release 24 hour 50 mg (*mirabegron*) | PB | QL (1 tablet per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| phoslo oral capsule 667 mg (*calcium acetate (phos binder)*) | NP | |
| phoslyra oral solution 667 mg/5ml (*calcium acetate (phos binder)*) | NP | |
| renagel oral tablet 800 mg (*sevelamer hcl*) | NP | |
| renvela oral packet 0.8 gm (*sevelamer carbonate*) | NP | |
| renvela oral packet 2.4 gm (*sevelamer carbonate*) | PB | |
| renvela oral tablet 800 mg (*sevelamer carbonate*) | NP | |
| *sevelamer carbonate oral packet 0.8 gm, 2.4 gm* | PG | |
| *sevelamer carbonate oral tablet 800 mg* | PG | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | PG | |
| velphoro oral tablet chewable 500 mg (*sucroferric oxyhydroxide*) | NP | # |
| **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| aygestin oral tablet 5 mg (*norethindrone acetate*) | NP | |
| crinone vaginal gel 4 %, 8 % (*progesterone*) | NF | |
| *hydroxyprogesterone caproate intramuscular oil 250 mg/ml* | PSP | PA; NPL; SP |
| lupaneta pack combination kit 11.25 & 5 mg, 3.75 & 5 mg (*leuprolide & norethindrone*) | NPSP | PA; SP |
| makena intramuscular oil 250 mg/ml (*hydroxyprogesterone caproate*) | PSP | PA; NPL; SP |
| makena subcutaneous solution auto-injector 275 mg/1.1ml (*hydroxyprogesterone caproate*) | PSP | PA; NPL; SP; QL (21 syringes per 365 days) |
| *medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg* | PG | |
| *norethindrone acetate oral tablet 5 mg* | PG | |
| *progesterone intramuscular oil 50 mg/ml* | PG | |
| *progesterone oral capsule 100 mg, 200 mg* | NF | |
| prometrium oral capsule 100 mg, 200 mg (*progesterone*) | NF | |
| provera oral tablet 10 mg, 2.5 mg, 5 mg (*medroxyprogesterone acetate*) | NP | |
| **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS** | | |
| armour thyroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg (*thyroid*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| cytomel oral tablet 25 mcg, 5 mcg, 50 mcg (*liothyronine sodium*) | NF | |
| *levothyroxine sodium* (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg) | PG | |
| *levothyroxine sodium* (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg) | PG | |
| *levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | NF | |
| *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 | |
| *levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | PG | |
| *liothyronine sodium intravenous solution 10 mcg/ml* | NP | |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | PG | |
| *methimazole oral tablet 10 mg, 5 mg* | PG | |
| nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg (*thyroid*) | NF | |
| *np thyroid oral tablet 120 mg, 15 mg, 60 mg* | PG | |
| *propylthiouracil oral tablet 50 mg* | PG | |
| synthroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg (*levothyroxine sodium*) | NP | |
| tapazole oral tablet 5 mg (*methimazole*) | NP | |
| thyquidity oral solution 100 mcg/5ml (*levothyroxine sodium*) | NF | |
| 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 | # |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | PG | |
| *levothyroxine sodium* (Unithroid Oral Tablet 137 Mcg) | PG | |
| westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg (*thyroid*) | NF | |
| wp thyroid oral tablet 113.75 mg, 130 mg, 16.25 mg, 32.5 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg (*thyroid*) | NF | |
| **VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| ddavp injection solution 4 mcg/ml (*desmopressin acetate*) | NPSP | |
| ddavp oral tablet 0.1 mg, 0.2 mg (*desmopressin acetate*) | NP | |
| *desmopressin ace spray refrig nasal solution 0.01 %* | PG | |
| *desmopressin acetate injection solution 4 mcg/ml* | PG | |
| *desmopressin acetate oral tablet 0.1 mg, 0.2 mg* | PG | |
| nocdurna sublingual tablet sublingual 27.7 mcg, 55.3 mcg (*desmopressin acetate*) | NP | PA; QL (1 tablet per 1 day) |
| stimate nasal solution 1.5 mg/ml (*desmopressin acetate*) | NP | PA |
| **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS** | | |
| **ANTICHOLINERGICS** | | |
| *belladonna alkaloids-opium rectal suppository 16.2-60 mg* | NP | |
| bentyl intramuscular solution 10 mg/ml (*dicyclomine hcl*) | NP | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | NF | |
| cuvposa oral solution 1 mg/5ml (*glycopyrrolate*) | NP | # |
| *dicyclomine hcl oral capsule 10 mg* | PG | |
| *dicyclomine hcl oral solution 10 mg/5ml* | PG | |
| *dicyclomine hcl oral tablet 20 mg* | PG | |
| donnatal oral tablet 16.2 mg (*pb-hyoscy-atropine-scopolamine*) | NP | |
| *ed-spaz oral tablet dispersible 0.125 mg* | PG | |
| *glycopyrrolate injection solution 4 mg/20ml* | NP | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | NP | |
| librax oral capsule 5-2.5 mg (*chlordiazepoxide-clidinium*) | NF | |
| *methscopolamine bromide oral tablet 2.5 mg, 5 mg* | NP | |
| *hyoscyamine sulfate* (Nulev Oral Tablet Dispersible 0.125 Mg) | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *oscimin oral tablet 0.125 mg* | PG | |
| *oscimin sr oral tablet extended release 12 hour 0.375 mg* | PG | |
| *oscimin sublingual tablet sublingual 0.125 mg* | PG | |
| *hyoscyamine sulfate* (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg) | PG | |
| **ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING** | | |
| akynzeo oral capsule 300-0.5 mg (*netupitant-palonosetron*) | NF | |
| aloxi intravenous solution 0.25 mg/5ml (*palonosetron hcl*) | NPSP | SP |
| *aprepitant oral capsule 125 mg, 40 mg, 80 mg* | PG | QL (5 capsules per 30 days) |
| *aprepitant oral capsule 80 & 125 mg* | PG | QL (9 capsules per 30 days) |
| bonjesta oral tablet extended release 20-20 mg (*doxylamine-pyridoxine*) | NP | |
| *compro rectal suppository 25 mg* | PG | |
| diclegis oral tablet delayed release 10-10 mg (*doxylamine-pyridoxine*) | NP | PA; QL (4 tablets per 1 day) |
| *doxylamine-pyridoxine oral tablet delayed release 10-10 mg* | NP | PA; QL (4 tablets per 1 day) |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | NP | PA; QL (4 CAPSULES per 1 day) |
| emend oral capsule 80 mg (*aprepitant*) | NF | |
| emend oral suspension reconstituted 125 mg/5ml (*aprepitant*) | NF | # |
| emend tri-pack oral capsule 80 & 125 mg (*aprepitant*) | NF | |
| gimoti nasal solution 15 mg/act (*metoclopramide hcl*) | NF | |
| *granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml* | NPSP | |
| *granisetron hcl oral tablet 1 mg* | NP | |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | NP | |
| *meclizine hcl oral tablet 50 mg* | NF | |
| *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 10 mg* | NP | |
| *metoclopramide hcl oral tablet dispersible 5 mg* | PG | |
| *ondansetron hcl injection solution 4 mg/2ml* | PG | |
| *ondansetron hcl oral solution 4 mg/5ml* | PG | |
| *ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | PG | |
| *palonosetron hcl intravenous solution 0.25 mg/5ml* | PSP | SP |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | PG | |
| *prochlorperazine rectal suppository 25 mg* | PG | |
| *promethazine hcl injection solution 25 mg/ml, 50 mg/ml* | PG | |
| *promethazine hcl oral solution 6.25 mg/5ml* | PG | |
| *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 12.5 mg, 25 mg, 50 mg* | PG | |
| reglan oral tablet 10 mg, 5 mg (*metoclopramide hcl*) | NP | |
| sancuso transdermal patch 3.1 mg/24hr (*granisetron*) | PB | QL (2 patches per 21 days) |
| syndros oral solution 5 mg/ml (*dronabinol*) | NF | |
| tigan intramuscular solution 100 mg/ml (*trimethobenzamide hcl*) | NP | |
| transderm scop (1.5 mg) transdermal patch 72 hour 1 mg/3days (*scopolamine base*) | 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*) | NF | |
| zofran oral tablet 4 mg (*ondansetron hcl*) | NP | |
| zuplenz oral film 4 mg, 8 mg (*ondansetron*) | NF | |
| **H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID** | | |
| *acid control maximum strength oral tablet 20 mg* | NF | |
| *acid controller max st oral tablet 20 mg* | NF | |
| *acid reducer maximum strength oral tablet 20 mg* | NF | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | PG | |
| *cvs acid controller max st oral tablet 20 mg* | NF | |
| *eq famotidine max st oral tablet 20 mg* | NF | |
| *eql heartburn prevention oral tablet 20 mg* | NF | |
| *famotidine oral suspension reconstituted 40 mg/5ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *famotidine oral tablet 20 mg* | NF | |
| *famotidine oral tablet 40 mg* | PG | |
| *famotidine premixed intravenous solution 20-0.9 mg/50ml-%* | NP | |
| *gnp acid reducer max st oral tablet 20 mg* | NF | |
| *heartburn relief max st oral tablet 20 mg* | NF | |
| *hm famotidine oral tablet 20 mg* | NF | |
| *kls acid controller max st oral tablet 20 mg* | NF | |
| *nizatidine oral capsule 150 mg, 300 mg* | PG | |
| *nizatidine oral solution 15 mg/ml* | PG | |
| pepcid ac maximum strength oral tablet 20 mg (*famotidine*) | NF | |
| pepcid oral tablet 20 mg (*famotidine*) | NF | |
| *px acid reducer max st oral tablet 20 mg* | NF | |
| *qc acid controller max st oral tablet 20 mg* | NF | |
| *ra acid reducer max st oral tablet 20 mg* | NF | |
| *sb acid controller max st oral tablet 20 mg* | NF | |
| *sm acid reducer max st oral tablet 20 mg* | NF | |
| **INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS** | | |
| apriso oral capsule extended release 24 hour 0.375 gm (*mesalamine*) | NP | QL (4 capsules per 1 day) |
| asacol hd oral tablet delayed release 800 mg (*mesalamine*) | NP | ST; QL (6 tablets per 1 day) |
| azulfidine en-tabs oral tablet delayed release 500 mg (*sulfasalazine*) | NP | QL (8 TABS per 1 DAYS) |
| azulfidine oral tablet 500 mg (*sulfasalazine*) | NP | QL (8 TABS per 1 DAYS) |
| *balsalazide disodium oral capsule 750 mg* | PG | QL (9 capsules per 1 day) |
| *budesonide oral capsule delayed release particles 3 mg* | PG | |
| canasa rectal suppository 1000 mg (*mesalamine*) | NF | |
| colazal oral capsule 750 mg (*balsalazide disodium*) | NF | |
| cortenema rectal enema 100 mg/60ml (*hydrocortisone*) | NP | |
| cortifoam external foam 10 % (*hydrocortisone acetate*) | NP | ST; QL (1 tablet per 1 day) |
| delzicol oral capsule delayed release 400 mg (*mesalamine*) | NF | |
| dipentum oral capsule 250 mg (*olsalazine sodium*) | NP | ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| entocort ec oral capsule delayed release particles 3 mg (*budesonide*) | NP | |
| *hydrocortisone rectal enema 100 mg/60ml* | PG | |
| lialda oral tablet delayed release 1.2 gm (*mesalamine*) | NF | |
| *mesalamine er oral capsule extended release 24 hour 0.375 gm* | PG | QL (4 capsules per 1 day) |
| *mesalamine oral capsule delayed release 400 mg* | PG | QL (12 capsules per 1 day) |
| *mesalamine oral tablet delayed release 1.2 gm* | PG | QL (4 tablets per 1 day) |
| *mesalamine oral tablet delayed release 800 mg* | PG | QL (6 tablet per 1 day) |
| *mesalamine rectal enema 4 gm* | PG | |
| *mesalamine rectal suppository 1000 mg* | PG | QL (1 suppository per 1 day) |
| *mesalamine-cleanser rectal kit 4 gm* | PG | |
| ortikos oral capsule extended release 24 hour 6 mg, 9 mg (*budesonide*) | NF | |
| pentasa oral capsule extended release 250 mg (*mesalamine*) | PB | QL (16 capsules per 1 day) |
| pentasa oral capsule extended release 500 mg (*mesalamine*) | PB | QL (8 tablets per 1 day) |
| rowasa rectal kit 4 gm (*mesalamine-cleanser*) | NF | |
| sfrowasa rectal enema 4 gm/60ml (*mesalamine*) | NF | |
| *sulfasalazine oral tablet 500 mg* | PG | QL (8 tablets per 1 day) |
| *sulfasalazine oral tablet delayed release 500 mg* | PG | QL (8 tablets per 1 day) |
| uceris oral tablet extended release 24 hour 9 mg (*budesonide*) | NF | |
| uceris rectal foam 2 mg/act (*budesonide*) | NF | |
| **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION** | | |
| amitiza oral capsule 24 mcg, 8 mcg (*lubiprostone*) | NF | |
| linzess oral capsule 145 mcg, 290 mcg (*linaclotide*) | PB | QL (1 capsule per 1 day) |
| linzess oral capsule 72 mcg (*linaclotide*) | PB | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | PG | |
| trulance oral tablet 3 mg (*plecanatide*) | NP | QL (1 tablet per 1 day) |
| zelnorm oral tablet 6 mg (*tegaserod maleate*) | NF | |
| **IRRITABLE BOWEL SYNDROME WITH DIARRHEA** | | |
| *alosetron hcl oral tablet 0.5 mg, 1 mg* | PG | PA; ST |
| lotronex oral tablet 0.5 mg, 1 mg (*alosetron hcl*) | NP | PA; ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| viberzi oral tablet 100 mg, 75 mg (*eluxadoline*) | PB | PA; QL (2 tablets per 1 day) |
| **LAXATIVES - DRUGS FOR CONSTIPATION** | | |
| clenpiq oral solution 10-3.5-12 mg-gm -gm/160ml (*sod picosulfate-mag ox-cit acd*) | CE | N2 (PB); AL |
| *constulose oral solution 10 gm/15ml* | PG | |
| *enulose oral solution 10 gm/15ml* | PG | |
| *gavilax oral packet 17 gm* | CE | N2 (Not Covered); AL |
| gavilyte-c oral solution reconstituted 240 gm (*peg 3350-kcl-nabcb-nacl-nasulf*) | PG | |
| *peg 3350-kcl-na bicarb-nacl* (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm) | PG | |
| *generlac oral solution 10 gm/15ml* | PG | |
| golytely oral solution reconstituted 236 gm (*peg 3350-kcl-nabcb-nacl-nasulf*) | NF | |
| kristalose oral packet 10 gm, 20 gm (*lactulose*) | NP | QL (60 packets per 30 days) |
| *lactulose encephalopathy oral solution 10 gm/15ml* | PG | |
| *lactulose oral packet 10 gm* | NP | QL (2 packets per 1 day) |
| *lactulose oral solution 10 gm/15ml, 20 gm/30ml* | 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 | # |
| *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 | N2 (NF) |
| peg-prep oral kit 5-210 mg-gm (*bisacodyl-peg-kcl-nabicar-nacl*) | CE | N2 (PG); AL |
| plenvu oral solution reconstituted 140 gm (*peg-kcl-nacl-nasulf-na asc-c*) | CE | N2 (NF); AL |
| suprep bowel prep kit oral solution 17.5-3.13-1.6 gm/177ml (*na sulfate-k sulfate-mg sulf*) | CE | #; N2 (NF); AL |
| sutab oral tablet 1479-225-188 mg (*sodium sulfate-mag sulfate-kcl*) | CE | N2 (NP) |
| **MISCELLANEOUS** | | |
| *bethanechol chloride oral tablet 10 mg, 5 mg, 50 mg* | PG | |
| carafate oral suspension 1 gm/10ml (*sucralfate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| carafate oral tablet 1 gm (*sucralfate*) | NF | |
| chenodal oral tablet 250 mg (*chenodiol*) | NPSP | PA; SP |
| cholbam oral capsule 250 mg, 50 mg (*cholic acid*) | NPSP | PA; # |
| *cromolyn sodium oral concentrate 100 mg/5ml* | PG | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml* | PG | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | PG | |
| *flavoxate hcl oral tablet 100 mg* | PG | |
| gastrocrom oral concentrate 100 mg/5ml (*cromolyn sodium*) | NP | |
| gattex subcutaneous kit 5 mg (*teduglutide (rdna)*) | NPSP | PA; NPL; SP; QL (1 kit per 1 month) |
| helidac therapy oral (*metronid-tetracyc-bis subsal*) | NF | |
| lomotil oral tablet 2.5-0.025 mg (*diphenoxylate-atropine*) | NP | |
| *misoprostol oral tablet 100 mcg, 200 mcg* | PG | |
| motegrity oral tablet 1 mg, 2 mg (*prucalopride succinate*) | NF | |
| motofen oral tablet 1-0.025 mg (*difenoxin-atropine*) | NF | |
| movantik oral tablet 12.5 mg, 25 mg (*naloxegol oxalate*) | PB | QL (1 tablet per 1 day) |
| mytesi oral tablet delayed release 125 mg (*crofelemer*) | NF | |
| ocaliva oral tablet 10 mg, 5 mg (*obeticholic acid*) | NPSP | PA; SP; QL (1 tablet per 1 day) |
| pylera oral capsule 140-125-125 mg (*bis subcit-metronid-tetracyc*) | NP | # |
| relistor oral tablet 150 mg (*methylnaltrexone bromide*) | NF | |
| relistor subcutaneous solution 12 mg/0.6ml, 8 mg/0.4ml (*methylnaltrexone bromide*) | NF | |
| reltone oral capsule 200 mg, 400 mg (*ursodiol*) | NF | |
| *sucralfate oral suspension 1 gm/10ml* | NF | |
| *sucralfate oral tablet 1 gm* | PG | |
| symproic oral tablet 0.2 mg (*naldemedine tosylate*) | NP | PA; ST; QL (1 tablet per 1 day) |
| urso 250 oral tablet 250 mg (*ursodiol*) | NP | |
| urso forte oral tablet 500 mg (*ursodiol*) | NP | |
| *ursodiol oral capsule 300 mg* | PG | |
| *ursodiol oral tablet 250 mg, 500 mg* | NP | |
| vsl#3 ds oral packet (*probiotic product*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| xermelo oral tablet 250 mg (*telotristat etiprate*) | NPSP | PA; SP; QL (3 tablets per 1 day) |
| **PANCREATIC ENZYMES** | | |
| creon oral capsule delayed release particles 12000-38000 unit, 24000-76000 unit, 3000-9500 unit, 36000-114000 unit, 6000-19000 unit (*pancrelipase (lip-prot-amyl)*) | PB | |
| pancreaze oral capsule delayed release particles 10500-35500 unit, 16800-56800 unit, 21000-54700 unit, 2600-8800 unit, 4200-14200 unit (*pancrelipase (lip-prot-amyl)*) | NF | |
| pertzye oral capsule delayed release particles 16000-57500 unit, 24000-86250 unit, 4000-14375 unit, 8000-28750 unit (*pancrelipase (lip-prot-amyl)*) | NF | |
| sucraid oral solution 8500 unit/ml (*sacrosidase*) | NP | PA; QL (3 bottles per 1 month) |
| viokace oral tablet 10440-39150 unit, 20880-78300 unit (*pancrelipase (lip-prot-amyl)*) | PB | |
| zenpep oral capsule delayed release particles 10000-32000 unit, 15000-47000 unit, 20000-63000 unit, 25000-79000 unit, 3000-10000 unit, 40000-126000 unit, 5000-24000 unit (*pancrelipase (lip-prot-amyl)*) | PB | |
| **PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID** | | |
| aciphex oral tablet delayed release 20 mg (*rabeprazole sodium*) | NF | |
| aciphex sprinkle oral capsule sprinkle 10 mg (*rabeprazole sodium*) | NF | |
| aciphex sprinkle oral capsule sprinkle 5 mg (*rabeprazole sodium*) | NF | # |
| *cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg* | PG | PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days) |
| dexilant oral capsule delayed release 30 mg, 60 mg (*dexlansoprazole*) | PB | PA; #; QL (1 capsule per day, 90 day supply per 365 days) |
| *esomeprazole magnesium oral capsule delayed release 20 mg* | PG | PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days) |
| *esomeprazole magnesium oral capsule delayed release 40 mg* | PG | PA; QL (1 capsule per day, 90 day supply per 365 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg* | PG | PA; QL (1 packet per day, 90 day supply per 365 days) |
| *esomeprazole strontium oral capsule delayed release 49.3 mg* | NF | |
| *lansoprazole oral capsule delayed release 15 mg* | PG | PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days) |
| *lansoprazole oral capsule delayed release 30 mg* | PG | PA; QL (1 capsule per day, 90 day supply per 365 days) |
| *lansoprazole oral tablet delayed release dispersible 15 mg* | NF | |
| *lansoprazole oral tablet delayed release dispersible 30 mg* | PG | QL (1 tablet per day, 90 day supply per 365 days) |
| nexium 24hr clear minis oral capsule delayed release 20 mg (*esomeprazole magnesium*) | NF | |
| nexium 24hr oral capsule delayed release 20 mg (*esomeprazole magnesium*) | PG | PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days) |
| nexium 24hr oral tablet delayed release 20 mg (*esomeprazole magnesium*) | PG | PA; #; Select OTC; QL (1 tablet per 1 day) |
| nexium i.v. intravenous solution reconstituted 40 mg (*esomeprazole sodium*) | NP | |
| 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 | |
| *omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg* | PG | Select OTC |
| *omeprazole oral capsule delayed release 10 mg, 40 mg* | PG | PA; QL (1 capsule per day, 90 day supply per 365 days) |
| *omeprazole oral capsule delayed release 20 mg* | PG | PA; Select OTC; QL (90 capsules per 365 days) |
| *omeprazole oral tablet delayed release 20 mg* | PG | Select OTC |
| *omeprazole-sodium bicarbonate oral capsule 20-1100 mg* | PG | PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days) |
| *omeprazole-sodium bicarbonate oral capsule 40-1100 mg* | NF | |
| *omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *pantoprazole sodium oral packet 40 mg* | NF | |
| *pantoprazole sodium oral tablet delayed release 20 mg, 40 mg* | PG | PA; QL (1 tablet per day, 90 day supply 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*) | NF | # |
| prilosec otc oral tablet delayed release 20 mg (*omeprazole magnesium*) | PG | Select OTC |
| protonix intravenous solution reconstituted 40 mg (*pantoprazole sodium*) | NP | |
| protonix oral tablet delayed release 20 mg, 40 mg (*pantoprazole sodium*) | NF | |
| *rabeprazole sodium oral capsule sprinkle 10 mg* | NP | PA; ST; QL (1 capsule per day, 90 day supply per 365 days) |
| *rabeprazole sodium oral tablet delayed release 20 mg* | PG | PA; QL (1 tablet per day, 90 day supply per 365 days) |
| zegerid oral capsule 40-1100 mg (*omeprazole-sodium bicarbonate*) | NF | |
| zegerid oral packet 20-1680 mg, 40-1680 mg (*omeprazole-sodium bicarbonate*) | NF | |
| **RECTAL,CORTICOSTEROIDS** | | |
| analpram-hc external cream 1-1 % (*hydrocortisone ace-pramoxine*) | NF | |
| anusol-hc external cream 2.5 % (*hydrocortisone*) | NP | |
| *hydrocortisone ace-pramoxine external cream 1-1 %* | PG | |
| proctocort external cream 1 % (*hydrocortisone*) | NF | |
| proctofoam hc external foam 1-1 % (*hydrocortisone ace-pramoxine*) | NP | ST; QL (20 grams per 30 days) |
| *hydrocortisone* (Procto-Pak External Cream 1 %) | PG | |
| *hydrocortisone* (Proctozone-Hc External Cream 2.5 %) | PG | |
| rectiv rectal ointment 0.4 % (*nitroglycerin*) | NP | QL (1 tube per 1 fill) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ULCER THERAPY COMBINATIONS** | | |
| *amoxicill-clarithro-lansopraz oral* | PG | |
| omeclamox-pak oral 500-500-20 mg (*amoxicill-clarithro-omeprazole*) | NP | |
| talicia oral capsule delayed release 250-12.5-10 mg (*amoxicill-rifabutin-omeprazole*) | NP | |
| **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS** | | |
| **BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | PG | QL (1 tablet per 1 day) |
| avodart oral capsule 0.5 mg (*dutasteride*) | NP | QL (1 capsule per 1 day) |
| cardura xl oral tablet extended release 24 hour 4 mg, 8 mg (*doxazosin mesylate*) | NP | QL (1 tablet per 1 day) |
| *dutasteride oral capsule 0.5 mg* | PG | QL (1 capsule per 1 day) |
| *dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg* | PG | |
| *finasteride oral tablet 5 mg* | PG | |
| flomax oral capsule 0.4 mg (*tamsulosin hcl*) | NP | |
| jalyn oral capsule 0.5-0.4 mg (*dutasteride-tamsulosin hcl*) | NF | |
| proscar oral tablet 5 mg (*finasteride*) | NP | |
| 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 | |
| uroxatral oral tablet extended release 24 hour 10 mg (*alfuzosin hcl*) | NF | |
| **CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL** | | |
| phexxi vaginal gel 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*) | NF | |
| today sponge vaginal 1000 mg (*nonoxynol-9*) | CE | N2 (Not Covered) |
| **ERECTILE DYSFUNCTION** | | |
| *tadalafil oral tablet 2.5 mg* | PG | PA; QL (1 tablet per 1 day) |
| *tadalafil oral tablet 5 mg* | PG | PA |
| **MISCELLANEOUS** | | |
| *acetic acid irrigation solution 0.25 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *argyle sterile saline irrigation solution 0.9 %* | PG | |
| elmiron oral capsule 100 mg (*pentosan polysulfate sodium*) | NF | |
| lithostat oral tablet 250 mg (*acetohydroxamic acid*) | NF | |
| *neomycin-polymyxin b gu irrigation solution 40-200000* | PG | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)* | PG | |
| *potassium citrate-citric acid oral solution 1100-334 mg/5ml* | PG | |
| procysbi oral capsule delayed release 25 mg, 75 mg (*cysteamine bitartrate*) | NF | |
| procysbi oral packet 300 mg, 75 mg (*cysteamine bitartrate*) | NF | |
| renacidin irrigation solution (*citric ac-gluconolact-mg carb*) | PB | |
| *sodium chloride irrigation solution 0.9 %* | PG | |
| thiola ec oral tablet delayed release 100 mg, 300 mg (*tiopronin*) | NF | |
| *tiopronin oral tablet 100 mg* | PSP | PA; SP |
| urocit-k 10 oral tablet extended release 10 meq (1080 mg) (*potassium citrate*) | NP | |
| urocit-k 15 oral tablet extended release 15 meq (1620 mg) (*potassium citrate*) | NP | |
| urocit-k 5 oral tablet extended release 5 meq (540 mg) (*potassium citrate*) | NF | |
| **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| endometrin vaginal insert 100 mg (*progesterone*) | NP | # |
| **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE** | | |
| *darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg* | NP | QL (1 tablet per 1 day) |
| detrol la oral capsule extended release 24 hour 2 mg, 4 mg (*tolterodine tartrate*) | NF | |
| detrol oral tablet 1 mg, 2 mg (*tolterodine tartrate*) | NP | ST |
| ditropan xl oral tablet extended release 24 hour 10 mg (*oxybutynin chloride*) | NP | ST; QL (2 tablets per 1 day) |
| ditropan xl oral tablet extended release 24 hour 5 mg (*oxybutynin chloride*) | NP | ST; QL (1 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| enablex oral tablet extended release 24 hour 15 mg (*darifenacin hydrobromide*) | NP | ST; QL (1 tablet per 1 DAYS) |
| gelnique transdermal gel 10 % (*oxybutynin chloride*) | NF | |
| myrbetriq oral tablet extended release 24 hour 25 mg (*mirabegron*) | PB | QL (1 tablet per 1 day) |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg* | PG | QL (2 tablets per 1 day) |
| *oxybutynin chloride er oral tablet extended release 24 hour 5 mg* | PG | QL (1 tablet per 1 day) |
| *oxybutynin chloride oral syrup 5 mg/5ml* | PG | |
| *oxybutynin chloride oral tablet 5 mg* | PG | QL (4 tablets per 1 day) |
| *solifenacin succinate oral tablet 10 mg, 5 mg* | PG | QL (1 tablet per 1 day) |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | PG | QL (1 capsule per 1 day) |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | PG | |
| toviaz oral tablet extended release 24 hour 4 mg, 8 mg (*fesoterodine fumarate*) | PB | #; QL (1 tablet per 1 day) |
| *trospium chloride er oral capsule extended release 24 hour 60 mg* | PG | QL (1 capsule per 1 day) |
| *trospium chloride oral tablet 20 mg* | PG | QL (2 tablets per 1 day) |
| vesicare ls oral suspension 5 mg/5ml (*solifenacin succinate*) | NP | |
| vesicare oral tablet 10 mg, 5 mg (*solifenacin succinate*) | NF | |
| **VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS** | | |
| cleocin vaginal cream 2 % (*clindamycin phosphate*) | NP | |
| cleocin vaginal suppository 100 mg (*clindamycin phosphate*) | NP | |
| *clindamycin phosphate vaginal cream 2 %* | PG | |
| gynazole-1 vaginal cream 2 % (*butoconazole nitrate (1 dose)*) | NP | |
| *metronidazole vaginal gel 0.75 %* | PG | |
| *miconazole 3 vaginal suppository 200 mg* | NP | |
| nuvessa vaginal gel 1.3 % (*metronidazole*) | NF | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | PG | |
| *terconazole vaginal suppository 80 mg* | PG | |
| *vandazole vaginal gel 0.75 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS** | | |
| **ANTICOAGULANTS - BLOOD THINNERS** | | |
| arixtra subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml (*fondaparinux sodium*) | NP | QL (30 injections per 30 days) |
| eliquis oral tablet 2.5 mg (*apixaban*) | PB | QL (60 tablets per 30 days) |
| eliquis oral tablet 5 mg (*apixaban*) | PB | QL (75 tablets per 30 days) |
| *enoxaparin sodium injection solution 300 mg/3ml* | PG | QL (2 syringes per 1 day) |
| *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 | QL (2 syringes per 1 day) |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | NP | QL (2 syringes per 1 day) |
| 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 | |
| *heparin sodium (porcine) pf injection solution 5000 unit/ml* | NF | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | PG | LGC |
| lovenox injection solution 300 mg/3ml (*enoxaparin sodium*) | NP | QL (2 syringes per 1 day) |
| lovenox subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml (*enoxaparin sodium*) | NP | QL (2 syringes per 1 day) |
| 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, 20 mg (*rivaroxaban*) | PB | QL (1 tablet per 1 day) |
| xarelto oral tablet 15 mg, 2.5 mg (*rivaroxaban*) | PB | QL (2 tablets per 1 day) |
| xarelto starter pack oral tablet therapy pack 15 & 20 mg (*rivaroxaban*) | PB | QL (1 pack per 365 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTI-VON WILLEBRAND FACTOR AGENTS** | | |
| cablivi injection kit 11 mg (*caplacizumab-yhdp*) | NPSP | PA; NPL; SP; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime) |
| **BLEEDING DISORDERS AGENTS** | | |
| alphanate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit (*antihemophilic factor-vwf*) | NPSP | PA; NPL; SP |
| humate-p intravenous solution reconstituted 1000-2400 unit, 500-1200 unit (*antihemophilic factor-vwf*) | NPSP | PA; NPL; SP |
| novoseven rt intravenous solution reconstituted 1 mg, 2 mg, 5 mg, 8 mg (*coagulation factor viia recomb*) | PSP | PA; NPL; SP |
| sevenfact intravenous solution reconstituted 1 mg, 5 mg (*coagulation factor viia-jncw*) | NF | |
| wilate intravenous kit 1000-1000 unit, 500-500 unit (*antihemophilic factor-vwf*) | NF | |
| **HEMATOPOIETIC GROWTH FACTORS** | | |
| aranesp (albumin free) injection solution 100 mcg/ml, 200 mcg/ml, 25 mcg/ml, 300 mcg/ml, 40 mcg/ml, 60 mcg/ml (*darbepoetin alfa*) | PSP | PA; NPL; SP |
| aranesp (albumin free) injection solution prefilled syringe 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 25 mcg/0.42ml, 300 mcg/0.6ml, 40 mcg/0.4ml, 500 mcg/ml, 60 mcg/0.3ml (*darbepoetin alfa*) | PSP | PA; NPL; SP |
| doptelet oral tablet 20 mg (*avatrombopag maleate*) | PSP | PA; SP; QL (3 /day for 5 days per 30 days) |
| epogen injection solution 10000 unit/ml, 2000 unit/ml, 20000 unit/ml, 3000 unit/ml, 4000 unit/ml (*epoetin alfa*) | NF | |
| 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 | |
| mircera injection solution prefilled syringe 100 mcg/0.3ml, 200 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml (*methoxy peg-epoetin beta*) | NPSP | PA; NPL |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| mircera injection solution prefilled syringe 150 mcg/0.3ml, 30 mcg/0.3ml (*methoxy peg-epoetin beta*) | NPSP | PA; NPL; SP |
| mulpleta oral tablet 3 mg (*lusutrombopag*) | PSP | PA; SP; QL (1 /day for 7 days per 30 days) |
| neulasta onpro subcutaneous prefilled syringe kit 6 mg/0.6ml (*pegfilgrastim*) | NF | |
| neulasta subcutaneous solution prefilled syringe 6 mg/0.6ml (*pegfilgrastim*) | NF | |
| 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; NPL; SP |
| nivestym injection solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (*filgrastim-aafi*) | PSP | PA; NPL; SP |
| nplate subcutaneous solution reconstituted 125 mcg (*romiplostim*) | NPSP | PA; SP |
| nplate subcutaneous solution reconstituted 250 mcg, 500 mcg (*romiplostim*) | NPSP | SP |
| nyvepria subcutaneous solution prefilled syringe 6 mg/0.6ml (*pegfilgrastim-apgf*) | 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; SP; QL (4 packets per 1 day) |
| promacta oral packet 25 mg (*eltrombopag olamine*) | NPSP | PA; SP; QL (180 packets per 30 days) |
| promacta oral tablet 12.5 mg, 25 mg (*eltrombopag olamine*) | NPSP | PA; SP; QL (1 tablet per 1 day) |
| promacta oral tablet 50 mg, 75 mg (*eltrombopag olamine*) | NPSP | PA; SP; QL (2 tablets per 1 day) |
| retacrit injection solution 10000 unit/ml, 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 40000 unit/ml (*epoetin alfa-epbx*) | PSP | PA; NPL; SP |
| udenyca subcutaneous solution prefilled syringe 6 mg/0.6ml (*pegfilgrastim-cbqv*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| zarxio injection solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (*filgrastim-sndz*) | NF | |
| ziextenzo subcutaneous solution prefilled syringe 6 mg/0.6ml (*pegfilgrastim-bmez*) | PSP | PA; NPL; SP; QL (2 injections per 1 month) |
| **HEMOPHILIA A AGENTS** | | |
| advate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 4000 unit, 500 unit (*antihemophil factor (rahf-pfm)*) | PSP | PA; NPL; SP |
| adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit | NPSP | PA; NPL |
| adynovate intravenous solution reconstituted 1500 unit, 3000 unit, 750 unit | NPSP | PA; NPL; SP |
| afstyla intravenous kit 1000 unit, 1500 unit, 2000 unit, 250 unit, 2500 unit, 3000 unit, 500 unit (*antihemophil fact single chain*) | PSP | PA; NPL; SP |
| 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)*) | PSP | PA; NPL; SP |
| esperoct intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 3000 unit, 500 unit (*antihemoph fact rcmb gpeg-exei*) | PSP | PA; NPL; SP |
| hemofil m intravenous solution reconstituted 1000 unit, 1700 unit, 250 unit, 500 unit (*antihemophilic factor*) | NPSP | PA; NPL; SP |
| jivi intravenous solution reconstituted 1000 unit, 2000 unit, 3000 unit, 500 unit (*ahf (bdd-rfviii peg-aucl)*) | NPSP | PA; NPL; SP |
| koate intravenous solution reconstituted 1000 unit, 250 unit, 500 unit (*antihemophilic factor*) | NPSP | PA; NPL; SP |
| koate-dvi intravenous solution reconstituted 1000 unit, 500 unit (*antihemophilic factor*) | NPSP | PA; NPL; SP |
| kogenate fs intravenous kit 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit (*antihem factor recomb (rfviii)*) | NPSP | PA; NPL; SP |
| kovaltry intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit (*antihemophil factor (rahf-pfm)*) | NPSP | PA; NPL; SP |
| kovaltry intravenous solution reconstituted 3000 unit (*antihemophil factor (rahf-pfm)*) | NPSP | PA; NPL |
| novoeight intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit (*antihemophil fact bd truncated*) | NPSP | PA; NPL; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| novoeight intravenous solution reconstituted 1500 unit, 3000 unit (*antihemophil fact bd truncated*) | NF | |
| nuwiq intravenous kit 1000 unit, 2000 unit, 250 unit, 500 unit (*antihem fact (bdd-rfviii,sim)*) | NPSP | PA; NPL; SP |
| nuwiq intravenous kit 2500 unit, 3000 unit, 4000 unit (*antihem fact (bdd-rfviii,sim)*) | NP | PA; NPL; SP |
| nuwiq intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit (*antihem fact (bdd-rfviii,sim)*) | NPSP | PA; NPL; SP |
| nuwiq intravenous solution reconstituted 2500 unit, 3000 unit, 4000 unit (*antihem fact (bdd-rfviii,sim)*) | NP | PA; NPL; SP |
| *obizur intravenous solution reconstituted 500 unit* | NF | |
| recombinate intravenous solution reconstituted 1241-1800 unit, 1801-2400 unit, 220-400 unit, 401-800 unit, 801-1240 unit (*antihem factor recomb (rfviii)*) | NPSP | PA; NPL; SP |
| xyntha intravenous kit 1000 unit, 2000 unit, 250 unit, 500 unit (*antihem fact (bdd-rfviii,mor)*) | NPSP | PA; NPL; SP |
| xyntha solofuse intravenous kit 1000 unit, 2000 unit, 250 unit, 500 unit (*antihem fact (bdd-rfviii,mor)*) | NF | |
| xyntha solofuse intravenous kit 3000 unit (*antihem fact (bdd-rfviii,mor)*) | NPSP | PA; NPL; SP |
| **HEMOPHILIA B AGENTS** | | |
| alphanine sd intravenous solution reconstituted 1000 unit, 1500 unit, 500 unit (*coagulation factor ix*) | NPSP | PA; NPL; SP |
| alprolix intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 4000 unit, 500 unit (*coagulation factor ix (rfixfc)*) | NF | |
| benefix intravenous kit 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit (*coagulation factor ix (recomb)*) | PSP | PA; NPL; SP |
| coagadex intravenous solution reconstituted 250 unit, 500 unit (*coagulation factor x (human)*) | NPSP | PA; NPL |
| corifact intravenous kit 1000-1600 unit (*factor xiii concentrate human*) | NPSP | PA; NPL; SP |
| fibryga intravenous solution reconstituted (*fibrinogen concentrate (human)*) | PSP | PA; NPL; SP |
| idelvion intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3500 unit, 500 unit (*coagulation factor ix (rix-fp)*) | NPSP | PA; NPL; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ixinity intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit (*coagulation factor ix (recomb)*) | NPSP | PA; NPL; SP |
| mononine intravenous solution reconstituted 1000 unit (*coagulation factor ix*) | PSP | PA; NPL; SP |
| profilnine intravenous solution reconstituted 1000 unit, 500 unit (*factor ix complex*) | NPSP | PA; NPL; SP |
| profilnine intravenous solution reconstituted 1500 unit (*factor ix complex*) | NPSP | PA; NPL |
| rebinyn intravenous solution reconstituted 1000 unit, 2000 unit, 500 unit (*coagulation factor ix glycopeg*) | NPSP | PA; NPL; SP |
| riastap intravenous solution reconstituted (*fibrinogen concentrate (human)*) | NPSP | PA; NPL; SP |
| rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit | NPSP | PA; NPL; SP |
| tretten intravenous solution reconstituted 2000-3125 unit (*coagulation factor xiii a-sub*) | NPSP | PA; NPL; SP |
| vonvendi intravenous solution reconstituted 1300 unit, 650 unit (*von willebrand factor (recomb)*) | NF | |
| **MISCELLANEOUS** | | |
| alaway childrens allergy ophthalmic solution 0.025 % (*ketotifen fumarate*) | PG | Select OTC |
| *alaway ophthalmic solution 0.025 %* | PG | Select OTC |
| alcaine ophthalmic solution 0.5 % (*proparacaine hcl*) | NP | |
| *altafrin ophthalmic solution 10 %* | PG | |
| amicar oral solution 0.25 gm/ml (*aminocaproic acid*) | NF | |
| amicar oral tablet 1000 mg, 500 mg (*aminocaproic acid*) | PB | |
| *aminocaproic acid oral solution 0.25 gm/ml* | PG | |
| *aminocaproic acid oral tablet 1000 mg, 500 mg* | PG | |
| *anagrelide hcl oral capsule 0.5 mg, 1 mg* | PG | |
| *atropine sulfate ophthalmic ointment 1 %* | NP | |
| *atropine sulfate ophthalmic solution 1 %* | NP | |
| beovu intravitreal solution 6 mg/0.05ml (*brolucizumab-dbll*) | NF | |
| berinert intravenous kit 500 unit (*c1 esterase inhibitor (human)*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| cequa ophthalmic solution 0.09 % (*cyclosporine*) | NF | |
| *cilostazol oral tablet 100 mg, 50 mg* | PG | |
| cinryze intravenous solution reconstituted 500 unit (*c1 esterase inhibitor (human)*) | NPSP | PA; ST; NPL; SP; QL (20 vials per 1 month) |
| claritin eye ophthalmic solution 0.025 % (*ketotifen fumarate*) | PG | Select OTC |
| corvite 150 oral tablet (*iron combinations*) | NF | |
| corvite fe oral tablet | NF | |
| cyclogyl ophthalmic solution 0.5 %, 2 % (*cyclopentolate hcl*) | NP | |
| cyclogyl ophthalmic solution 1 % (*cyclopentolate hcl*) | NF | |
| cyclomydril ophthalmic solution 0.2-1 % (*cyclopentolate-phenylephrine*) | NP | |
| *cyclopentolate hcl ophthalmic solution 0.5 %, 2 %* | PG | |
| cystadrops ophthalmic solution 0.37 % (*cysteamine hcl*) | NF | |
| cystaran ophthalmic solution 0.44 % (*cysteamine hcl*) | NPSP | PA; #; SP; QL (4 bottles per 1 month) |
| durlaza oral capsule extended release 24 hour 162.5 mg (*aspirin*) | NF | |
| endari oral packet 5 gm (*glutamine (sickle cell)*) | NP | PA; ST; QL (6 packets per 1 day) |
| *eye itch relief ophthalmic solution 0.025 %* | PG | Select OTC |
| firazyr subcutaneous solution 30 mg/3ml (*icatibant acetate*) | NPSP | PA; ST; NPL; SP; QL (6 syringes per 1 month) |
| flura-safe ophthalmic solution 0.35-0.4 % (*fluorexon-benoxinate*) | NP | |
| haegarda subcutaneous solution reconstituted 2000 unit, 3000 unit (*c1 esterase inhibitor (human)*) | PSP | PA; ST; NPL; SP; QL (20 vials per 1 month) |
| hemlibra subcutaneous solution 105 mg/0.7ml, 150 mg/ml, 30 mg/ml, 60 mg/0.4ml (*emicizumab-kxwh*) | NPSP | PA; NPL; SP |
| *icatibant acetate subcutaneous solution 30 mg/3ml* | PSP | PA; NPL; SP; QL (6 syringes per 1 month) |
| kalbitor subcutaneous solution 10 mg/ml (*ecallantide*) | NPSP | PA; ST; NPL; SP; QL (12 vials per 1 month) |
| *ketotifen fumarate ophthalmic solution 0.025 %* | PG | Select OTC |
| lacrisert ophthalmic insert 5 mg (*artificial tear insert*) | NF | |
| lysteda oral tablet 650 mg (*tranexamic acid*) | NP | QL (30 tablets per 1 fill) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| mozobil subcutaneous solution 24 mg/1.2ml (*plerixafor*) | NPSP | PA |
| mydriacyl ophthalmic solution 1 % (*tropicamide*) | NP | |
| niferex oral tablet (*iron combinations*) | NF | |
| nufera oral tablet (*iron combinations*) | NF | |
| orladeyo oral capsule 110 mg, 150 mg (*berotralstat hcl*) | NF | |
| oxbryta oral tablet 500 mg (*voxelotor*) | NF | |
| pataday ophthalmic solution 0.2 % (*olopatadine hcl*) | NP | |
| *pentoxifylline er oral tablet extended release 400 mg* | PG | |
| *phenylephrine hcl ophthalmic solution 2.5 %* | PG | |
| *proparacaine hcl ophthalmic solution 0.5 %* | NP | |
| restasis multidose ophthalmic emulsion 0.05 % (*cyclosporine*) | NF | |
| restasis ophthalmic emulsion 0.05 % (*cyclosporine*) | NF | |
| ruconest intravenous solution reconstituted 2100 unit (*c1 esterase inhibitor (recomb)*) | NPSP | PA; NPL; SP; QL (8 vials per 1 month) |
| siklos oral tablet 100 mg, 1000 mg (*hydroxyurea*) | NP | PA |
| takhzyro subcutaneous solution 300 mg/2ml (*lanadelumab-flyo*) | NPSP | PA; ST; NPL; SP; QL (2 vials per 28 days) |
| tavalisse oral tablet 100 mg, 150 mg (*fostamatinib disodium*) | NF | |
| *tranexamic acid oral tablet 650 mg* | NP | QL (30 tablets per 1 fill) |
| *tropicamide ophthalmic solution 0.5 %, 1 %* | NP | |
| upneeq ophthalmic solution 0.1 % (*oxymetazoline hcl*) | NF | |
| visudyne intravenous solution reconstituted 15 mg (*verteporfin*) | NPSP | PA; #; SP |
| zaditor ophthalmic solution 0.025 % (*ketotifen fumarate*) | PG | Select OTC |
| **PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS** | | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | PG | |
| *aspirin-omeprazole oral tablet delayed release 325-40 mg* | NF | |
| brilinta oral tablet 60 mg, 90 mg (*ticagrelor*) | PB | QL (2 tablets per 1 day) |
| *clopidogrel bisulfate oral tablet 300 mg, 75 mg* | PG | QL (1 tablet per 1 day) |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | PG | |
| effient oral tablet 10 mg (*prasugrel hcl*) | NP | PA; QL (1 tablet per 1 day) |
| plavix oral tablet 75 mg (*clopidogrel bisulfate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *prasugrel hcl oral tablet 10 mg, 5 mg* | NP | PA; QL (1 tablet per 1 day) |
| yosprala oral tablet delayed release 325-40 mg, 81-40 mg (*aspirin-omeprazole*) | NF | |
| zontivity oral tablet 2.08 mg (*vorapaxar sulfate*) | NF | |
| **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM** | | |
| **ALLERGENIC EXTRACTS** | | |
| grastek sublingual tablet sublingual 2800 bau (*timothy grass pollen allergen*) | PB | PA |
| *mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg, 550-550-550 mcg* | NPSP | |
| odactra sublingual tablet sublingual 12 sq-hdm (*dust mite mixed allergen ext*) | NP | PA |
| oralair adult starter pack sublingual tablet sublingual 300 ir (*grass mix pollens allergen ext*) | NP | PA; ST |
| oralair childrens starter pack sublingual tablet sublingual 100 ir (*grass mix pollens allergen ext*) | NP | PA |
| oralair sublingual tablet sublingual 300 ir (*grass mix pollens allergen ext*) | NP | 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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*) | NP | PA |
| venomil mixed vespid venom injection solution reconstituted 550-550-550 mcg (*mixed vespid venom*) | NPSP | |
| **BIOLOGIC DISEASE-MODIFYING AGENTS** | | |
| 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 | |
| avsola intravenous solution reconstituted 100 mg (*infliximab-axxq*) | NF | |
| 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 | |
| enbrel mini subcutaneous solution cartridge 50 mg/ml (*etanercept*) | PSP | PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 syringes per 28 days) |
| enbrel subcutaneous solution 25 mg/0.5ml (*etanercept*) | PSP | PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 vials per 28 days) |
| enbrel subcutaneous solution prefilled syringe 25 mg/0.5ml, 50 mg/ml (*etanercept*) | PSP | PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 syringes per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| enbrel subcutaneous solution reconstituted 25 mg (*etanercept*) | PSP | PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 vials per 28 days) |
| enbrel sureclick subcutaneous solution auto-injector 50 mg/ml (*etanercept*) | PSP | PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 injections per 28 days) |
| entyvio intravenous solution reconstituted 300 mg (*vedolizumab*) | NF | IBC (Available as NPSP with PA for Ulcerative Colitis) |
| humira pediatric crohns start subcutaneous prefilled syringe kit 80 mg/0.8ml (*adalimumab*) | PSP | PA; NPL; SP; QL (3 syringes per 1 month) |
| humira pediatric crohns start subcutaneous prefilled syringe kit 80 mg/0.8ml & 40mg/0.4ml (*adalimumab*) | PSP | PA; NPL; SP; QL (2 syringes per 1 month) |
| humira pen subcutaneous pen-injector kit 40 mg/0.4ml (*adalimumab*) | PSP | PA; NPL; SP; QL (6 syringes per 1 month) |
| humira pen subcutaneous pen-injector kit 40 mg/0.8ml (*adalimumab*) | PSP | PA; NPL; SP; QL (6 inections per 28 days) |
| humira pen subcutaneous pen-injector kit 80 mg/0.8ml (*adalimumab*) | PSP | PA; SP; QL (1 kit per 1 month) |
| humira pen-cd/uc/hs starter subcutaneous pen-injector kit 40 mg/0.8ml (*adalimumab*) | PSP | PA; NPL; SP; QL (6 inections per 28 days) |
| humira pen-cd/uc/hs starter subcutaneous pen-injector kit 80 mg/0.8ml (*adalimumab*) | PSP | PA; NPL; SP; QL (1 kit per 1 month) |
| humira pen-ps/uv/adol hs start subcutaneous pen-injector kit 40 mg/0.8ml (*adalimumab*) | PSP | PA; NPL; SP; QL (6 inections per 28 days) |
| humira pen-psor/uveit starter subcutaneous pen-injector kit 80 mg/0.8ml & 40mg/0.4ml (*adalimumab*) | PSP | PA; SP; QL (1 kit per 1 month) |
| humira subcutaneous prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml (*adalimumab*) | PSP | PA; NPL; SP; QL (2 syringes per 1 month) |
| humira subcutaneous prefilled syringe kit 40 mg/0.4ml (*adalimumab*) | PSP | PA; NPL; SP; QL (6 syringes per 1 month) |
| humira subcutaneous prefilled syringe kit 40 mg/0.8ml (*adalimumab*) | PSP | PA; NPL; SP; QL (6 inections per 28 days) |
| ilaris subcutaneous solution 150 mg/ml (*canakinumab*) | NPSP | PA; NPL; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| inflectra intravenous solution reconstituted 100 mg (*infliximab-dyyb*) | NF | |
| kevzara subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml (*sarilumab*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP; QL (2 injections per 1 month) |
| kevzara subcutaneous solution prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml (*sarilumab*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP; QL (2 injections per 1 month) |
| kineret subcutaneous solution prefilled syringe 100 mg/0.67ml (*anakinra*) | NF | |
| olumiant oral tablet 1 mg, 2 mg (*baricitinib*) | NF | |
| orencia clickject subcutaneous solution auto-injector 125 mg/ml (*abatacept*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 1 month) |
| orencia intravenous solution reconstituted 250 mg (*abatacept*) | NF | |
| orencia subcutaneous solution prefilled syringe 125 mg/ml (*abatacept*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 28 days) |
| orencia subcutaneous solution prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml (*abatacept*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 1 month) |
| remicade intravenous solution reconstituted 100 mg (*infliximab*) | PSP | PA; NPL; SP; QL (10 vials per 28 days) |
| renflexis intravenous solution reconstituted 100 mg (*infliximab-abda*) | NF | |
| rinvoq oral tablet extended release 24 hour 15 mg (*upadacitinib*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP; QL (1 tablet per 1 day) |
| simponi aria intravenous solution 50 mg/4ml (*golimumab*) | PSP | PA; NPL; SP; QL (200 MG per 8 weeks) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 | |
| skyrizi (150 mg dose) subcutaneous prefilled syringe kit 75 mg/0.83ml (*risankizumab-rzaa*) | PSP | PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (2 injections per 84 days) |
| skyrizi pen subcutaneous solution auto-injector 150 mg/ml (*risankizumab-rzaa*) | PSP | PA; SP; QL (1 syringe per 84 days) |
| skyrizi subcutaneous solution prefilled syringe 150 mg/ml (*risankizumab-rzaa*) | PSP | PA; SP; QL (1 syringe per 84 days) |
| stelara intravenous solution 130 mg/26ml (*ustekinumab*) | PSP | PA; NPL; SP; QL (4 vials per 56 days) |
| stelara subcutaneous solution 45 mg/0.5ml (*ustekinumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); NPL; SP; QL (2 vials per 90 days) |
| stelara subcutaneous solution prefilled syringe 45 mg/0.5ml (*ustekinumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); NPL; SP; QL (2 syringes per 90 days) |
| stelara subcutaneous solution prefilled syringe 90 mg/ml (*ustekinumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); NPL; SP; QL (1 syringe per 56 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| taltz subcutaneous solution auto-injector 80 mg/ml (*ixekizumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP; QL (1 syringe per 1 month) |
| taltz subcutaneous solution prefilled syringe 80 mg/ml (*ixekizumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP; QL (1 syringe per 1 month) |
| tremfya subcutaneous solution pen-injector 100 mg/ml (*guselkumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); NPL; SP; QL (1 injection per 8 weeks) |
| tremfya subcutaneous solution prefilled syringe 100 mg/ml (*guselkumab*) | PSP | PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); NPL; SP; QL (1 injection per 56 days) |
| xeljanz oral solution 1 mg/ml (*tofacitinib citrate*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP; QL (240 ML per 24 days) |
| xeljanz oral tablet 10 mg, 5 mg (*tofacitinib citrate*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP; QL (2 tablets per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| xeljanz xr oral tablet extended release 24 hour 11 mg, 22 mg (*tofacitinib citrate*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP; QL (1 tablet per 1 day) |
| **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS** | | |
| arava oral tablet 10 mg, 20 mg (*leflunomide*) | NP | QL (1 TABS per 1 DAYS) |
| *hydroxychloroquine sulfate oral tablet 200 mg* | PG | |
| *leflunomide oral tablet 10 mg, 20 mg* | PG | QL (1 tablet per 1 day) |
| otezla oral tablet 30 mg (*apremilast*) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (2 TABS per 1 DAYS) |
| otezla oral tablet therapy pack 10 & 20 & 30 mg (*apremilast*) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (1 pack per 28 days 1 max starter pack per 1 year) |
| 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 | |
| plaquenil oral tablet 200 mg (*hydroxychloroquine sulfate*) | NP | |
| 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)*) | NPSP | ST; SP; QL (4 injections per 1 month) |
| reditrex subcutaneous solution prefilled syringe 10 mg/0.4ml, 12.5 mg/0.5ml, 15 mg/0.6ml, 17.5 mg/0.7ml, 20 mg/0.8ml, 22.5 mg/0.9ml, 25 mg/ml, 7.5 mg/0.3ml (*methotrexate (anti-rheumatic)*) | NF | |
| **IMMUNOGLOBULIN** | | |
| 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; NPL; SP |
| cutaquig subcutaneous solution 1 gm/6ml, 1.65 gm/10ml, 2 gm/12ml, 3.3 gm/20ml, 4 gm/24ml, 8 gm/48ml (*immune globulin (human)-hipp*) | PSP | PA; NPL |
| cuvitru subcutaneous solution 1 gm/5ml, 10 gm/50ml, 2 gm/10ml, 4 gm/20ml, 8 gm/40ml (*immune globulin (human)*) | NF | |
| 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)*) | PSP | PA; NPL; SP |
| gamastan intramuscular injectable (*immune globulin (human)*) | NPSP | SP |
| 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; NPL; SP |
| gammagard s/d less iga intravenous solution reconstituted 10 gm, 5 gm (*immune globulin (human)*) | NPSP | PA; NPL; SP |
| gammaked injection solution 10 gm/100ml, 20 gm/200ml, 5 gm/50ml (*immune globulin (human)*) | NPSP | PA; NPL; SP |
| gammaplex intravenous solution 10 gm/100ml, 10 gm/200ml, 20 gm/200ml, 20 gm/400ml, 5 gm/100ml, 5 gm/50ml (*immune globulin (human)*) | PSP | PA; NPL; SP |
| gamunex-c injection solution 1 gm/10ml, 10 gm/100ml, 2.5 gm/25ml, 20 gm/200ml, 5 gm/50ml (*immune globulin (human)*) | PSP | PA; NPL; SP |
| gamunex-c injection solution 40 gm/400ml (*immune globulin (human)*) | NPSP | PA; NPL; SP |
| hizentra subcutaneous solution 1 gm/5ml, 10 gm/50ml, 2 gm/10ml, 4 gm/20ml (*immune globulin (human)*) | PSP | PA; NPL; SP |
| hizentra subcutaneous solution prefilled syringe 1 gm/5ml, 2 gm/10ml, 4 gm/20ml (*immune globulin (human)*) | NPSP | PA; SP |
| hyperrab injection solution 1500 unit/5ml, 300 unit/ml (*rabies immune globulin*) | NPSP | SP |
| 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 | SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| hypertet s/d intramuscular injectable 250 unit/ml (*tetanus immune globulin*) | PSP | SP |
| 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 300 unit/2ml (*rabies immune globulin*) | PSP | |
| *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 | SP |
| octagam intravenous solution 1 gm/20ml, 10 gm/100ml, 10 gm/200ml, 2 gm/20ml, 2.5 gm/50ml, 20 gm/200ml, 25 gm/500ml, 5 gm/100ml, 5 gm/50ml (*immune globulin (human)*) | PSP | PA; NPL; SP |
| octagam intravenous solution 30 gm/300ml (*immune globulin (human)*) | NPSP | PA; NPL; SP |
| panzyga intravenous solution 1 gm/10ml, 10 gm/100ml, 2.5 gm/25ml, 20 gm/200ml, 30 gm/300ml, 5 gm/50ml (*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; NPL; SP |
| rhogam ultra-filtered plus intramuscular solution prefilled syringe 1500 unit (*rho d immune globulin*) | NPSP | SP |
| rhophylac injection solution prefilled syringe 1500 unit/2ml (*rho d immune globulin*) | NPSP | SP |
| winrho sdf injection solution 1500 unit/1.3ml, 15000 unit/13ml, 2500 unit/2.2ml, 5000 unit/4.4ml (*rho d immune globulin*) | NP | SP |
| xembify subcutaneous solution 1 gm/5ml, 10 gm/50ml, 2 gm/10ml, 4 gm/20ml (*immune globulin (human)-klhw*) | NF | |
| **IMMUNOMODULATORS** | | |
| actimmune subcutaneous solution 2000000 unit/0.5ml (*interferon gamma-1b*) | NPSP | PA; SP |
| arcalyst subcutaneous solution reconstituted 220 mg (*rilonacept*) | NPSP | PA; SP; QL (8 vials per 28 days) |
| intron a injection solution 10000000 unit/ml, 6000000 unit/ml (*interferon alfa-2b*) | NP | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| intron a injection solution reconstituted 10000000 unit, 18000000 unit, 50000000 unit (*interferon alfa-2b*) | NP | PA; SP |
| pomalyst oral capsule 1 mg, 2 mg, 3 mg, 4 mg (*pomalidomide*) | CE | PA; #; SP; N2 (NPSP); QL (21 capsules per 1 month) |
| revlimid oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg (*lenalidomide*) | CE | PA; #; SP; N2 (NPSP); QL (1 capsule per 1 day) |
| revlimid oral capsule 20 mg, 25 mg (*lenalidomide*) | CE | PA; #; SP; N2 (NPSP); QL (21 capsules per 1 month) |
| thalomid oral capsule 100 mg, 150 mg, 200 mg, 50 mg (*thalidomide*) | PB | PA; #; SP |
| **IMMUNOSUPPRESSANTS** | | |
| astagraf xl oral capsule extended release 24 hour 0.5 mg, 1 mg (*tacrolimus*) | NF | |
| astagraf xl oral capsule extended release 24 hour 5 mg (*tacrolimus*) | NF | # |
| azasan oral tablet 100 mg, 75 mg (*azathioprine*) | NP | |
| *azathioprine oral tablet 50 mg* | PG | |
| benlysta intravenous solution reconstituted 120 mg, 400 mg (*belimumab*) | NPSP | PA; NPL; SP |
| cellcept intravenous intravenous solution reconstituted 500 mg (*mycophenolate mofetil hcl*) | NPSP | |
| 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 | |
| *cyclosporine intravenous solution 50 mg/ml* | PG | SP |
| *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 | |
| 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 | |
| *gengraf oral capsule 100 mg, 25 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *gengraf oral solution 100 mg/ml* | PG | |
| imuran oral tablet 50 mg (*azathioprine*) | NP | |
| lupkynis oral capsule 7.9 mg (*voclosporin*) | NF | |
| *mycophenolate mofetil oral capsule 250 mg* | PG | SP |
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | PG | SP |
| *mycophenolate mofetil oral tablet 500 mg* | PG | SP |
| myfortic oral tablet delayed release 180 mg, 360 mg (*mycophenolate sodium*) | NF | |
| neoral oral capsule 100 mg, 25 mg (*cyclosporine modified*) | NPSP | SP |
| neoral oral solution 100 mg/ml (*cyclosporine modified*) | NP | SP |
| 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 | |
| sandimmune intravenous solution 50 mg/ml (*cyclosporine*) | NPSP | SP |
| sandimmune oral capsule 100 mg (*cyclosporine*) | NPSP | SP |
| sandimmune oral solution 100 mg/ml (*cyclosporine*) | NPSP | SP |
| *sirolimus oral solution 1 mg/ml* | PSP | SP |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | PG | SP |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | PG | SP |
| zortress oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (*everolimus*) | NF | |
| **VACCINES** | | |
| adacel intramuscular suspension 5-2-15.5 lf-mcg/0.5 (*tetanus-diphth-acell pertussis*) | PB | |
| **MEDICAL DEVICES** | | |
| **CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL** | | |
| caya vaginal diaphragm (*diaphragm arc-spring*) | CE | N2 (NP); QL (1 diaphragm per 300 days) |
| fc2 female condom (*condoms - female*) | CE | N2 (Not Covered) |
| femcap vaginal device 22 mm, 26 mm, 30 mm (*cervical caps*) | CE | N2 (NP); QL (1 device per 300 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| omniflex diaphragm vaginal diaphragm (*diaphragms*) | CE | N2 (NP); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 60 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 65 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 70 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 75 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 80 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 85 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 90 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| wide-seal diaphragm 95 vaginal diaphragm 2 % (*diaphragm wide seal*) | CE | N2 (PB); QL (1 diaphragm per 300 days) |
| **DIABETIC SUPPLIES** | | |
| accu-chek aviva plus in vitro strip (*glucose blood*) | PB | QL (10 strips per 1 day) |
| accu-chek compact plus in vitro strip (*glucose blood*) | PB | QL (10 strips per 1 day) |
| accu-chek fastclix lancet kit (*lancets misc.*) | NP | QL (1 kit per 365 days) |
| accu-chek fastclix lancets (*lancets*) | NP | |
| accu-chek guide in vitro strip (*glucose blood*) | PB | QL (10 strips per 1 day) |
| accu-chek multiclix lancets (*lancets*) | NP | |
| accu-chek safe-t pro lancets (*lancets*) | NP | |
| accu-chek smartview in vitro strip (*glucose blood*) | PB | QL (10 strips per 1 day) |
| accu-chek softclix lancet dev kit (*lancets misc.*) | NP | QL (1 kit per 365 days) |
| accu-chek softclix lancets (*lancets*) | NP | |
| 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 duo device (*blood glucose-bp monitor*) | NP | QL (1 meter per 1 year) |
| advocate redi-code in vitro strip (*glucose blood*) | NF | |
| advocate redi-code+ test in vitro strip (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 | |
| *alcohol swabs pad* | NP | |
| 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 | |
| assure pro test in vitro strip (*glucose blood*) | NF | |
| bd autoshield 29g x 5mm , 29g x 8mm (*insulin pen needle*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd insulin syringe 25g x 1" 1 ml, 25g x 5/8" 1 ml, 26g x 1/2" 1 ml, 27.5g x 5/8" 2 ml, 27g x 1/2" 1 ml, 29g x 1/2" 1 ml (*insulin syringe-needle u-100*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd insulin syringe microfine 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml (*insulin syringe-needle u-100*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd insulin syringe u/f 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml (*insulin syringe-needle u-100*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd insulin syringe u-100 1 ml (*insulin syringes (disposable)*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd insulin syringe u-500 31g x 6mm 0.5 ml (*insulin syringe/needle u-500*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd insulin syringe ultrafine 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 31g x 5/16" 0.5 ml (*insulin syringe-needle u-100*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd lancet ultrafine 30g (*lancets*) | NP | |
| bd lancet ultrafine 33g (*lancets*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| bd microtainer lancets (*lancets*) | NP | |
| bd pen (*injection device for insulin*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd pen mini (*injection device for insulin*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd pen needle mini u/f 31g x 5 mm (*insulin pen needle*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd pen needle nano u/f 32g x 4 mm (*insulin pen needle*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd pen needle original u/f 29g x 12.7mm (*insulin pen needle*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd pen needle short u/f 31g x 8 mm (*insulin pen needle*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd safetyglide insulin syringe 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml (*insulin syringe-needle u-100*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| bd safety-lok insulin syringe 29g x 1/2" 1 ml (*insulin syringe-needle u-100*) | PB | UF13 (BD syringes and needles are the only preferred options) |
| 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 | |
| chemstrip k in vitro strip (*acetone (urine) test*) | NP | |
| clever chek auto-code device (*blood glucose-bp monitor*) | NP | QL (1 meter per 1 year) |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| clever choice no coding in vitro strip (*glucose blood*) | NF | |
| clever choice talk system in vitro strip (*glucose blood*) | NF | |
| coaguchek lancets (*lancets*) | NP | |
| *comfort assured lancets 28g* | NP | |
| *comfort assured lancets 33g* | NP | |
| 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 | |
| *cvs glucose meter test strips in vitro strip* | NP | |
| d-care blood glucose in vitro strip (*glucose blood*) | NF | |
| 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 receiver device (*continuous blood gluc receiver*) | PB | |
| dexcom g5 mobile transmitter (*continuous blood gluc transmit*) | PB | |
| dexcom g5 receiver kit device (*continuous blood gluc receiver*) | PB | |
| dexcom g6 receiver device (*continuous blood gluc receiver*) | PB | |
| dexcom g6 sensor (*continuous blood gluc sensor*) | PB | |
| dexcom g6 transmitter (*continuous blood gluc transmit*) | PB | |
| diathrive blood 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| easy step test in vitro strip (*glucose blood*) | NF | |
| *easy talk blood glucose test in vitro strip* | NF | |
| 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 touch test in vitro strip (*glucose blood*) | NF | |
| *easy trak blood glucose test in vitro strip* | NF | |
| *easy trak ii glucose test in vitro strip* | NP | ST; QL (10 strips per 1 day) |
| easygluco 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 | |
| enlite glucose sensor (*continuous blood gluc sensor*) | NF | |
| *eq blood glucose test in vitro strip* | NF | |
| evolution autocode in vitro strip (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| exactech r-s-g test in vitro strip (*glucose blood*) | NF | |
| exactech test in vitro strip (*glucose blood*) | NF | |
| fifty50 glucose test 2.0 in vitro strip (*glucose blood*) | NF | |
| fingerstix lancets (*lancets*) | NP | |
| fora blood glucose test in vitro strip (*glucose blood*) | NF | |
| fora d10 2-in-1 monitor device (*blood glucose-bp monitor*) | NP | QL (1 meter per 1 year) |
| fora d15g 2-in-1 monitor device (*blood glucose-bp monitor*) | NP | QL (1 meter per 1 year) |
| fora d15g blood glucose test in vitro strip (*glucose blood*) | NF | |
| fora d20 2-in-1 monitor device (*blood glucose-bp monitor*) | NP | QL (1 meter per 1 year) |
| 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 lancets (*lancets*) | NP | |
| freestyle libre 14 day reader device (*continuous blood gluc receiver*) | NF | |
| freestyle libre 14 day sensor (*continuous blood gluc sensor*) | NF | |
| freestyle libre 2 reader device (*continuous blood gluc receiver*) | NP | |
| freestyle libre 2 sensor (*continuous blood gluc sensor*) | NP | ST |
| freestyle lite test in vitro strip (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| freestyle precision neo test in vitro strip (*glucose blood*) | NF | |
| freestyle test in vitro strip (*glucose blood*) | NF | |
| freestyle unistick ii lancets (*lancets*) | NP | |
| *ge100 blood glucose test in vitro strip* | NF | |
| genultimate test in vitro strip (*glucose blood*) | NF | |
| *ght test in vitro strip* | NF | |
| glucagen diagnostic injection solution reconstituted 1 mg (*glucagon hcl rdna (diagnostic)*) | PB | QL (1 vial per 1 fill) |
| 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 control in vitro solution , normal* | NP | |
| *glucose meter test in vitro strip* | NF | |
| *gnp easy touch glucose test in vitro strip* | NF | |
| gojji blood glucose test in vitro strip (*glucose blood*) | NP | QL (10 strips per 1 day) |
| *goodsense blood glucose in vitro strip* | NF | |
| guardian connect transmitter (*continuous blood gluc transmit*) | NF | |
| guardian link 3 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 | |
| *guardian sensor 3* | 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *insulin syringe-needle u-100 30g x 5/16" 1 ml* | NF | |
| *ketone test in vitro strip* | NP | |
| ketostix in vitro strip (*acetone (urine) test*) | NP | |
| *kroger blood glucose test in vitro strip* | NF | |
| kroger healthpro glucose test in vitro strip (*glucose blood*) | NF | |
| *kroger premium glucose test in vitro strip* | NF | |
| *kroger test in vitro strip* | NF | |
| *lancets* | NP | |
| *lancets super thin 28g* | NP | |
| lancets ultra thin (*lancets*) | NP | |
| *lancets ultra thin 30g* | NP | |
| liberty next generation test in vitro strip (*glucose blood*) | NF | |
| *liberty test in vitro strip* | NF | |
| lifescan unistik 2 (*lancets*) | NP | |
| lifescan unistik ii lancets (*lancets*) | NP | |
| *lite touch lancets* | NP | |
| litetouch lancets (*lancets*) | NP | |
| *meijer blood glucose 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*) | NP | ST; QL (10 strips per 1 day) |
| microlet lancets (*lancets*) | NP | |
| mm easy touch glucose in vitro strip (*glucose blood*) | NF | |
| myglucohealth test in vitro strip (*glucose blood*) | NF | |
| neutek 2tek glucose/pressure device (*blood glucose-bp monitor*) | NP | QL (1 meter per 1 year) |
| neutek 2tek test in vitro strip (*glucose blood*) | NF | |
| nova max glucose test in vitro strip (*glucose blood*) | NF | |
| omnipod dash 5 pack pods (*insulin disposable pump*) | PB | |
| omnipod dash system kit (*insulin disposable pump*) | PB | |
| omnipod starter kit (*insulin disposable pump*) | PB | |
| *one drop test in vitro strip* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| onetouch club lancets fine pt (*lancets*) | PB | |
| onetouch delica lancets 30g (*lancets*) | PB | |
| onetouch delica lancets 33g (*lancets*) | PB | |
| onetouch delica lancing dev (*lancet devices*) | PB | |
| onetouch delica plus lancet30g (*lancets*) | PB | |
| onetouch delica plus lancet33g (*lancets*) | PB | |
| onetouch delica plus lancing (*lancet devices*) | PB | |
| onetouch finepoint lancets (*lancets*) | NP | |
| onetouch suresoft lancing dev (*lancets misc.*) | PB | |
| onetouch ultra in vitro strip (*glucose blood*) | PB | QL (10 strips per 1 day) |
| onetouch ultrasoft lancets (*lancets*) | PB | |
| onetouch verio in vitro strip (*glucose blood*) | PB | QL (10 strips per 1 day) |
| 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 | |
| pogo automatic test cartridges in vitro diagnostic test (*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 | |
| precision xtra ketone in vitro strip (*ketone blood test*) | NP | |
| *premium blood glucose test in vitro strip* | NF | |
| *pro voice v8/v9 glucose in vitro strip* | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 premier 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 | |
| rexall blood glucose 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 | |
| *sapscare twist top lancets* | NP | |
| simple diagnostics lancing dev (*lancet devices*) | NP | |
| smart sense premium test in vitro strip (*glucose blood*) | NF | |
| smart sense value 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 | |
| *super thin lancets* | NP | |
| supreme test in vitro strip (*glucose blood*) | NF | |
| sure-test easyplus mini test in vitro strip (*glucose blood*) | NF | |
| *true comfort pro pen needles 33g x 4 mm , 33g x 5 mm , 33g x 6 mm* | NF | |
| *true focus blood glucose strip in vitro strip* | NF | |
| true metrix blood glucose test in vitro strip (*glucose blood*) | NF | |
| true metrix pro blood glucose in vitro strip (*glucose blood*) | NP | ST; QL (300 strips per 30 days) |
| trueplus lancets 26g (*lancets*) | NP | |
| trueplus lancets 30g (*lancets*) | NP | |
| trueplus safety lancets 28g (*lancets*) | NP | |
| truetest test in vitro strip (*glucose blood*) | NF | |
| truetrack test in vitro strip (*glucose blood*) | NF | |
| ulticare mini pen needles 30g x 5 mm (*insulin pen needle*) | NF | |
| ulticare short pen needles 30g x 8 mm (*insulin pen needle*) | NF | |
| *ultiguard safepack pen needle 32g x 4 mm* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ultiguard safepack syr/needle 31g x 5/16" 0.5 ml (*insulin syringe-needle u-100*) | NF | |
| unifine pen needles 32g x 4 mm (*insulin pen needle*) | NF | |
| unistrip1 generic in vitro strip (*glucose blood*) | NF | |
| *verasens blood glucose test in vitro strip* | NF | |
| v-go 20 kit (*insulin disposable pump*) | PB | |
| v-go 30 kit (*insulin disposable pump*) | PB | |
| v-go 40 kit (*insulin disposable pump*) | PB | |
| vivaguard ino test strips in vitro strip (*glucose blood*) | NF | |
| **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS** | | |
| **ELECTROLYTES** | | |
| effer-k oral tablet effervescent 10 meq, 20 meq (*potassium bicarb-citric acid*) | PB | |
| *effer-k oral tablet effervescent 25 meq* | PG | |
| galzin oral capsule 25 mg, 50 mg (*zinc acetate (oral)*) | NP | |
| *iodine strong oral solution 5 %* | PG | |
| isolyte-s intravenous solution (*electrolyte-s*) | NP | |
| isolyte-s ph 7.4 intravenous solution (*electrolyte-s (ph 7.4)*) | NP | |
| *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 | |
| *klor-con m20 oral tablet extended release 20 meq* | PG | |
| *potassium chloride* (Klor-Con Oral Packet 20 Meq) | NP | QL (5 packs per 1 day) |
| *potassium chloride* (Klor-Con Oral Tablet Extended Release 8 Meq) | PG | |
| k-phos oral tablet 500 mg (*potassium phosphate monobasic*) | PB | |
| k-phos-neutral oral tablet 155-852-130 mg (*k phos mono-sod phos di & mono*) | NP | |
| k-tab oral tablet extended release 10 meq (*potassium chloride*) | NP | |
| *magnesium sulfate injection solution 50 %* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *monoject sodium chloride flush intravenous solution 0.9 %* | PG | |
| normosol-r intravenous solution (*electrolyte-r*) | NP | |
| normosol-r ph 7.4 intravenous solution (*electrolyte-r (ph 7.4)*) | NP | |
| *phospha 250 neutral oral tablet 155-852-130 mg* | PG | |
| plasma-lyte 148 intravenous solution (*electrolyte-148*) | NP | |
| plasma-lyte a intravenous solution (*electrolyte-a*) | NP | |
| potaba oral capsule 500 mg (*potassium aminobenzoate*) | NP | |
| *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 in nacl intravenous solution 20-0.45 meq/l-%* | PG | |
| *potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40-0.9 meq/l-%* | NP | |
| *potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml* | NP | |
| *potassium chloride oral packet 20 meq* | NP | QL (5 packs per 1 day) |
| *potassium chloride oral solution 40 meq/15ml (20%)* | NP | |
| *sodium chloride injection solution 2.5 meq/ml* | PG | |
| **IV REPLACEMENT SOLUTIONS** | | |
| *potassium chloride intravenous solution 2 meq/ml* | NP | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %* | PG | |
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| accrufer oral capsule 30 mg (*ferric maltol*) | NF | |
| alive prenatal oral tablet chewable 0.4-25 mg (*prenatal mv & min w/fa-dha*) | PG | Select OTC |
| ascor intravenous solution 25000 mg/50ml (*ascorbic acid*) | NF | |
| atabex ec oral tablet delayed release 29-1 mg (*prenatal vit-dss-fe cbn-fa*) | NF | |
| atabex ob oral tablet 29-1 mg (*prenatal vit w/ fe bisg-fa*) | NF | |
| atabex oral tablet chewable 18-0.8 mg (*prenatal w/o a vit-fe cbn-fa*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *azeschew prenatal/postnatal oral tablet chewable 13-1 mg* | NF | |
| *azesco oral tablet 13-1 mg* | NF | |
| *calcium-folic acid plus d oral wafer 1342-1 mg* | NF | |
| centrum specialist prenatal oral 27-0.8 & 200 mg (*prenatal mv-min-fe fum-fa-dha*) | NF | |
| 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*) | PB | |
| 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 | |
| *c-nate dha oral capsule 28-1-200 mg* | NF | |
| *co-natal fa oral tablet* | NP | |
| concept dha oral capsule 53.5-38-1 mg (*prenat-fefum-fepo-fa-omega 3*) | NF | |
| concept ob oral capsule 130-92.4-1 mg (*prenat w/o a vit-fefum-fepo-fa*) | NF | |
| *cvs prenatal gummy oral tablet chewable 0.4-113.5 mg* | NF | |
| *cyanocobalamin injection solution 1000 mcg/ml* | PG | |
| *b complex-c-folic acid* (Dexifol Oral Tablet 5 Mg) | NF | |
| dialyvite 3000 oral tablet 3 mg (*b complex-c-biotin-e-min-fa*) | NF | |
| dialyvite 5000 oral tablet 5 mg (*b complex-c-biotin-e-min-fa*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| dialyvite supreme d oral tablet 3 mg (*multiple vitamins-minerals-fa*) | NF | |
| dialyvite/zinc oral tablet (*b complex-c-zn-folic acid*) | NF | |
| drisdol oral capsule 1.25 mg (50000 ut) (*ergocalciferol*) | NF | |
| duet dha 400 oral 25-1 & 400 mg (*prenat-fepoly-fered-fa-omega 3*) | NF | |
| duet dha balanced oral 25-1 & 267 mg (*prenat-fepoly-fered-fa-omega 3*) | NF | |
| enbrace hr oral capsule (*prenat vit-fe gly cys-fa-omega*) | NF | |
| *ergocal oral capsule 62.5 mcg (2500 ut)* | NF | |
| *ergocalciferol oral capsule 1.25 mg (50000 ut)* | PG | |
| fa-8 oral capsule 0.8 mg (*folic acid*) | CE | N2 (Not Covered); QL (100 capsules per 1 fill); AL |
| floriva oral liquid 0.25-400 mg-unit/ml (*sodium fluoride-vitamin d*) | NF | |
| floriva oral tablet chewable 0.5 mg, 1 mg (*ped multiple vit-minerals-fl*) | NF | |
| *fluoritab oral solution 0.275 (0.125 f) mg/drop* | CE | N2 (PG); AL |
| *folate oral tablet 400 mcg* | CE | N2 (Not Covered); QL (100 tablets per 1 fil); AL |
| folbee plus cz oral tablet 5 mg (*b-complex-c-biotin-minerals-fa*) | PG | |
| *folic acid oral capsule 0.8 mg* | CE | N2 (Not Covered); QL (100 capsules per 1 fill); AL |
| *folic acid oral tablet 1 mg* | PG | |
| *folic acid oral tablet 400 mcg* | CE | N2 (Not Covered); QL (100 tablets per 1 fil); AL |
| *folic acid oral tablet 800 mcg* | CE | N2 (Not Covered); QL (100 capsules per 1 fill); AL |
| *folic-k oral capsule 1 mg* | NF | |
| *gnp folic acid oral tablet 400 mcg* | CE | N2 (Not Covered) |
| *jenliva prenatal/postnatal oral capsule 1 mg* | NF | |
| *kosher prenatal plus iron oral tablet 30-1 mg* | NF | |
| *levocarnitine (dietary) oral solution 1 gm/10ml* | NP | |
| *levocarnitine l-tartrate oral tablet 330 mg* | NP | |
| mephyton oral tablet 5 mg (*phytonadione*) | NP | QL (25 tablets per 30 days) |

| 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 | |
| *multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml* | PG | |
| mynatal oral capsule (*prenatal multivit-min-fe-fa*) | NF | |
| *mynatal plus oral tablet* | NP | |
| *mynatal-z oral tablet* | NP | |
| *sodium fluoride* (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop) | CE | N2 (PG); AL |
| *sodium fluoride* (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg) | PG | |
| nascobal nasal solution 500 mcg/0.1ml (*cyanocobalamin*) | NF | # |
| natachew oral tablet chewable 28-1 mg (*prenatal vit-fe fum-fe bisg-fa*) | NF | |
| natalvit oral tablet (*prenatal vit-fe fumarate-fa*) | NF | |
| neevo dha oral capsule 27-1.13 mg (*prenat w/oa-fefum-methf-omegas*) | NF | |
| *neonatal + dha oral 29-1 & 200 mg* | NF | |
| *neonatal 19 oral tablet 1 mg* | NF | |
| *neonatal fe oral tablet 90-1 mg* | NF | |
| nephplex rx oral tablet (*b complex-c-zn-folic acid*) | NF | |
| nestabs dha oral 32-1 mg (*prenat-w/oa-fe bisgly-fa-omega*) | NF | |
| nestabs one oral capsule 38-1-225 mg (*prenat-fe-methylfol-dha w/o a*) | NF | |
| nestabs oral tablet 32-1 mg (*prenat-fe bisgly-fa-w/o vit a*) | NF | |
| nicomide oral tablet 750-27-2-0.5 mg (*niacinamide-zn-cu-methfo-se-cr*) | NF | |
| ob complete one oral capsule 50-1-476 mg (*prenat-fecbn-feaspgl-fa-fish*) | NF | |
| ob complete oral tablet 50-1.25 mg (*prenatal vit-iron carbonyl-fa*) | NF | |
| ob complete petite oral capsule 35-5-1-200 mg (*prenat-fecbn-feaspgl-fa-omega*) | NF | |
| ob complete premier oral tablet 30-20-1 mg (*prenatal-fe cbn-fe asp gly-fa*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ob complete/dha oral capsule 30-10-1-200 mg (*prenat-fecbn-feaspgl-fa-omega*) | NF | |
| obstetrix dha oral 29-1 & 387 mg (*prenatal-fecbn-fa-dss-omega 3*) | NF | |
| obstetrix one oral capsule 38-1-225 mg (*prenat-fe-methyl-dss-dha w/o a*) | NF | |
| o-cal prenatal oral tablet (*prenatal vit-fe fumarate-fa*) | NF | |
| ocuvel oral capsule 0.5 mg (*multiple vitamins-minerals-fa*) | NF | |
| *phytonadione oral tablet 5 mg* | PG | QL (25 tablets per 30 days) |
| *pnv tabs 20-1 oral tablet 20-1 mg* | NF | |
| *pnv tabs 29-1 oral tablet 29-1 mg* | NF | |
| *pnv-dha oral capsule 27-0.6-0.4-300 mg* | PG | |
| *pnv-dha+docusate oral capsule 27-1.25-300 mg* | NF | |
| pnv-omega oral capsule 28-0.6-0.4-340 mg | NF | |
| *pnv-select oral tablet 27-0.6-0.4 mg* | NF | |
| poly-vi-flor oral suspension 0.25 mg/ml (*pediatric multivitamins-fl*) | PB | |
| poly-vi-flor oral tablet chewable 0.25 mg, 0.5 mg, 1 mg (*pediatric multivitamins-fl*) | PB | |
| poly-vi-flor/iron oral suspension 0.25-7 mg/ml (*ped multivitamins-fl-iron*) | PB | |
| *pregen dha oral capsule 28-1-35 mg* | NF | |
| *pregenna oral tablet 20-1 mg* | NF | |
| premesisrx oral tablet 1 mg (*prenatal ca-b6-b12-fa-ginger*) | NF | |
| *prena 1 true oral 30-1.4 & 300 mg* | NF | |
| *prena1 oral tablet chewable 1.4 mg* | NF | |
| *prena1 pearl oral capsule extended release 30-1.4-200 mg* | NF | |
| *prenaissance oral capsule 29-1.25-325 mg* | NF | |
| *prenaissance plus oral capsule 28-1-250 mg* | NF | |
| *prenara oral capsule 15-1 mg* | NF | |
| *prenatabs rx oral tablet 29-1 mg* | PG | |
| *prenatal + complete multi oral therapy pack 0.267 & 373 mg* | NF | |
| *prenatal 19 oral tablet* | NP | |
| *prenatal 19 oral tablet chewable* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *prenatal 19 oral tablet chewable 29-1 mg* | NF | |
| *prenatal adult gummy/dha/fa oral tablet chewable 0.4-25 mg* | NP | Select OTC |
| *prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg* | NF | |
| prenatal plus iron oral tablet 29-1 mg | NF | |
| prenatal-u oral capsule 106.5-1 mg (*prenatal w/o a vit-fe fum-fa*) | NF | |
| prenate am oral tablet 1 mg (*prenatal ca-b6-b12-fa-ginger*) | NF | |
| prenate dha oral capsule 18-0.6-0.4-300 mg (*prenat-feasp-meth-fa-dha w/o a*) | NF | |
| prenate elite oral tablet 20-0.6-0.4 mg (*prenatal-feaspgly-methylfol-fa*) | NF | |
| prenate enhance oral capsule 28-0.6-0.4-400 mg (*prenat w/o a-fe-methfol-fa-dha*) | NF | |
| prenate essential oral capsule 18-0.6-0.4-300 mg (*prenat-feasp-meth-fa-dha w/o a*) | NF | |
| prenate mini oral capsule 18-0.6-0.4-350 mg (*prenat-fecbn-feasp-meth-fa-dha*) | NF | |
| prenate oral tablet chewable 0.6-0.4 mg (*prenat mv-min-methylfolate-fa*) | NF | |
| prenate pixie oral capsule 10-0.6-0.4-200 mg (*prenat-feasp-meth-fa-dha w/o a*) | NF | |
| prenate restore oral capsule 27-0.6-0.4-400 mg (*prenat w/o a-fe-methfol-fa-dha*) | NF | |
| *prenatvite complete oral tablet 1 mg* | NF | |
| *prenatvite plus oral tablet 1 mg* | NF | |
| *prenatvite rx oral tablet 0.8 mg* | NF | |
| primacare oral capsule 30-1-470 mg (*pren-fe-meth-fa-omeg w/o a*) | NF | |
| provida ob oral capsule 20-20-1.25 mg (*prenat w/o a vit-fefum-fepo-fa*) | 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *relnate dha oral capsule 28-1-200 mg* | NF | |
| remedient oral capsule 1 mg (*multiple vitamins-minerals-fa*) | NF | |
| select-ob oral tablet chewable 29-0.6-0.4 mg (*prenat vit-fepoly-methylfol-fa*) | NF | |
| select-ob oral tablet chewable 29-1 mg (*prenatal vit-fe psac cmplx-fa*) | NF | |
| select-ob+dha oral 29-1 & 250 mg (*prenatal vit-fepoly-fa-dha*) | NF | |
| *se-natal 19 oral tablet chewable 29-1 mg* | NP | |
| similac prenatal early shield oral 27-0.8 & 200 mg (*prenatal mv-min-fe fum-fa-dha*) | NF | |
| *sodium fluoride oral solution 1.1 (0.5 f) mg/ml* | CE | N2 (PG); AL |
| *sodium fluoride oral tablet 1.1 (0.5 f) mg* | CE | N2 (PG); AL |
| *sodium fluoride oral tablet 2.2 (1 f) mg* | PG | |
| *sodium fluoride oral tablet chewable 0.55 (0.25 f) mg* | CE | LGC; N2 (PG); AL |
| *sodium fluoride oral tablet chewable 1.1 (0.5 f) mg* | CE | N2 (PG); AL |
| *sodium fluoride oral tablet chewable 2.2 (1 f) mg* | PG | |
| taron-c dha oral capsule 53.5-38-1 mg (*prenat-fefum-fepo-fa-omega 3*) | NF | MPG |
| taron-prex oral capsule 30-1.2-265 mg (*prenat-fefum-dss-fa-dha w/o a*) | NF | |
| theranatal one oral capsule 27-1-300 mg (*prenatal-fefum-fa-dha w/o a*) | NF | |
| *thrivite rx oral tablet 29-1 mg* | NF | |
| *tricare oral tablet* | NP | |
| tricare prenatal dha one oral capsule 27-1-500 mg (*prenatal-fefum-fa-dss-fish oil*) | NF | |
| trinate oral tablet (*prenatal vit-fe fumarate-fa*) | NF | |
| *trinaz oral tablet 12-1 mg* | NF | |
| *tristart dha oral capsule 31-0.6-0.4-200 mg* | NF | |
| tristart free oral capsule 33-1 mg (*prenat w/o a-fecbn-meth-fa-dha*) | NF | |
| tristart one oral capsule 35-1-215 mg (*prenat w/o a-fecbn-meth-fa-dha*) | NF | |
| udamin sp oral tablet 1 mg (*multiple vitamins-minerals-fa*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| vinate dha rf oral capsule 27-1.13 mg (*prenat w/oa-fefum-methf-omegas*) | NF | |
| vinate one oral tablet 60-1 mg (*prenatal vit-fe fumarate-fa*) | NP | |
| *virt-c dha oral capsule 53.5-38-1 mg* | NF | |
| *virt-nate dha oral capsule 28-1-200 mg* | NF | |
| virt-pn dha oral capsule 27-0.6-0.4-300 mg | NF | |
| *virt-pn plus oral capsule 28-0.6-0.4-340 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 | |
| vitafol ultra oral capsule 29-0.6-0.4-200 mg (*prenat-fe poly-methfol-fa-dha*) | NF | |
| vitafol-nano oral tablet 18-0.6-0.4 mg (*prenatal-fe fum-methf-fa w/o a*) | NF | |
| vitafol-ob oral tablet (*prenatal vit-fe fumarate-fa*) | NF | |
| vitafol-ob+dha oral 65-1 & 250 mg (*prenatal mv-min-fe fum-fa-dha*) | NF | |
| vitafol-one oral capsule 29-1-200 mg (*prenatal vit-fepoly-fa-dha*) | NF | |
| vital-d rx oral tablet 1 mg (*b complex-c-biotin-d-zinc-fa*) | NF | |
| vitamedmd one rx/quatrefolic oral capsule 30-0.6-0.4-200 mg (*prenat w/o a-fe-methfol-fa-dha*) | NF | |
| vitamedmd redichew rx oral tablet chewable 1.4 mg (*prenat-b2-b6-b12-d3-fa*) | NF | |
| *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)* | PG | |
| vitapearl oral capsule extended release 30-1.4-200 mg (*prenat-fefum-fered-fa-dha w/oa*) | NF | |
| vitatrue oral 30-1.4 & 300 mg (*prenat-fechel-fa-dha w/o vit a*) | NF | |
| viva dha oral capsule 28-1-200 mg (*prenatal vit-fe fum-fa-omega*) | NF | |
| *vp-pnv-dha oral capsule 28-1-215.8 mg* | NF | |
| *westab max oral tablet 2.5-25-2 mg* | PG | |
| *westgel dha oral capsule 31-0.6-0.4-200 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS** | | |
| **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES** | | |
| alocril ophthalmic solution 2 % (*nedocromil sodium*) | NP | |
| alomide ophthalmic solution 0.1 % (*lodoxamide tromethamine*) | NP | |
| *azelastine hcl ophthalmic solution 0.05 %* | PG | |
| *bepotastine besilate ophthalmic solution 1.5 %* | NF | |
| bepreve ophthalmic solution 1.5 % (*bepotastine besilate*) | NF | # |
| *cromolyn sodium ophthalmic solution 4 %* | PG | |
| *epinastine hcl ophthalmic solution 0.05 %* | PG | |
| lastacaft ophthalmic solution 0.25 % (*alcaftadine*) | NF | |
| *olopatadine hcl ophthalmic solution 0.1 %, 0.2 %* | PG | |
| zerviate ophthalmic solution 0.24 % (*cetirizine hcl*) | NF | |
| **ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA** | | |
| alphagan p ophthalmic solution 0.1 %, 0.15 % (*brimonidine tartrate*) | NP | |
| *apraclonidine hcl ophthalmic solution 0.5 %* | PG | |
| azopt ophthalmic suspension 1 % (*brinzolamide*) | NF | |
| *betaxolol hcl ophthalmic solution 0.5 %* | PG | |
| betimol ophthalmic solution 0.25 %, 0.5 % (*timolol hemihydrate*) | NF | |
| betoptic-s ophthalmic suspension 0.25 % (*betaxolol hcl*) | NF | |
| *bimatoprost ophthalmic solution 0.03 %* | NF | |
| *brimonidine tartrate ophthalmic solution 0.15 %* | NP | |
| *brimonidine tartrate ophthalmic solution 0.2 %* | PG | |
| *brinzolamide ophthalmic suspension 1 %* | NF | |
| *carteolol hcl ophthalmic solution 1 %* | PG | |
| combigan ophthalmic solution 0.2-0.5 % (*brimonidine tartrate-timolol*) | PB | # |
| cosopt ophthalmic solution 22.3-6.8 mg/ml (*dorzolamide hcl-timolol mal*) | NP | |
| cosopt pf ophthalmic solution 2-0.5 % (*dorzolamide hcl-timolol mal*) | NF | |
| *dorzolamide hcl ophthalmic solution 2 %* | NP | |
| *dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | PG | |
| iopidine ophthalmic solution 1 % (*apraclonidine hcl*) | NP | |
| istalol ophthalmic solution 0.5 % (*timolol maleate*) | NF | |
| *latanoprost ophthalmic solution 0.005 %* | PG | |
| *levobunolol hcl ophthalmic solution 0.5 %* | PG | |
| lumigan ophthalmic solution 0.01 % (*bimatoprost*) | NF | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | PG | |
| simbrinza ophthalmic suspension 1-0.2 % (*brinzolamide-brimonidine*) | PB | |
| *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 | |
| *timolol maleate pf ophthalmic solution 0.5 %* | NF | |
| timoptic ocudose ophthalmic solution 0.25 %, 0.5 % (*timolol maleate*) | NF | |
| timoptic ophthalmic solution 0.25 %, 0.5 % (*timolol maleate*) | NP | |
| timoptic-xe ophthalmic gel forming solution 0.5 % (*timolol maleate*) | NP | |
| travatan z ophthalmic solution 0.004 % (*travoprost*) | NF | |
| *travoprost (bak free) ophthalmic solution 0.004 %* | PG | |
| trusopt ophthalmic solution 2 % (*dorzolamide hcl*) | NP | |
| vyzulta ophthalmic solution 0.024 % (*latanoprostene bunod*) | NF | |
| xalatan ophthalmic solution 0.005 % (*latanoprost*) | NP | PA; ST |
| xelpros ophthalmic emulsion 0.005 % (*latanoprost*) | NF | |
| zioptan ophthalmic solution 0.0015 % (*tafluprost*) | PB | # |
| **ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION** | | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %* | PG | |
| blephamide ophthalmic suspension 10-0.2 % (*sulfacetamide-prednisolone*) | NP | |
| blephamide s.o.p. ophthalmic ointment 10-0.2 % (*sulfacetamide-prednisolone*) | NP | |
| *neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | PG | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | PG | |
| pred-g ophthalmic suspension 0.3-1 % (*gentamicin-prednisolone acet*) | NP | |
| pred-g s.o.p. ophthalmic ointment 0.3-0.6 % (*gentamicin-prednisolone acet*) | NP | |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | PG | |
| tobradex ophthalmic ointment 0.3-0.1 % (*tobramycin-dexamethasone*) | NF | |
| tobradex ophthalmic suspension 0.3-0.1 % (*tobramycin-dexamethasone*) | NF | |
| tobradex st ophthalmic suspension 0.3-0.05 % (*tobramycin-dexamethasone*) | NF | |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | PG | |
| zylet ophthalmic suspension 0.5-0.3 % (*loteprednol-tobramycin*) | NF | |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| azasite ophthalmic solution 1 % (*azithromycin*) | NF | # |
| *bacitracin ophthalmic ointment 500 unit/gm* | PG | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | PG | |
| besivance ophthalmic suspension 0.6 % (*besifloxacin hcl*) | NF | |
| betadine ophthalmic prep ophthalmic solution 5 % (*povidone-iodine*) | NP | |
| bleph-10 ophthalmic solution 10 % (*sulfacetamide sodium*) | NP | |
| ciloxan ophthalmic ointment 0.3 % (*ciprofloxacin hcl*) | NF | |
| ciloxan ophthalmic solution 0.3 % (*ciprofloxacin hcl*) | NF | |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | PG | |
| *gatifloxacin ophthalmic solution 0.5 %* | NP | |
| *gentak ophthalmic ointment 0.3 %* | PG | |
| *gentamicin sulfate ophthalmic solution 0.3 %* | PG | |
| *levofloxacin ophthalmic solution 0.5 %* | PG | |
| moxeza ophthalmic solution 0.5 % (*moxifloxacin hcl*) | NP | |
| *moxifloxacin hcl (2x day) ophthalmic solution 0.5 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *moxifloxacin hcl ophthalmic solution 0.5 %* | PG | |
| natacyn ophthalmic suspension 5 % (*natamycin*) | NP | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | PG | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | PG | |
| ocuflox ophthalmic solution 0.3 % (*ofloxacin*) | NP | |
| *ofloxacin ophthalmic solution 0.3 %* | PG | |
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | PG | |
| polytrim ophthalmic solution 10000-0.1 unit/ml-% (*polymyxin b-trimethoprim*) | NP | |
| *sulfacetamide sodium ophthalmic ointment 10 %* | PG | |
| *sulfacetamide sodium ophthalmic solution 10 %* | PG | |
| tobrex ophthalmic ointment 0.3 % (*tobramycin*) | NP | |
| *trifluridine ophthalmic solution 1 %* | PG | |
| vigamox ophthalmic solution 0.5 % (*moxifloxacin hcl*) | NP | |
| zirgan ophthalmic gel 0.15 % (*ganciclovir*) | NF | # |
| zymaxid ophthalmic solution 0.5 % (*gatifloxacin*) | NF | |
| **ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION** | | |
| acular ls ophthalmic solution 0.4 % (*ketorolac tromethamine*) | NP | |
| acular ophthalmic solution 0.5 % (*ketorolac tromethamine*) | NP | |
| alrex ophthalmic suspension 0.2 % (*loteprednol etabonate*) | NF | |
| *bromfenac sodium (once-daily) ophthalmic solution 0.09 %* | NP | |
| bromsite ophthalmic solution 0.075 % (*bromfenac sodium*) | NF | |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | PG | |
| *diclofenac sodium ophthalmic solution 0.1 %* | PG | |
| durezol ophthalmic emulsion 0.05 % (*difluprednate*) | PB | # |
| eysuvis ophthalmic suspension 0.25 % (*loteprednol etabonate*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| fml liquifilm ophthalmic suspension 0.1 % (*fluorometholone*) | NF | |
| fml ophthalmic ointment 0.1 % (*fluorometholone*) | NF | |
| ilevro ophthalmic suspension 0.3 % (*nepafenac*) | NF | |
| inveltys ophthalmic suspension 1 % (*loteprednol etabonate*) | NF | |
| *ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %* | NP | |
| 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 gel 0.5 %* | NF | |
| *loteprednol etabonate ophthalmic suspension 0.5 %* | PG | |
| maxidex ophthalmic suspension 0.1 % (*dexamethasone*) | NF | |
| nevanac ophthalmic suspension 0.1 % (*nepafenac*) | NF | |
| pred forte ophthalmic suspension 1 % (*prednisolone acetate*) | NF | |
| pred mild ophthalmic suspension 0.12 % (*prednisolone acetate*) | NF | |
| *prednisolone acetate ophthalmic suspension 1 %* | PG | |
| *prednisolone sodium phosphate ophthalmic solution 1 %* | NP | |
| prolensa ophthalmic solution 0.07 % (*bromfenac sodium*) | NF | |
| **DRY EYE DISEASE** | | |
| xiidra ophthalmic solution 5 % (*lifitegrast*) | PB | |
| **MISCELLANEOUS** | | |
| rhopressa ophthalmic solution 0.02 % (*netarsudil dimesylate*) | NP | ST |
| rocklatan ophthalmic solution 0.02-0.005 % (*netarsudil-latanoprost*) | NP | |
| visionblue ophthalmic solution 0.06 % (*trypan blue*) | NP | |
| **RETINAL DISORDERS** | | |
| eylea intravitreal solution 2 mg/0.05ml (*aflibercept*) | NPSP | PA; NPL; SP |
| eylea intravitreal solution prefilled syringe 2 mg/0.05ml (*aflibercept*) | NPSP | PA; NPL; SP |
| lucentis intravitreal solution prefilled syringe 0.3 mg/0.05ml, 0.5 mg/0.05ml (*ranibizumab*) | NPSP | PA; NPL; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **OTHER** | | |
| **IRRIGATION SOLUTIONS** | | |
| *physiolyte irrigation solution* | PG | |
| *sterile water for irrigation irrigation solution* | NP | |
| *tis-u-sol irrigation solution* | PG | |
| **MUSCULOSKELETAL THERAPY AGENTS** | | |
| xiaflex injection solution reconstituted 0.9 mg (*collagenase clostrid histolyt*) | PSP | SP |
| **RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS** | | |
| **ANAPHYLAXIS TREATMENT AGENTS** | | |
| adrenalin injection solution 1 mg/ml, 30 mg/30ml (*epinephrine*) | NF | |
| adyphren amp ii 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, 0.15 mg/0.3ml, 0.3 mg/0.3ml* | PG | QL (4 injections per 30 days) |
| *epinephrine professional injection kit 1 mg/ml* | NF | |
| epinephrinesnap-ems injection kit 1 mg/ml (*epinephrine*) | NF | |
| epinephrinesnap-v injection kit 1 mg/ml (*epinephrine*) | NF | |
| epipen 2-pak injection solution auto-injector 0.3 mg/0.3ml (*epinephrine*) | NP | ST; QL (4 injections per 30 days) |
| epipen jr 2-pak injection solution auto-injector 0.15 mg/0.3ml (*epinephrine*) | NP | ST; QL (4 injections per 30 days) |
| episnap injection kit 1 mg/ml (*epinephrine*) | NF | |
| symjepi injection solution prefilled syringe 0.15 mg/0.3ml, 0.3 mg/0.3ml (*epinephrine*) | PB | QL (4 syringes per 30 days) |
| **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES** | | |
| *acetylcysteine inhalation solution 10 %* | PG | |
| patanase nasal solution 0.6 % (*olopatadine hcl*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD** | | |
| 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 | |
| anoro ellipta inhalation aerosol powder breath activated 62.5-25 mcg/inh (*umeclidinium-vilanterol*) | PB | QL (60 BLISTERS per 30 DAYSs) |
| bevespi aerosphere inhalation aerosol 9-4.8 mcg/act (*glycopyrrolate-formoterol*) | NF | |
| breztri aerosphere inhalation aerosol 160-9-4.8 mcg/act (*budeson-glycopyrrol-formoterol*) | PB | QL (1 inhaler per 1 month) |
| combivent respimat inhalation aerosol solution 20-100 mcg/act (*ipratropium-albuterol*) | PB | QL (2 inhalers per 1 month) |
| dulera inhalation aerosol 100-5 mcg/act, 200-5 mcg/act (*mometasone furo-formoterol fum*) | NF | |
| dulera inhalation aerosol 50-5 mcg/act (*mometasone furo-formoterol fum*) | NF | # |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act* | NF | |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | PG | |
| stiolto respimat inhalation aerosol solution 2.5-2.5 mcg/act (*tiotropium bromide-olodaterol*) | PB | QL (1 inhaler per 1 month) |
| trelegy ellipta inhalation aerosol powder breath activated 100-62.5-25 mcg/inh, 200-62.5-25 mcg/inh (*fluticasone-umeclidin-vilant*) | PB | QL (2 blisters per 1 day) |
| **ANTICHOLINERGICS - DRUGS TO TREAT COPD** | | |
| atrovent hfa inhalation aerosol solution 17 mcg/act (*ipratropium bromide hfa*) | NF | |
| incruse ellipta inhalation aerosol powder breath activated 62.5 mcg/inh (*umeclidinium bromide*) | NF | |
| *ipratropium bromide inhalation solution 0.02 %* | PG | |
| *ipratropium bromide nasal solution 0.03 %, 0.06 %* | PG | QL (1 bottle per 1 month) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| lonhala magnair refill kit inhalation solution 25 mcg/ml (*glycopyrrolate*) | NF | |
| lonhala magnair starter kit inhalation solution 25 mcg/ml (*glycopyrrolate*) | NP | PA; ST; QL (1 kit per 1 year) |
| spiriva handihaler inhalation capsule 18 mcg (*tiotropium bromide monohydrate*) | PB | QL (1 capsule per 1 day) |
| spiriva respimat inhalation aerosol solution 1.25 mcg/act, 2.5 mcg/act (*tiotropium bromide monohydrate*) | PB | QL (1 inhaler per 30 days) |
| tudorza pressair inhalation aerosol powder breath activated 400 mcg/act (*aclidinium bromide*) | NF | |
| yupelri inhalation solution 175 mcg/3ml (*revefenacin*) | PB | QL (1 vial per 1 day) |
| **ANTIHISTAMINE COMBINATIONS** | | |
| *azelastine-fluticasone nasal suspension 137-50 mcg/act* | PG | |
| dymista nasal suspension 137-50 mcg/act (*azelastine-fluticasone*) | PB | |
| **ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES** | | |
| *alavert oral tablet dispersible 10 mg* | PG | Select OTC |
| 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 tablet 5 mg* | PG | Select OTC; QL (1 tablet per 1 day) |
| *allergy relief oral tablet dispersible 10 mg* | PG | Select OTC |
| *azelastine hcl nasal solution 0.1 %* | PG | |
| *azelastine hcl nasal solution 0.15 %* | NP | |
| *carbinoxamine maleate oral solution 4 mg/5ml* | NP | |
| *carbinoxamine maleate oral tablet 4 mg, 6 mg* | NP | |
| *cetirizine hcl oral tablet 10 mg, 5 mg* | PG | Select OTC |
| *cetirizine hcl oral tablet chewable 10 mg, 5 mg* | PG | Select OTC |
| *childrens loratadine oral solution 5 mg/5ml* | PG | Select OTC |
| *childrens loratadine oral syrup 5 mg/5ml* | PG | Select OTC |
| clarinex oral tablet 5 mg (*desloratadine*) | NP | QL (1 TABS per 1 DAYS) |
| claritin childrens oral tablet chewable 5 mg (*loratadine*) | PG | Select OTC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| claritin oral capsule 10 mg (*loratadine*) | PG | Select OTC |
| claritin oral syrup 5 mg/5ml (*loratadine*) | PG | Select OTC |
| claritin oral tablet 10 mg (*loratadine*) | PG | Select OTC |
| claritin reditabs oral tablet dispersible 10 mg, 5 mg (*loratadine*) | PG | Select OTC |
| *clemastine fumarate oral syrup 0.67 mg/5ml* | NF | |
| *clemastine fumarate oral tablet 2.68 mg* | PG | |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | PG | |
| *cyproheptadine hcl oral tablet 4 mg* | PG | |
| *desloratadine oral tablet 5 mg* | NP | QL (1 tablet per 1 day) |
| *desloratadine oral tablet dispersible 2.5 mg* | NP | QL (1 tablet per 1 day) |
| *desloratadine oral tablet dispersible 5 mg* | NP | |
| *dexchlorpheniramine maleate oral solution 2 mg/5ml* | NP | |
| *diphenhydramine hcl injection solution 50 mg/ml* | NP | |
| *eq allergy relief oral tablet 10 mg* | PG | |
| *fexofenadine hcl oral tablet 180 mg, 60 mg* | PG | Select OTC |
| *hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml* | NP | |
| *hydroxyzine hcl oral syrup 10 mg/5ml* | PG | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| karbinal er oral suspension extended release 4 mg/5ml (*carbinoxamine maleate*) | NP | |
| kls allerclear oral tablet 10 mg (*loratadine*) | PG | |
| *levocetirizine dihydrochloride oral tablet 5 mg* | PG | Select OTC; QL (1 tablet per 1 day) |
| *loradamed oral tablet 10 mg* | PG | |
| *loratadine childrens oral syrup 5 mg/5ml* | PG | Select OTC |
| *loratadine oral capsule 10 mg* | PG | Select OTC |
| *loratadine oral tablet 10 mg* | PG | Select OTC |
| *olopatadine hcl nasal solution 0.6 %* | NP | |
| ryclora oral solution 2 mg/5ml (*dexchlorpheniramine maleate*) | NF | |
| ryvent oral tablet 6 mg (*carbinoxamine maleate*) | NF | |
| *sm loratadine oral tablet 10 mg* | PG | |
| triaminic allerchews oral tablet dispersible 10 mg (*loratadine*) | PG | Select OTC |
| vistaril oral capsule 25 mg, 50 mg (*hydroxyzine pamoate*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 allergy oral tablet 10 mg (*cetirizine hcl*) | PG | Select OTC |
| zyrtec childrens allergy oral solution 1 mg/ml, 5 mg/5ml (*cetirizine hcl*) | PG | Select OTC |
| **BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | PG | |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | PG | |
| *albuterol sulfate oral syrup 2 mg/5ml* | PG | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | PG | |
| *arformoterol tartrate inhalation nebulization solution 15 mcg/2ml* | NF | |
| brovana inhalation nebulization solution 15 mcg/2ml (*arformoterol tartrate*) | NF | # |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml* | PG | |
| perforomist inhalation nebulization solution 20 mcg/2ml (*formoterol fumarate*) | NP | PA; ST; #; QL (60 vials per 1 month) |
| proair digihaler inhalation aerosol powder breath activated 108 (90 base) 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 | |
| serevent diskus inhalation aerosol powder breath activated 50 mcg/dose (*salmeterol xinafoate*) | NF | |
| striverdi respimat inhalation aerosol solution 2.5 mcg/act (*olodaterol hcl*) | PB | QL (1 inhaler per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *terbutaline sulfate injection solution 1 mg/ml* | NP | |
| *terbutaline sulfate oral tablet 2.5 mg, 5 mg* | PG | |
| ventolin hfa inhalation aerosol solution 108 (90 base) mcg/act (*albuterol sulfate*) | NF | |
| xopenex concentrate inhalation nebulization solution 1.25 mg/0.5ml (*levalbuterol hcl*) | NP | |
| 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 | |
| **BIOLOGIC RESPONSE MODIFIERS** | | |
| fasenra pen subcutaneous solution auto-injector 30 mg/ml (*benralizumab*) | PSP | PA; NPL; SP; QL (1 pen per 56 days) |
| nucala subcutaneous solution auto-injector 100 mg/ml (*mepolizumab*) | PSP | PA; QL (3 syringes per 1 month) |
| nucala subcutaneous solution prefilled syringe 100 mg/ml (*mepolizumab*) | PSP | PA; QL (3 syringes per 1 month) |
| nucala subcutaneous solution reconstituted 100 mg (*mepolizumab*) | PSP | PA; NPL; SP; QL (1 injection per 28 days) |
| xolair subcutaneous solution prefilled syringe 150 mg/ml (*omalizumab*) | PSP | PA; ST; NPL; SP; QL (8 syringes per 28 days) |
| xolair subcutaneous solution prefilled syringe 75 mg/0.5ml (*omalizumab*) | PSP | PA; ST; NPL; SP |
| xolair subcutaneous solution reconstituted 150 mg (*omalizumab*) | PSP | PA; ST; NPL; SP; QL (8 vials per 28 days) |
| **COLD/COUGH** | | |
| *alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg* | PG | Select OTC |
| 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 oral capsule 100 mg, 200 mg* | PG | |
| *benzonatate oral capsule 150 mg* | NP | ST |
| *cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg* | PG | Select OTC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| clarinex-d 12 hour oral tablet extended release 12 hour 2.5-120 mg (*desloratadine-pseudoephedrine*) | NP | QL (2 TB12 per 1 DAYS) |
| 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 | PA; MPG; QL (60 ml per day for 7 days per 30 days) |
| *fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg* | PG | Select OTC |
| hycodan oral syrup 5-1.5 mg/5ml (*hydrocodone-homatropine*) | NF | |
| *hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml* | NP | PA; QL (10 ml per day for 7 days per 30 days) |
| *hydrocodone-homatropine oral syrup 5-1.5 mg/5ml* | PG | PA; QL (30 ml per day for 7 days per 30 days) |
| *hydromet oral syrup 5-1.5 mg/5ml* | PG | PA; QL (30 ml per day for 7 days per 30 days) |
| *loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg* | PG | Select OTC |
| *loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg* | PG | Select OTC |
| *promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml* | PG | PA; QL (30 ml per day for 7 days per 30 days) |
| *promethazine-codeine oral solution 6.25-10 mg/5ml* | PG | PA; QL (30 ml per day for 7 days per 30 days) |
| *promethazine-codeine oral syrup 6.25-10 mg/5ml* | PG | PA; QL (30 ml per day for 7 days per 30 days) |
| *promethazine-dm oral syrup 6.25-15 mg/5ml* | PG | |
| *promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml* | PG | PA; QL (30 ml per day for 7 days per 30 days) |
| sski oral solution 1 gm/ml (*potassium iodide (expectorant)*) | NP | |
| tessalon perles oral capsule 100 mg (*benzonatate*) | NP | |
| tussicaps oral capsule extended release 12 hour 10-8 mg (*hydrocod polst-chlorphen polst*) | NP | PA; QL (2 capsules per day for 7 days per 30 days) |
| tuxarin er oral tablet extended release 12 hour 54.3-8 mg (*chlorpheniramine-codeine*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| tuzistra xr oral suspension extended release 14.7-2.8 mg/5ml (*codeine polst-chlorphen polst*) | NF | |
| zyrtec-d allergy & congestion oral tablet extended release 12 hour 5-120 mg (*cetirizine-pseudoephedrine*) | PG | Select OTC |
| **COUGH/COLD PREPARATIONS** | | |
| *hydrocodone-homatropine oral tablet 5-1.5 mg* | PG | PA; QL (6 tablets per day for 7 days per 30 days) |
| **LEUKOTRIENE MODIFIERS** | | |
| *zileuton er oral tablet extended release 12 hour 600 mg* | NF | |
| zyflo oral tablet 600 mg (*zileuton*) | NF | |
| **LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES** | | |
| accolate oral tablet 10 mg, 20 mg (*zafirlukast*) | NP | QL (2 tablets per 1 day) |
| *montelukast sodium oral packet 4 mg* | PG | QL (1 pack per 1 day) |
| *montelukast sodium oral tablet 10 mg* | PG | QL (1 tablet per 1 day) |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | PG | QL (1 tablet per 1 day) |
| 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 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | PG | QL (2 tablets per 1 day) |
| **MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES** | | |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | PG | |
| **MISCELLANEOUS** | | |
| *acetylcysteine inhalation solution 20 %* | PG | |
| adrenalin nasal solution 0.1 % (*epinephrine hcl (nasal)*) | PB | |
| aralast np intravenous solution reconstituted 1000 mg, 500 mg (*alpha1-proteinase inhibitor*) | NF | |
| bronchitol inhalation capsule 40 mg (*mannitol (cystic fibrosis)*) | NF | |
| cinqair intravenous solution 100 mg/10ml (*reslizumab*) | NF | |
| daliresp oral tablet 250 mcg, 500 mcg (*roflumilast*) | NP | PA; ST; #; QL (1 tablet per 1 day) |
| esbriet oral capsule 267 mg (*pirfenidone*) | NPSP | PA; SP; QL (9 capsules per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| esbriet oral tablet 267 mg (*pirfenidone*) | NPSP | PA; SP; QL (9 tablets per 1 day) |
| esbriet oral tablet 801 mg (*pirfenidone*) | NPSP | PA; SP; QL (3 tablets per 1 day) |
| glassia intravenous solution 1000 mg/50ml (*alpha1-proteinase inhibitor*) | NF | |
| kalydeco oral packet 25 mg (*ivacaftor*) | NPSP | PA; SP; QL (2 packets per 1 day) |
| kalydeco oral packet 50 mg, 75 mg (*ivacaftor*) | NPSP | PA; SP; QL (2 EA per 1 day) |
| orkambi oral packet 100-125 mg, 150-188 mg (*lumacaftor-ivacaftor*) | NPSP | PA; SP; QL (2 packets per 1 day) |
| orkambi oral tablet 100-125 mg (*lumacaftor-ivacaftor*) | NPSP | PA; QL (4 tablets per 1 day) |
| orkambi oral tablet 200-125 mg (*lumacaftor-ivacaftor*) | NPSP | PA; QL (4 EA per 1 day) |
| prolastin-c intravenous solution 1000 mg/20ml (*alpha1-proteinase inhibitor*) | PSP | PA; NPL; SP |
| prolastin-c intravenous solution reconstituted 1000 mg (*alpha1-proteinase inhibitor*) | PSP | PA; NPL; SP |
| *sodium chloride inhalation nebulization solution 10 %, 7 %* | PG | |
| symdeko oral tablet therapy pack 100-150 & 150 mg, 50-75 & 75 mg (*tezacaftor-ivacaftor*) | NPSP | PA; SP; QL (2 tablets per 1 day) |
| trikafta oral tablet therapy pack 100-50-75 & 150 mg (*elexacaftor-tezacaftor-ivacaft*) | NPSP | PA; SP; QL (1 package per 28 days) |
| trikafta oral tablet therapy pack 50-25-37.5 & 75 mg (*elexacaftor-tezacaftor-ivacaft*) | NPSP | PA; SP; QL (8 tablets per 1 day) |
| zemaira intravenous solution reconstituted 1000 mg (*alpha1-proteinase inhibitor*) | NF | |
| **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES** | | |
| beconase aq nasal suspension 42 mcg/spray (*beclomethasone diprop monohyd*) | NF | |
| *budesonide nasal suspension 32 mcg/act* | PG | Select OTC |
| *cvs budesonide nasal suspension 32 mcg/act* | PG | Select OTC |
| flonase allergy relief nasal suspension 50 mcg/act (*fluticasone propionate*) | PG | Select OTC |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | PG | |
| *fluticasone propionate nasal suspension 50 mcg/act* | PG | Select OTC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *mometasone furoate nasal suspension 50 mcg/act* | PG | |
| nasacort allergy 24hr children nasal aerosol 55 mcg/act (*triamcinolone acetonide*) | PG | Select OTC; QL (1 bottle per 1 month) |
| nasacort allergy 24hr nasal aerosol 55 mcg/act (*triamcinolone acetonide*) | PG | Select OTC; QL (1 bottle per 1 month) |
| *nasal allergy 24 hour nasal aerosol 55 mcg/act* | PG | Select OTC; QL (1 bottle per 1 month) |
| nasonex nasal suspension 50 mcg/act (*mometasone furoate*) | NP | ST |
| omnaris nasal suspension 50 mcg/act (*ciclesonide*) | NF | |
| qnasl childrens nasal aerosol solution 40 mcg/act (*beclomethasone diprop (nasal)*) | NF | |
| qnasl nasal aerosol solution 80 mcg/act (*beclomethasone diprop (nasal)*) | NF | |
| rhinocort allergy nasal suspension 32 mcg/act (*budesonide*) | PG | Select OTC |
| *triamcinolone acetonide nasal aerosol 55 mcg/act* | PG | Select OTC; QL (1 bottle per 1 month) |
| xhance nasal exhaler suspension 93 mcg/act (*fluticasone propionate*) | NP | PA; ST; QL (1 bottle per 30 days) |
| zetonna nasal aerosol solution 37 mcg/act (*ciclesonide*) | NF | |
| **PULMONARY FIBROSIS AGENTS** | | |
| ofev oral capsule 100 mg, 150 mg (*nintedanib esylate*) | NPSP | PA; SP; QL (2 EA per 1 day) |
| **SEVERE ASTHMA AGENTS** | | |
| dupixent solution pen-injector 300 mg/2ml subcutaneous 300 mg/2ml (*dupilumab*) | PSP | PA; NPL; SP; QL (2 injections per 1 month) |
| dupixent solution prefilled syringe 200 mg/1.14ml subcutaneous 200 mg/1.14ml (*dupilumab*) | PSP | PA; NPL; SP; QL (2 injections per 14 days) |
| dupixent solution prefilled syringe 300 mg/2ml subcutaneous 300 mg/2ml (*dupilumab*) | PSP | PA; NPL; SP; QL (2 injections per 1 month) |
| **STEROID INHALANTS - DRUGS TO TREAT ASTHMA** | | |
| alvesco inhalation aerosol solution 160 mcg/act, 80 mcg/act (*ciclesonide*) | NF | |
| armonair digihaler inhalation aerosol powder breath activated 113 mcg/act, 232 mcg/act, 55 mcg/act (*fluticasone propionate (inhal)*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| arnuity ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act (*fluticasone furoate*) | PB | QL (1 blister per 1 day) |
| asmanex (120 metered doses) inhalation aerosol powder breath activated 220 mcg/inh (*mometasone furoate*) | NF | |
| asmanex (14 metered doses) inhalation aerosol powder breath activated 220 mcg/inh (*mometasone furoate*) | NF | |
| 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 (7 metered doses) inhalation aerosol powder breath activated 110 mcg/inh (*mometasone furoate*) | NF | |
| asmanex hfa inhalation aerosol 100 mcg/act, 200 mcg/act, 50 mcg/act (*mometasone furoate*) | NF | |
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml* | PG | PA; QL (4 ML per 1 day) |
| *budesonide inhalation suspension 1 mg/2ml* | PG | PA; QL (4 ML per 1 day); AL |
| flovent diskus inhalation aerosol powder breath activated 100 mcg/blist, 250 mcg/blist, 50 mcg/blist (*fluticasone propionate (inhal)*) | PB | #; QL (2 blisters per 1 day) |
| flovent hfa inhalation aerosol 110 mcg/act (*fluticasone propionate hfa*) | PB | #; QL (1 inhaler per 1 month) |
| flovent hfa inhalation aerosol 220 mcg/act (*fluticasone propionate hfa*) | PB | #; QL (2 inhalers per 1 month) |
| flovent hfa inhalation aerosol 44 mcg/act (*fluticasone propionate hfa*) | NP | #; QL (1 inhaler per 1 month) |
| pulmicort flexhaler inhalation aerosol powder breath activated 180 mcg/act, 90 mcg/act (*budesonide*) | PB | #; QL (1 inhaler per 1 month) |
| pulmicort inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (*budesonide*) | NF | |
| pulmozyme inhalation solution 1 mg/ml (*dornase alfa*) | PSP | PA; SP; QL (2 ampules per 1 day) |
| qvar redihaler inhalation aerosol breath activated 40 mcg/act, 80 mcg/act (*beclomethasone diprop hfa*) | PB | QL (1 inhaler per 1 month) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| advair diskus inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (*fluticasone-salmeterol*) | PB | QL (2 inhalations per 1 day) |
| advair hfa inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act (*fluticasone-salmeterol*) | PB | UF13 (Listing does not include certain NDCs) |
| airduo digihaler inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act (*fluticasone-salmeterol*) | NF | |
| breo ellipta inhalation aerosol powder breath activated 100-25 mcg/inh, 200-25 mcg/inh (*fluticasone furoate-vilanterol*) | PB | UF13 (Listing does not include certain NDCs) |
| *budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act* | NF | |
| duaklir pressair inhalation aerosol powder breath activated 400-12 mcg/act (*aclidinium br-formoterol fum*) | NF | |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | NF | |
| symbicort inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act (*budesonide-formoterol fumarate*) | PB | QL (1 inhaler per 1 month) |
| *fluticasone-salmeterol* (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose) | NF | |
| **XANTHINES - DRUGS TO TREAT COPD** | | |
| *aminophylline intravenous solution 25 mg/ml* | NP | |
| elixophyllin oral elixir 80 mg/15ml (*theophylline*) | NP | |
| theo-24 oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 400 mg (*theophylline*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS** | | |
| **DERMATOLOGY, ACNE** | | |
| 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 | |
| aczone external gel 5 %, 7.5 % (*dapsone*) | NP | ST; QL (60 grams per 30 days) |
| *adapalene external cream 0.1 %* | NP | PA; AL |
| *adapalene external gel 0.3 %* | NP | PA; AL |
| *adapalene external pad 0.1 %* | NF | |
| *adapalene external solution 0.1 %* | NP | PA; AL |
| *adapalene-benzoyl peroxide external gel 0.1-2.5 %* | PG | PA; AL |
| aklief external cream 0.005 % (*trifarotene*) | NF | |
| altreno external lotion 0.05 % (*tretinoin*) | NF | # |
| *amnesteem oral capsule 10 mg, 20 mg, 40 mg* | NP | PA |
| amzeeq external foam 4 % (*minocycline hcl micronized*) | NF | |
| arazlo external lotion 0.045 % (*tazarotene*) | NP | QL (45 GM per 1 month) |
| atralin external gel 0.05 % (*tretinoin*) | NF | |
| *avita external cream 0.025 %* | PG | PA; AL |
| *avita external gel 0.025 %* | PG | PA; AL |
| azelex external cream 20 % (*azelaic acid*) | NF | |
| 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 | |
| *claravis oral capsule 10 mg* | NP | PA |
| *isotretinoin* (Claravis Oral Capsule 20 Mg, 30 Mg, 40 Mg) | NP | |
| cleocin-t external lotion 1 % (*clindamycin phosphate*) | NP | QL (2 ml per 1 day) |
| clindagel external gel 1 % (*clindamycin phosphate*) | NF | |
| *clindamycin phos-benzoyl perox external gel 1.2-2.5 %* | PG | ST |
| *clindamycin phos-benzoyl perox external gel 1.2-5 %* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *clindamycin phos-benzoyl perox external gel 1-5 %* | NP | ST |
| *clindamycin phosphate external foam 1 %* | NP | |
| *clindamycin phosphate external gel 1 %* | NP | QL (2.5 ml per 1 day) |
| *clindamycin phosphate external lotion 1 %* | NP | QL (2 ml per 1 day) |
| *clindamycin phosphate external solution 1 %* | NP | QL (2 ml per 1 day) |
| *clindamycin phosphate external swab 1 %* | PG | |
| *clindamycin-tretinoin external gel 1.2-0.025 %* | NP | PA; AL |
| *dapsone external gel 5 %* | PG | QL (60 grams per 30 dayss) |
| *dapsone external gel 7.5 %* | PG | QL (60 GM per 30 days) |
| differin external cream 0.1 % (*adapalene*) | NP | PA; AL |
| differin external gel 0.1 % (*adapalene*) | PG | PA; ST; Select OTC; AL |
| differin external gel 0.3 % (*adapalene*) | NP | PA; ST; AL |
| differin external lotion 0.1 % (*adapalene*) | NF | |
| epiduo external gel 0.1-2.5 % (*adapalene-benzoyl peroxide*) | PG | ST |
| epiduo forte external gel 0.3-2.5 % (*adapalene-benzoyl peroxide*) | PB | # |
| *ery external pad 2 %* | PG | |
| erygel external gel 2 % (*erythromycin*) | NP | QL (2 GM per 1 day) |
| *erythromycin external gel 2 %* | NP | QL (2 GM per 1 day) |
| *erythromycin external solution 2 %* | PG | QL (2 ml per 1 day) |
| fabior external foam 0.1 % (*tazarotene*) | NF | |
| inova 4/1 acne control therapy external kit 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*) | NP | |
| inova 8/2 acne control therapy external kit 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*) | NP | |
| *isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg* | NP | PA |
| klaron external lotion 10 % (*sulfacetamide sodium (acne)*) | NP | |
| *myorisan oral capsule 10 mg, 20 mg, 40 mg* | NP | PA |
| *isotretinoin* (Myorisan Oral Capsule 30 Mg) | NP | PA |
| *clindamycin-benzoyl per (refr)* (Neuac External Gel 1.2-5 %) | NP | |
| onexton external gel 1.2-3.75 % (*clindamycin phos-benzoyl perox*) | PB | ST; # |
| retin-a external cream 0.025 %, 0.05 %, 0.1 % (*tretinoin*) | NP | PA; ST; AL |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| retin-a external gel 0.01 %, 0.025 % (*tretinoin*) | NP | PA; ST; AL |
| retin-a micro external gel 0.04 %, 0.1 % (*tretinoin microsphere*) | NP | PA; ST; AL |
| retin-a micro pump external gel 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*) | NP | PA; ST; AL |
| *sulfacetamide sodium (acne) external lotion 10 %* | PG | |
| *tazarotene external foam 0.1 %* | NF | |
| *tretinoin external cream 0.025 %, 0.05 %, 0.1 %* | PG | PA; AL |
| *tretinoin external gel 0.01 %, 0.025 %* | PG | PA; AL |
| *tretinoin external gel 0.05 %* | NP | PA |
| *tretinoin microsphere external gel 0.04 %, 0.1 %* | PG | PA; AL |
| *tretinoin microsphere pump external gel 0.04 %* | PG | PA; AL |
| veltin external gel 1.2-0.025 % (*clindamycin-tretinoin*) | NF | AL |
| winlevi external cream 1 % (*clascoterone*) | NF | |
| *zenatane oral capsule 10 mg, 20 mg, 40 mg* | NP | PA |
| *isotretinoin* (Zenatane Oral Capsule 30 Mg) | NP | PA |
| ziana external gel 1.2-0.025 % (*clindamycin-tretinoin*) | NF | |
| **DERMATOLOGY, ACTINIC KERATOSIS** | | |
| carac external cream 0.5 % (*fluorouracil*) | NF | |
| efudex external cream 5 % (*fluorouracil*) | NP | |
| fluoroplex external cream 1 % (*fluorouracil*) | NF | |
| *fluorouracil external cream 0.5 %* | NF | |
| *fluorouracil external cream 5 %* | PG | |
| *fluorouracil external solution 2 %, 5 %* | PG | |
| *imiquimod external cream 5 %* | PG | QL (1 packet per 1 day) |
| *imiquimod pump external cream 3.75 %* | NP | ST; QL (1 pump per 1 month) |
| klisyri external ointment 1 % (*tirbanibulin*) | NF | |
| zyclara external cream 3.75 % (*imiquimod*) | NF | |
| zyclara pump external cream 2.5 % (*imiquimod*) | NF | |
| **DERMATOLOGY, ANTIBIOTICS** | | |
| altabax external ointment 1 % (*retapamulin*) | NP | |
| centany at external kit 2 % (*mupirocin*) | NP | |
| centany external ointment 2 % (*mupirocin*) | NP | QL (60 grams per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *gentamicin sulfate external cream 0.1 %* | PG | |
| *gentamicin sulfate external ointment 0.1 %* | PG | |
| *mupirocin calcium external cream 2 %* | NF | |
| *mupirocin external ointment 2 %* | PG | QL (60 gram per 30 days) |
| neo-synalar external cream 0.5-0.025 % (*neomycin-fluocinolone*) | NF | |
| *silver sulfadiazine external cream 1 %* | PG | |
| sulfamylon external cream 85 mg/gm (*mafenide acetate*) | NP | |
| xepi external cream 1 % (*ozenoxacin*) | NP | QL (1 tube per 1 month) |
| **DERMATOLOGY, ANTIFUNGALS** | | |
| *ciclopirox* (Ciclodan External Solution 8 %) | PG | PA |
| *ciclopirox external gel 0.77 %* | NP | |
| *ciclopirox external shampoo 1 %* | NP | |
| *ciclopirox external solution 8 %* | PG | PA |
| *ciclopirox olamine external cream 0.77 %* | PG | |
| *ciclopirox olamine external suspension 0.77 %* | NP | |
| *clotrimazole-betamethasone external cream 1-0.05 %* | PG | QL (2 grams per 1 day) |
| *clotrimazole-betamethasone external lotion 1-0.05 %* | PG | |
| *econazole nitrate external cream 1 %* | NP | QL (85 grams per 30 days) |
| ecoza external foam 1 % (*econazole nitrate*) | NF | |
| ertaczo external cream 2 % (*sertaconazole nitrate*) | NF | |
| exelderm external cream 1 % (*sulconazole nitrate*) | NP | ST; QL (60 grams per 1 month) |
| exelderm external solution 1 % (*sulconazole nitrate*) | NP | ST; QL (60 mls per 1 month) |
| extina external foam 2 % (*ketoconazole*) | NP | ST; QL (50 grams per 30 days) |
| jublia external solution 10 % (*efinaconazole*) | NF | # |
| *ketoconazole external cream 2 %* | PG | QL (2 grams per 1 day) |
| *ketoconazole external foam 2 %* | NF | |
| loprox external cream 0.77 % (*ciclopirox olamine*) | NF | |
| loprox external shampoo 1 % (*ciclopirox*) | NP | |
| loprox external suspension 0.77 % (*ciclopirox olamine*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *luliconazole external cream 1 %* | NF | |
| luzu external cream 1 % (*luliconazole*) | NF | |
| *miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %* | NP | |
| *naftifine hcl external cream 2 %* | NP | ST; QL (60 grams per 1 month) |
| *naftifine hcl external gel 1 %* | NP | ST; QL (60 grams per 1 month) |
| naftin external gel 1 % (*naftifine hcl*) | NF | |
| naftin external gel 2 % (*naftifine hcl*) | NF | # |
| *nyamyc external powder 100000 unit/gm* | PG | |
| *nystatin external cream 100000 unit/gm* | PG | |
| *nystatin external ointment 100000 unit/gm* | PG | |
| *nystatin external powder 100000 unit/gm* | PG | |
| *nystatin-triamcinolone external cream 100000-0.1 unit/gm-%* | PG | QL (60 grams per 1 month) |
| *nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%* | PG | |
| *nystop external powder 100000 unit/gm* | PG | |
| *oxiconazole nitrate external cream 1 %* | PG | ST; QL (2 grams per 1 day) |
| oxistat external cream 1 % (*oxiconazole nitrate*) | NF | |
| oxistat external lotion 1 % (*oxiconazole nitrate*) | NF | |
| *sulconazole nitrate external cream 1 %* | PG | QL (60 GM per 1 month) |
| *sulconazole nitrate external solution 1 %* | NP | ST; QL (60 ML per 1 month) |
| vusion external ointment 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*) | NF | |
| xolegel external gel 2 % (*ketoconazole*) | NF | |
| **DERMATOLOGY, ANTIPRURITIC** | | |
| *doxepin hcl external cream 5 %* | NF | |
| prudoxin external cream 5 % (*doxepin hcl (antipruritic)*) | NP | ST; QL (45 grams per 1 month) |
| zonalon external cream 5 % (*doxepin hcl (antipruritic)*) | NP | ST; QL (45 grams per 1 month) |
| **DERMATOLOGY, ANTIPSORIATICS** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | PG | QL (2 capsules per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *calcipotriene external cream 0.005 %* | NF | |
| *calcipotriene external foam 0.005 %* | NF | |
| *calcipotriene external ointment 0.005 %* | NP | ST |
| *calcipotriene external solution 0.005 %* | NP | |
| *calcitrene external ointment 0.005 %* | NP | ST |
| *calcitriol external ointment 3 mcg/gm* | NF | |
| cosentyx (300 mg dose) subcutaneous solution prefilled syringe 150 mg/ml (*secukinumab*) | PSP | PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (2 injections per 1 month) |
| cosentyx sensoready (300 mg) subcutaneous solution auto-injector 150 mg/ml (*secukinumab*) | PSP | PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (2 injections per 28 days) |
| cosentyx sensoready pen subcutaneous solution auto-injector 150 mg/ml (*secukinumab*) | PSP | PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (1 injection per 28 days) |
| cosentyx subcutaneous solution prefilled syringe 150 mg/ml (*secukinumab*) | PSP | PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (1 injection per 28 days) |
| cosentyx subcutaneous solution prefilled syringe 75 mg/0.5ml (*secukinumab*) | PSP | PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); SP; QL (1 box per 1 month) |
| dovonex external cream 0.005 % (*calcipotriene*) | NP | ST; QL (120 grams per 1 month) |
| ilumya subcutaneous solution prefilled syringe 100 mg/ml (*tildrakizumab-asmn*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methoxsalen rapid oral capsule 10 mg* | PG | |
| siliq subcutaneous solution prefilled syringe 210 mg/1.5ml (*brodalumab*) | NF | |
| soriatane oral capsule 10 mg, 25 mg (*acitretin*) | NP | QL (2 CAPS per 1 DAYS) |
| sorilux external foam 0.005 % (*calcipotriene*) | NF | |
| *tazarotene external cream 0.1 %* | PG | PA; AL |
| tazorac external cream 0.05 %, 0.1 % (*tazarotene*) | NF | AL |
| tazorac external gel 0.05 %, 0.1 % (*tazarotene*) | NF | AL |
| vectical external ointment 3 mcg/gm (*calcitriol*) | NF | |
| wynzora external cream 0.005-0.064 % (*calcipotriene-betameth diprop*) | NF | |
| **DERMATOLOGY, ANTISEBORRHEICS** | | |
| *ketoconazole external shampoo 2 %* | PG | |
| promiseb external cream (*antiseborrheic products, misc.*) | NP | |
| *selenium sulfide external lotion 2.5 %* | PG | |
| selrx external shampoo 2.3 % (*selenium sulfide*) | NF | |
| **DERMATOLOGY, ATOPIC DERMATITIS** | | |
| dupixent subcutaneous solution pen-injector 300 mg/2ml (*dupilumab*) | PSP | PA; NPL; SP; QL (2 injections per 1 month) |
| dupixent subcutaneous solution prefilled syringe 200 mg/1.14ml (*dupilumab*) | PSP | PA; NPL; SP; QL (2 injections per 14 days) |
| dupixent subcutaneous solution prefilled syringe 300 mg/2ml (*dupilumab*) | PSP | PA; NPL; SP; QL (2 injections per 1 month) |
| **DERMATOLOGY, CORTICOSTEROIDS** | | |
| ala scalp external lotion 2 % (*hydrocortisone*) | NF | |
| *alclometasone dipropionate external cream 0.05 %* | PG | |
| *alclometasone dipropionate external ointment 0.05 %* | PG | |
| *amcinonide external cream 0.1 %* | NP | |
| *amcinonide external lotion 0.1 %* | NP | |
| *amcinonide external ointment 0.1 %* | NP | |
| apexicon e external cream 0.05 % (*diflorasone diacet emoll base*) | NF | |
| *betamethasone dipropionate aug external cream 0.05 %* | PG | |
| *betamethasone dipropionate aug external gel 0.05 %* | PG | QL (100 grams per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *betamethasone dipropionate aug external lotion 0.05 %* | PG | QL (120 grams per 30 days) |
| *betamethasone dipropionate aug external ointment 0.05 %* | PG | QL (100 grams per 30 days) |
| *betamethasone dipropionate external cream 0.05 %* | PG | QL (120 grams per 1 month) |
| *betamethasone dipropionate external lotion 0.05 %* | PG | |
| *betamethasone dipropionate external ointment 0.05 %* | PG | QL (120 grams per 1 month) |
| *betamethasone valerate external cream 0.1 %* | NP | |
| *betamethasone valerate external foam 0.12 %* | NP | |
| *betamethasone valerate external lotion 0.1 %* | NP | |
| *betamethasone valerate external ointment 0.1 %* | NP | QL (120 grams per 1 month) |
| bryhali external lotion 0.01 % (*halobetasol propionate*) | NP | ST; QL (60 grams per 1 month) |
| *calcipotriene-betameth diprop external ointment 0.005-0.064 %* | NF | |
| *calcipotriene-betameth diprop external suspension 0.005-0.064 %* | NF | |
| capex external shampoo 0.01 % (*fluocinolone acetonide*) | NF | |
| *clobetasol propionate e external cream 0.05 %* | NP | QL (120 grams per 30 days) |
| *clobetasol propionate emulsion external foam 0.05 %* | NP | QL (100 grams per 30 days) |
| *clobetasol propionate external cream 0.05 %* | NP | QL (120 grams per 30 days) |
| *clobetasol propionate external foam 0.05 %* | NP | QL (100 grams per 30 days) |
| *clobetasol propionate external gel 0.05 %* | NP | QL (120 grams per 30 days) |
| *clobetasol propionate external liquid 0.05 %* | NF | |
| *clobetasol propionate external lotion 0.05 %* | NP | QL (236 ML per 30 days) |
| *clobetasol propionate external ointment 0.05 %* | NP | QL (120 grams per 30 days) |
| *clobetasol propionate external shampoo 0.05 %* | NP | QL (236 ML per 30 days) |
| *clobetasol propionate external solution 0.05 %* | NP | QL (100 grams per 30 days) |
| clobex external lotion 0.05 % (*clobetasol propionate*) | NP | |
| clobex external shampoo 0.05 % (*clobetasol propionate*) | NP | |
| clobex spray external liquid 0.05 % (*clobetasol propionate*) | NF | |
| *clocortolone pivalate external cream 0.1 %* | NF | |
| *clodan external shampoo 0.05 %* | NP | QL (236 ML per 30 days) |
| cloderm external cream 0.1 % (*clocortolone pivalate*) | NP | |
| cordran external cream 0.05 % (*flurandrenolide*) | NP | QL (4 grams per 1 day) |
| cordran external lotion 0.05 % (*flurandrenolide*) | NP | QL (4 grams per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| cordran external ointment 0.05 % (*flurandrenolide*) | NF | |
| cordran external tape 4 mcg/sqcm (*flurandrenolide*) | NF | |
| cutivate external lotion 0.05 % (*fluticasone propionate*) | NP | |
| derma-smoothe/fs body external oil 0.01 % (*fluocinolone acetonide*) | NP | |
| desonate external gel 0.05 % (*desonide*) | NP | |
| *desonide external cream 0.05 %* | NP | |
| *desonide external gel 0.05 %* | NF | |
| *desonide external lotion 0.05 %* | NP | |
| *desonide external ointment 0.05 %* | NP | |
| desowen external cream 0.05 % (*desonide*) | NP | |
| *desoximetasone external cream 0.05 %, 0.25 %* | NP | |
| *desoximetasone external gel 0.05 %* | NP | |
| *desoximetasone external liquid 0.25 %* | PG | QL (100 mls per 1 month) |
| *desoximetasone external ointment 0.05 %* | NF | |
| *desoximetasone external ointment 0.25 %* | NP | QL (120 grams per 1 month) |
| *diflorasone diacetate external cream 0.05 %* | NF | |
| *diflorasone diacetate external ointment 0.05 %* | NF | |
| diprolene af external cream 0.05 % (*betamethasone dipropionate aug*) | NP | |
| diprolene external ointment 0.05 % (*betamethasone dipropionate aug*) | NP | |
| duobrii external lotion 0.01-0.045 % (*halobetasol prop-tazarotene*) | PB | |
| enstilar external foam 0.005-0.064 % (*calcipotriene-betameth diprop*) | PB | |
| *fluocinolone acetonide body external oil 0.01 %* | PG | |
| *fluocinolone acetonide external cream 0.01 %, 0.025 %* | NP | |
| *fluocinolone acetonide external ointment 0.025 %* | NP | |
| *fluocinolone acetonide external solution 0.01 %* | PG | |
| *fluocinolone acetonide powder* | NP | |
| *fluocinonide emulsified base external cream 0.05 %* | PG | QL (4 grams per 1 day) |
| *fluocinonide external cream 0.05 %* | NP | ST; QL (120 grams per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *fluocinonide external cream 0.1 %* | NF | |
| *fluocinonide external gel 0.05 %* | NP | QL (120 grams per 30 days) |
| *fluocinonide external ointment 0.05 %* | NP | QL (120 grams per 30 days) |
| *fluocinonide external solution 0.05 %* | PG | QL (120 grams per 30 days) |
| *flurandrenolide external cream 0.05 %* | NF | |
| *flurandrenolide external lotion 0.05 %* | NF | |
| *flurandrenolide external ointment 0.05 %* | NF | |
| *fluticasone propionate external cream 0.05 %* | NP | |
| *fluticasone propionate external lotion 0.05 %* | NP | |
| *fluticasone propionate external ointment 0.005 %* | PG | |
| *halcinonide external cream 0.1 %* | NF | |
| *halobetasol propionate external cream 0.05 %* | NP | QL (50 grams per 30 days) |
| *halobetasol propionate external foam 0.05 %* | NF | |
| *halobetasol propionate external ointment 0.05 %* | NP | QL (50 grams per 30 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 lotion 0.1 %* | NF | |
| *hydrocortisone butyrate external ointment 0.1 %* | PG | |
| *hydrocortisone butyrate external solution 0.1 %* | PG | |
| *hydrocortisone external cream 2.5 %* | PG | |
| *hydrocortisone external lotion 2.5 %* | PG | |
| *hydrocortisone external ointment 2.5 %* | PG | |
| *hydrocortisone valerate external cream 0.2 %* | PG | |
| *hydrocortisone valerate external ointment 0.2 %* | PG | |
| impeklo external lotion 0.15 mg/act (0.05%) (*clobetasol propionate*) | NF | |
| impoyz external cream 0.025 % (*clobetasol propionate*) | NF | # |
| kenalog external aerosol solution 0.147 mg/gm (*triamcinolone acetonide*) | NF | |
| lexette external foam 0.05 % (*halobetasol propionate*) | NF | |
| locoid external lotion 0.1 % (*hydrocortisone butyrate*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| locoid lipocream external cream 0.1 % (*hydrocortisone butyr lipo base*) | NF | |
| luxiq external foam 0.12 % (*betamethasone valerate*) | NF | |
| *mometasone furoate external cream 0.1 %* | NP | |
| *mometasone furoate external ointment 0.1 %* | NP | |
| *mometasone furoate external solution 0.1 %* | PG | |
| *flurandrenolide* (Nolix External Cream 0.05 %) | NF | |
| *flurandrenolide* (Nolix External Lotion 0.05 %) | NF | |
| olux external foam 0.05 % (*clobetasol propionate*) | NP | |
| olux-e external foam 0.05 % (*clobetasol propionate emulsion*) | NF | |
| pandel external cream 0.1 % (*hydrocortisone probutate*) | NP | |
| *prednicarbate external ointment 0.1 %* | NP | |
| *psorcon external cream 0.05 %* | NF | |
| sernivo external emulsion 0.05 % (*betamethasone dipropionate*) | NP | ST; QL (4 mls per 1 day) |
| synalar external cream 0.025 % (*fluocinolone acetonide*) | NP | |
| synalar external ointment 0.025 % (*fluocinolone acetonide*) | NP | |
| taclonex external ointment 0.005-0.064 % (*calcipotriene-betameth diprop*) | PB | |
| taclonex external suspension 0.005-0.064 % (*calcipotriene-betameth diprop*) | PB | |
| temovate external cream 0.05 % (*clobetasol propionate*) | NP | QL (120 grams per 30 days) |
| temovate external ointment 0.05 % (*clobetasol propionate*) | NP | |
| texacort external solution 2.5 % (*hydrocortisone*) | PB | |
| topicort external cream 0.05 %, 0.25 % (*desoximetasone*) | NP | |
| topicort external gel 0.05 % (*desoximetasone*) | NP | |
| topicort external ointment 0.05 % (*desoximetasone*) | NP | |
| topicort external ointment 0.25 % (*desoximetasone*) | NP | QL (120 grams per 1 month) |
| topicort spray external liquid 0.25 % (*desoximetasone*) | NP | ST; QL (4 mls per 1 day) |
| *triamcinolone acetonide external aerosol solution 0.147 mg/gm* | NF | |
| *triamcinolone acetonide external cream 0.025 %, 0.5 %* | PG | |
| *triamcinolone acetonide external cream 0.1 %* | PG | QL (60 grams per 1 month) |
| *triamcinolone acetonide external lotion 0.025 %, 0.1 %* | PG | |
| *triamcinolone acetonide external ointment 0.025 %, 0.5 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *triamcinolone acetonide external ointment 0.1 %* | PG | QL (60 grams per 1 month) |
| *triderm external cream 0.1 %* | PG | QL (60 grams per 1 month) |
| *triamcinolone acetonide* (Triderm External Cream 0.5 %) | PG | |
| tridesilon external cream 0.05 % (*desonide*) | NP | |
| ultravate external lotion 0.05 % (*halobetasol propionate*) | NF | |
| vanos external cream 0.1 % (*fluocinonide*) | NF | |
| verdeso external foam 0.05 % (*desonide*) | NF | |
| **DERMATOLOGY, LOCAL ANESTHETICS** | | |
| epifoam external foam 1-1 % (*pramoxine-hc*) | NP | |
| gebauers pain ease external aerosol (*pentafluoroprop-tetrafluoroeth*) | NP | |
| gebauers spray and stretch external aerosol (*pentafluoroprop-tetrafluoroeth*) | NP | |
| *lidocaine hcl* (Glydo External Prefilled Syringe 2 %) | PG | QL (2 mls per 1 day) |
| *lidocaine external ointment 5 %* | NF | |
| *lidocaine external patch 5 %* | NP | PA; ST; QL (3 patches per 1 day) |
| *lidocaine hcl external solution 4 %* | PG | QL (50 ml per 30 days) |
| *lidocaine hcl urethral/mucosal external gel 2 %* | PG | QL (2 mls per 1 day) |
| *lidocaine hcl urethral/mucosal external prefilled syringe 2 %* | PG | QL (2 mls per 1 day) |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | PG | PA; QL (30 GM per 30 days) |
| *lidocaine-tetracaine external cream 7-7 %* | NF | |
| lidoderm external patch 5 % (*lidocaine*) | NP | PA |
| pliaglis external cream 7-7 % (*lidocaine-tetracaine*) | NF | |
| pramosone external cream 1-1 % (*pramoxine-hc*) | NP | |
| pramosone external lotion 1-2.5 % (*pramoxine-hc*) | NP | |
| pramosone external ointment 1-2.5 % (*pramoxine-hc*) | NP | |
| *premium lidocaine external ointment 5 %* | NF | |
| sx1 medicated post-operative external kit 2 % (*lidocaine hcl & post-op system*) | NF | |
| synera external patch 70-70 mg (*lidocaine-tetracaine*) | NP | PA; QL (10 patches per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE** | | |
| abreva external cream 10 % (*docosanol*) | PG | Select OTC |
| *acyclovir external cream 5 %* | NF | |
| *acyclovir external ointment 5 %* | NP | |
| aldara external cream 5 % (*imiquimod*) | NP | QL (1 packet per 1 day) |
| ameluz external gel 10 % (*aminolevulinic acid hcl*) | NF | # |
| *ammonium lactate external cream 12 %* | NP | |
| *ammonium lactate external lotion 12 %* | NP | |
| *cantharidin powder* | NP | |
| *chlorhexidine gluconate solution 20 %* | NP | |
| *coal tar external solution 20 %* | PG | |
| *collagenase powder* | NP | |
| condylox external gel 0.5 % (*podofilox*) | NP | |
| denavir external cream 1 % (*penciclovir*) | NF | # |
| *diclofenac epolamine external patch 1.3 %* | PG | QL (2 patches per 1 day) |
| *diclofenac sodium external solution 1.5 %* | PG | QL (10 ML per 1 day) |
| *docosanol external cream 10 %* | PG | Select OTC |
| elidel external cream 1 % (*pimecrolimus*) | NF | |
| epiceram external emulsion (*dermatological products, misc.*) | NP | |
| eucrisa external ointment 2 % (*crisaborole*) | NP | PA; ST; QL (60 grams per 1 month) |
| *finasteride oral tablet 1 mg* | NP | |
| flector external patch 1.3 % (*diclofenac epolamine*) | NF | |
| genadur external liquid (*dermatological products, misc.*) | NP | |
| hylatopic plus external cream (*dermatological products, misc.*) | NP | |
| iodosorb external gel 0.9 % (*cadexomer iodine*) | NP | |
| keralyt scalp external kit 6 % (*salicylic acid*) | NP | |
| kerr triple dye swabs external swab (*triple dye*) | NP | |
| *lactic acid e external cream 10-3500 %-unt/30gm* | NP | |
| latisse external solution 0.03 % (*bimatoprost*) | NP | |
| levulan kerastick external solution reconstituted 20 % (*aminolevulinic acid hcl*) | NP | QL (1 stick per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| licart external patch 24 hour 1.3 % (*diclofenac epolamine*) | NF | |
| *lugols strong iodine external solution 5-10 %* | NP | |
| neosalus external foam (*dermatological products, misc.*) | NP | |
| neosalus external lotion (*dermatological products, misc.*) | NP | |
| panretin external gel 0.1 % (*alitretinoin*) | PB | |
| pennsaid external solution 2 % (*diclofenac sodium*) | NF | |
| *pimecrolimus external cream 1 %* | NP | PA; ST |
| propecia oral tablet 1 mg (*finasteride*) | NP | |
| protopic external ointment 0.03 %, 0.1 % (*tacrolimus*) | NP | PA; ST |
| qbrexza external pad 2.4 % (*glycopyrronium tosylate*) | NP | PA; ST; QL (1 pad per 1 day) |
| refissa external cream 0.05 % (*tretinoin (facial wrinkles)*) | PG | |
| santyl external ointment 250 unit/gm (*collagenase*) | NP | QL (60 grams per 30 days) |
| silvadene external cream 1 % (*silver sulfadiazine*) | NP | |
| sulfamylon external packet 5 % (*mafenide acetate*) | NP | |
| *tacrolimus external ointment 0.03 %, 0.1 %* | NP | PA; ST |
| targretin external gel 1 % (*bexarotene*) | NPSP | PA; SP |
| *tretinoin (emollient) external cream 0.05 %* | NP | AL |
| tri-luma external cream 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*) | NP | |
| valchlor external gel 0.016 % (*mechlorethamine hcl (topical)*) | NPSP | PA; #; SP; QL (4 grams per 1 day) |
| veregen external ointment 15 % (*sinecatechins*) | NF | |
| xerac ac external solution 6.25 % (*aluminum chloride in alcohol*) | PB | |
| zovirax external cream 5 % (*acyclovir*) | NF | |
| zovirax external ointment 5 % (*acyclovir*) | NF | |
| zyclara pump external cream 3.75 % (*imiquimod*) | NF | |
| **DERMATOLOGY, ROSACEA** | | |
| *azelaic acid external gel 15 %* | NP | |
| *doxycycline oral capsule delayed release 40 mg* | NP | QL (1 capsules per 1 day) |
| finacea external foam 15 % (*azelaic acid*) | PB | PA |
| finacea external gel 15 % (*azelaic acid*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| metrocream external cream 0.75 % (*metronidazole*) | NP | |
| metrogel external gel 1 % (*metronidazole*) | NF | |
| metrolotion external lotion 0.75 % (*metronidazole*) | NP | |
| *metronidazole external gel 0.75 %* | PG | |
| *metronidazole external gel 1 %* | NP | |
| mirvaso external gel 0.33 % (*brimonidine tartrate*) | NP | PA; ST |
| noritate external cream 1 % (*metronidazole*) | NF | |
| oracea oral capsule delayed release 40 mg (*doxycycline*) | PB | |
| rhofade external cream 1 % (*oxymetazoline hcl*) | NF | |
| *rosadan external gel 0.75 %* | PG | |
| soolantra external cream 1 % (*ivermectin*) | NF | |
| zilxi external foam 1.5 % (*minocycline hcl micronized*) | NF | |
| **DERMATOLOGY, SCABICIDES AND PEDICULIDES** | | |
| crotan external lotion 10 % (*crotamiton*) | PG | |
| *ivermectin external lotion 0.5 %* | NP | |
| *lindane external shampoo 1 %* | PG | |
| *malathion external lotion 0.5 %* | PG | |
| natroba external suspension 0.9 % (*spinosad*) | NP | |
| ovide external lotion 0.5 % (*malathion*) | NP | |
| *permethrin external cream 5 %* | PG | |
| *spinosad external suspension 0.9 %* | PG | |
| **DERMATOLOGY, WOUND CARE AGENTS** | | |
| biafine external emulsion (*wound dressings*) | NP | |
| bionect external cream 0.2 % (*hyaluronate sodium*) | NP | |
| bionect external gel 0.2 % (*hyaluronate sodium*) | NP | |
| radiaplexrx external gel (*wound dressings*) | NP | |
| regenecare external gel 2 % (*lidocaine-collagen-aloe vera*) | NP | |
| regranex external gel 0.01 % (*becaplermin*) | NP | PA; QL (30 grams per 1 month) |
| sonafine external emulsion (*wound dressings*) | NP | |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| *cevimeline hcl oral capsule 30 mg* | PG | QL (3 capsules per 1 day) |
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *clotrimazole mouth/throat troche 10 mg* | PG | |
| evoxac oral capsule 30 mg (*cevimeline hcl*) | NP | QL (3 capsules per 1 day) |
| first-mouthwash blm mouth/throat suspension (*dph-lido-alhydr-mghydr-simeth*) | NP | |
| *lidocaine hcl mouth/throat solution 4 %* | PG | |
| *nystatin mouth/throat suspension 100000 unit/ml* | PG | |
| *oralone mouth/throat paste 0.1 %* | PG | |
| oramagicrx mouth/throat suspension reconstituted (*oral wound care products*) | NP | |
| oravig buccal tablet 50 mg (*miconazole*) | NP | QL (14 tablets per 1 fill) |
| *chlorhexidine gluconate* (Paroex Mouth/Throat Solution 0.12 %) | PG | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | PG | |
| salagen oral tablet 5 mg (*pilocarpine hcl*) | NF | |
| salagen oral tablet 7.5 mg (*pilocarpine hcl*) | NP | |
| *triamcinolone acetonide mouth/throat paste 0.1 %* | PG | |
| **OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR** | | |
| *acetasol hc otic solution 2-1 %* | PG | |
| *acetic acid otic solution 2 %* | PG | |
| cetraxal otic solution 0.2 % (*ciprofloxacin hcl*) | NP | |
| cipro hc otic suspension 0.2-1 % (*ciprofloxacin-hydrocortisone*) | NF | # |
| ciprodex otic suspension 0.3-0.1 % (*ciprofloxacin-dexamethasone*) | NF | |
| *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 | |
| dermotic otic oil 0.01 % (*fluocinolone acetonide*) | NP | |
| *fluocinolone acetonide otic oil 0.01 %* | NP | |
| *hydrocortisone-acetic acid otic solution 1-2 %* | PG | |
| *neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1* | PG | |
| *neomycin-polymyxin-hc otic suspension 3.5-10000-1* | PG | |
| *ofloxacin otic solution 0.3 %* | PG | |
| otiprio intratympanic suspension 6 % (*ciprofloxacin*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| otovel otic solution 0.3-0.025 % (*ciprofloxacin-fluocinolone*) | NF | |

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