2021 Aetna Pharmacy Drug Guide

Aetna Value Plus Plan - California

Visit **www.aetna.com/formulary** for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

The Medical plan names to which this document applies to in the state of California are listed below:

Plan Name

Aetna Value Network HMO
Aetna Value Network HMO HDHP
AHF OA Managed Choice® POS
AHF Savings Plus OA Managed Choice® POS
AWH MemorialCare OA Elect Choice® EPO
AWH MemorialCare OA Managed Choice® POS
AWH MemorialCare OA Managed Choice® POS HDHP
AWH PrimeCare HMO
AWH PrimeCare OA Elect Choice® EPO
AWH PrimeCare OA Managed Choice® POS
AWH PrimeCare OA Managed Choice® POS HDHP
AWH Providence OA Elect Choice® EPO
AWH Providence OA Managed Choice® POS
AWH Providence OA Managed Choice® POS HDHP
AWH Sharp OA Elect Choice® EPO
AWH Sharp OA Managed Choice® POS
AWH Sharp OA Managed Choice® POS HDHP
AWH Southern California HMO
HMO
HMO Basic
HMO Basic HDHP
HMO Deductible
HMO Deductible HDHP
HMO HDHP
OA Managed Choice POS
OA Managed Choice POS HDHP
Open Choice PPO
Open Choice PPO HDHP
Savings Plus OA Managed Choice® POS
Savings Plus OA Managed Choice® POS HDHP

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Definitions

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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.

Refer to the Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG (*carvedilol*))
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol* (Azurette)).
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.
- Therapeutic categories and classes are based on the Medispan therapeutic classification system.

Your plan includes

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

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine 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 – PG (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand and generic – NPB (tier 3):** a higher cost share
- **Preferred Specialty – PSP (tier 4):** lower cost share for specialty drugs
- **Non-preferred Specialty – NPSP (tier 5):** higher cost share for non-preferred specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

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 example your copayments and maximum dollar amounts.

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax: 1-800-323-2445**
  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 with 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 service 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 prior authorization?

Prior authorization is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Prior authorization means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, Prior authorization 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(s) 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 prior authorization, 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 prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. 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.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval from us for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on www.availity.com.
- Call the Aetna Pharmacy prior authorization 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

Can the formulary change during the year?

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

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the 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.

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.

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at **www.aetna.com**.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-802-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation 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 race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 24030, Fresno, CA 93779
1-800-648-7817, TTY: **711**, Fax: 860-262-7705
CRCoordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at www.insurance.ca.gov, or at: Consumer Services Division, 300 Spring Street South Tower, Los Angeles CA 90013, or at 1-800-927-HELP (4357), TDD: **1-800-482-4TDD** (4833).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can 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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᏏᏅᏂᏯᏍᏗ ᏔᏙᏅᏓᏁᏗ Ꮳ ᎠᏀᏍᏗ ᏗᏥᎦᏔᏁᏗ ᏯᎥ, ᏫᏙᏯᏰᏔᏏ ᏫᏍᏗ ᏗᏋᏍᏗ ᏂᏚᏍᏔᏅᏁ ᏝᏍᏗ ID ᏗᏂᏲᏍᏗ ᏥᏕᏔ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	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.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန္ၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟ့ၣ်အီ၊အဂီၢ်,ကိးဘၣ်လီတဲစိနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိ၊နၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah níl̨ı̨go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajı̨’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yoƀugo, ewnu lamba je ɓon windi ha do ɓerowol maaɓa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܒܝܕ ܗܢܒܩܐ ܬܠܝ ܒܝܠܝܢܐ ܕܫܘܬܐ ܕܠܫܢܐ ܕܚܢܢܐ ܕܠܝܬܗ ܚܫܒܢܐ، ܡܢܒܚܐ ܒܝܬܗ ܕܠ ܒܛܐܩܐ ܕܗܘܝܬܐ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	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.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

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. 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.

Information is 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), prior authorization, 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, prior authorization 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 prior authorization 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 prescriber 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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List of Abbreviations

CE: Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

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

NP: Non-Preferred Brand and Generic

NPSP: Non-Preferred Specialty

PB: Preferred Brand

PG: Preferred Generic

PSP: Preferred Specialty

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

AL: Age Limit

ARC: Age Restricted Coverage

IBC: Indication Based Coverage

LGC: Lowest Generic Copay

MPG: PG tier applies to members residing in Massachusetts.

MST: Step Therapy does not apply to members residing in Massachusetts.

N2: Drug tier when CE does not apply

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

PA: Prior Authorization

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The formulary is updated the first week of each month

10/01/2021

CE=Copay Exception | PG=Preferred Generic | PB=Preferred Brand | NP=Non-Preferred Brand and Generic | PSP=Preferred Specialty | NPSP= Non-Preferred Specialty | NF=Non-Formulary | PA=Prior Authorization |ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | LGC=Lowest Generic Copay |MST=ST does not apply to MA residents | MPG=PG applies to MA Residents | PPA=PA does not apply to PA residents | NPL=National |Precertification | #=Generic coming to market | SP=Specialty Network; 30 day supply | N2=Drug tier when CE does not apply |Select OTC=You may have coverage for products noted with a doctor's prescription.

PPA: Prior Authorization does not apply to members residing in Pennsylvania and Washiington.

QL: Quantity Limit

Select OTC: Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.

SP: You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

ST: Step Therapy

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

UF13: Drug Specific Coverage

UF9: Drug tier for Student Health members residing in Colorado.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

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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	
GOUT - DRUGS TO TREAT GOUT		
allopurinol oral tablet 100 mg, 300 mg	PG	
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	PG	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	PA; SP
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NP	QL (2 capsules per 1 day)
probenecid oral tablet 500 mg	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (*allopurinol*)	NP	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	NPSP	SP
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	NP	UF9 (PB)
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	PG	QL (48 tablets per 1 month)
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	NF	
butalbital-acetaminophen oral capsule 50-300 mg	PG	QL (48 capsules per 1 month)
butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	PG	QL (48 tablets per 1 month)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	PG	QL (48 tablets per 1 month)
butalbital-asa-caffeine oral capsule 50-325-40 mg	PG	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	PG	QL (48 capsules per 1 month)
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	PG	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NP	QL (48 tablets per 1 month)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (*butalbital-apap-caffeine*)	NF	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketoprofen oral capsule 25 mg	NF	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mefenamic acid oral capsule 250 mg	NF	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral tablet 15 mg, 7.5 mg	PG	
MOBIC ORAL TABLET 15 MG, 7.5 MG (*meloxicam*)	NP	
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	
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	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	#
ibuprofen-famotidine oral tablet 800-26.6 mg	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 (*buprenorphine hcl-naloxone hcl*)	NF	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	PG	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 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 tabs per 1 day)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	NP	PA; UF13 (Subject to initial limit); 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, 2.9-0.71 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, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	PB	MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tabs 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)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine oral solution 120-12 mg/5ml	PG	PA; UF13 (Subject to initial limit); QL (90 mls per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	PG	PA; UF13 (Subject to initial limit); QL (13 tablets per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	PG	PA; UF13 (Subject to initial limit); QL (12 tablets per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	PG	PA; UF13 (Subject to initial limit); 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 lozenge per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NF	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	NP	PA; UF13 (Subject to initial limit); QL (10 capsules per 1 day)
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	PG	PA; UF13 (Subject to initial limit); QL (10 tablets per 1 day)
butalbital-asa-caff-codeine (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; UF13 (Subject to initial limit); 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butorphanol tartrate nasal solution 10 mg/ml	NP	PA; QL (2 bottles per 30 days)
codeine sulfate oral tablet 15 mg	NP	PA; QL (6 tablets per day for 7 days only per 90 days)
codeine sulfate oral tablet 30 mg	PG	PA; UF13 (Subject to initial limit); QL (6 tablets per day for 7 days only per 90 days)
codeine sulfate oral tablet 60 mg	NP	PA; UF13 (Subject to initial limit); 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)
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NP	PA; UF13 (Subject to initial limit); QL (20 ml per 1 day)
DILAUDID ORAL TABLET 2 MG (*hydromorphone hcl*)	NP	PA; UF13 (Subject to initial limit); QL (6 tablets per 7 days)
DILAUDID ORAL TABLET 4 MG (*hydromorphone hcl*)	NP	PA; UF13 (Subject to initial limit); QL (5 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*)	NP	PA; UF13 (Subject to initial limit); QL (2 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)	PG	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
oxycodone-acetaminophen (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 lozenge per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	PG	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	UF13 (Subject to initial limit); 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; UF13 (Subject to initial limit); 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; UF13 (Subject to initial limit); QL (6 tablets per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	PG	PA; UF13 (Subject to initial limit); QL (8 tablets per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	PG	PA; UF13 (Subject to initial limit); 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone hcl oral liquid 1 mg/ml	PG	PA; UF13 (Subject to initial limit); QL (20 ml per 1 day)
hydromorphone hcl oral tablet 2 mg	PG	PA; UF13 (Subject to initial limit); QL (6 tablets per 7 days)
hydromorphone hcl oral tablet 4 mg	PG	PA; UF13 (Subject to initial limit); QL (5 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	PG	PA; UF13 (Subject to initial limit); QL (2 tablets per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
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	PA; UF13 (Subject to initial limit); QL (67.5 ml per 1 day)
meperidine hcl oral solution 50 mg/5ml	NF	
meperidine hcl oral tablet 50 mg	NF	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	NP	PA; ST; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 MLS per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone hcl oral tablet soluble 40 mg	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (9 tablets per 1 month)
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)
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.)
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; UF13 (Subject to initial limit); QL (4.5 MLS per 1 day)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; UF13 (Subject to initial limit); QL (30 mls per 1 day)
morphine sulfate oral solution 20 mg/5ml	PG	PA; UF13 (Subject to initial limit); QL (22.5 MLS per 1 day)
morphine sulfate oral tablet 15 mg	PG	PA; UF13 (Subject to initial limit); QL (6 tablets per 1 day)
morphine sulfate oral tablet 30 mg	PG	PA; UF13 (Subject to initial limit); QL (3 tablets per 1 day)
morphine sulfate rectal suppository 10 mg, 5 mg	PG	PA; UF13 (Subject to initial limit); QL (6 suppositories per 1 day)
morphine sulfate rectal suppository 20 mg	PG	PA; UF13 (Subject to initial limit); QL (4 suppositories per 1 day)
morphine sulfate rectal suppository 30 mg	PG	PA; UF13 (Subject to initial limit); 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)
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*)	PB	PA; ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 100 MG (*tapentadol hcl*)	PB	PA; UF13 (Subject to initial limit); QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (*tapentadol hcl*)	PB	PA; UF13 (Subject to initial limit); QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (*tapentadol hcl*)	PB	PA; UF13 (Subject to initial limit); 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; UF13 (Subject to initial limit); QL (6 capsules per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml	PG	PA; UF13 (Subject to initial limit); QL (3 MLS per 1 day)
oxycodone hcl oral solution 5 mg/5ml	PG	PA; UF13 (Subject to initial limit); QL (30 mls per 1 day)
oxycodone hcl oral tablet 10 mg, 5 mg	PG	PA; UF13 (Subject to initial limit); QL (6 tablets per 1 day)
oxycodone hcl oral tablet 15 mg	PG	PA; UF13 (Subject to initial limit); QL (4 tablets per 1 day)
oxycodone hcl oral tablet 20 mg	PG	PA; UF13 (Subject to initial limit); QL (3 tablets per 1 day)
oxycodone hcl oral tablet 30 mg	PG	PA; UF13 (Subject to initial limit); QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; UF13 (Subject to initial limit); QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	PG	PA; UF13 (Subject to initial limit); QL (12 tablets per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	PG	PA; UF13 (Subject to initial limit); 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; UF13 (Subject to initial limit); QL (3 tablets per 1 day)
oxymorphone hcl oral tablet 5 mg	PG	PA; UF13 (Subject to initial limit); 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROXICODONE ORAL TABLET 15 MG (*oxycodone hcl*)	NP	PA; UF13 (Subject to initial limit); QL (4 tablets per 1 day)
ROXICODONE ORAL TABLET 30 MG (*oxycodone hcl*)	NP	PA; UF13 (Subject to initial limit); QL (2 tablets per 1 day)
ROXICODONE ORAL TABLET 5 MG (*oxycodone hcl*)	NP	PA; UF13 (Subject to initial limit); 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*)	PB	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	
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; UF13 (Subject to initial limit); QL (6 tablets per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	PG	PA; UF13 (Subject to initial limit); QL (40 tablets per 1 month)
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	PG	PA; QL (10 capsules per 1 day)
ULTRACET ORAL TABLET 37.5-325 MG (*tramadol-acetaminophen*)	NP	PA; UF13 (Subject to initial limit); QL (40 tablets per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAM ORAL TABLET 50 MG (*tramadol hcl*)	NP	PA; UF13 (Subject to initial limit); QL (6 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG (*hydrocodone-acetaminophen*)	NP	PA; UF13 (Subject to initial limit); 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)
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	PA; ST; QL (2 films per 1 day)
buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg	PG	PA; QL (2 films per 1 day)
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	
icatibant acetate (Sajazir Subcutaneous Solution 30 Mg/3Ml)	PSP	PA; NPL; SP; QL (15 syringes per 1 month)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	PSP	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 (*aspirin*)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan*)	NPSP	PA; ST; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ANTI - INFECTIVES		
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	PG	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	NPSP	PA; SP
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	PSP	PA; QL (8 mls per 1 day)
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NF	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NPSP	PA; SP; QL (10 ml per 1 day)
neomycin sulfate oral tablet 500 mg	PG	
paromomycin sulfate oral capsule 250 mg	PG	
sulfadiazine oral tablet 500 mg	NP	
tinidazole oral tablet 250 mg, 500 mg	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA; SP; QL (10 ml per 1 day)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (*flucytosine*)	NP	
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NP	ST; QL (4 tablets per 7 days)
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 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	
griseofulvin microsize oral tablet 500 mg	PG	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	PG	
itraconazole oral capsule 100 mg	PG	
itraconazole oral solution 10 mg/ml	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketoconazole oral tablet 200 mg	PG	PA
LAMISIL ORAL TABLET 250 MG (*terbinafine hcl*)	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 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	
albendazole oral tablet 200 mg	NP	QL (336 tablets per 365 days)
ALBENZA ORAL TABLET 200 MG (*albendazole*)	NP	QL (336 tablets per 1 year)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NP	#; QL (180 ML per 3 days)
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NP	QL (6 tablets per 3 days)
atovaquone oral suspension 750 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	NP	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	NP	
benznidazole oral tablet 100 mg, 12.5 mg	NP	
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NP	QL (24 tablets per 1 year)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NPSP	PA; #; SP; QL (84 ml per 1 month)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	NP	
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	
dapsone oral tablet 100 mg, 25 mg	PG	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	NP	QL (6 tablets per 3 days)
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	#
ivermectin oral tablet 3 mg	PG	
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	NP	
linezolid oral suspension reconstituted 100 mg/5ml	PG	PA
linezolid oral tablet 600 mg	PG	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	
methenamine hippurate oral tablet 1 gm	PG	
methenamine mandelate oral tablet 0.5 gm, 1 gm	PG	
metronidazole oral capsule 375 mg	PG	
metronidazole oral tablet 250 mg, 500 mg	PG	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	NP	
nitazoxanide oral tablet 500 mg	PG	QL (6 tablets per 3 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 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	QL (24 tablets per 1 year)
pyrimethamine oral tablet 25 mg	PG	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NP	PA
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NF	
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOCIN HCL ORAL CAPSULE 125 MG (*vancomycin hcl*)	NP	QL (8 capsules a day per 10 days)
VANCOCIN ORAL CAPSULE 250 MG (*vancomycin hcl*)	NP	QL (8 capsules a day per 10 days)
vancomycin hcl oral capsule 125 mg, 250 mg	NP	QL (8 capsules a day per 10 days)
XENLETA ORAL TABLET 600 MG (*lefamulin acetate*)	NP	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NF	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NF	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NF	
ANTIMALARIALS - DRUGS 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NP	#; QL (6 capsules per 1 day)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	PB	UF9 (PB); QL (2 tablets 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	PA; #; 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*)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	QL (2 packets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	QL (6 tablets per 1 day)
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 30 days)
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 ORAL CAPSULE 100 MG (*zidovudine*)	NP	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NP	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NP	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG, 75 MG (*maraviroc*)	NP	#; QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (*maraviroc*)	NP	#; QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 300 MG (*maraviroc*)	NP	#; 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)
tenofovir disoproxil fumarate oral tablet 300 mg	PG	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG (*dolutegravir sodium*)	PB	QL (8 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG (*dolutegravir sodium*)	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	PB	QL (2 tabs per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	NF	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NP	UF9 (PB); QL (1 tablet 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*)	NP	QL (1 tab per 1 day)
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NP	#; QL (4 bottles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	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*)	PB	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)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	PG	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	UF9 (PB); QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PB	QL (1 tablet per 1 day)
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NP	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*)	PB	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (1 tablet 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, 200-300 MG (*emtricitabine-tenofovir df*)	NP	QL (1 tablet per 1 day)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	NP	
ethambutol hcl oral tablet 100 mg, 400 mg	PG	
isoniazid oral syrup 50 mg/5ml	PG	
isoniazid oral tablet 100 mg, 300 mg	PG	
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
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	NP	UF9 (PB)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	PSP	PA; SP; QL (21 ML per 1 day)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NF	
cidofovir intravenous solution 75 mg/ml	PG	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, 500 mg	PG	
favipiravir oral tablet 200 mg	NP	
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*)	NP	SP; QL (1 tablet per day, maximum 112 tablets per 1 year)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (*zanamivir*)	PB	QL (2 inhalers per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NPSP	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 (120 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	PA; SP; QL (1 tablet per 1 day)
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	#
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG (*baloxavir marboxil*)	NF	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (*acyclovir*)	NF	

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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 capsule 500 mg	PG	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	PG	
cefadroxil oral tablet 1 gm	PG	
cefdinir oral capsule 300 mg	PG	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cefixime oral capsule 400 mg	NP	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	NP	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	PG	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	PG	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cefprozil oral tablet 250 mg, 500 mg	PG	
cefuroxime axetil oral tablet 250 mg, 500 mg	PG	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PG	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cephalexin oral tablet 250 mg, 500 mg	PG	
KEFLEX ORAL CAPSULE 750 MG (*cephalexin*)	NP	
SUPRAX ORAL CAPSULE 400 MG (*cefixime*)	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (*cefixime*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (*cefixime*)	PB	#
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral packet 1 gm	PG	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	PG	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	PG	
clarithromycin er oral tablet extended release 24 hour 500 mg	PG	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
clarithromycin oral tablet 250 mg, 500 mg	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	PB	
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg)	PG	
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG (*erythromycin base*)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	PG	
erythromycin base oral capsule delayed release particles 250 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
erythromycin stearate oral tablet 250 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	
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	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (*levofloxacin*)	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, 400 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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, 90-400 MG (*ledipasvir-sofosbuvir*)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP; QL (1 tablet per 1 day)
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	PA; SP
ribavirin oral tablet 200 mg	PG	PA; 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 tab per 1 day)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	PG	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	PG	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	PG	
ampicillin oral capsule 500 mg	PG	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 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 v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	PG	
penicillin v potassium oral tablet 250 mg, 500 mg	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (*doxycycline hyclate*)	NF	
avidoxy oral tablet 100 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	PG	
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	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG	
doxycycline hyclate oral tablet 100 mg, 20 mg	PG	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	NF	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	NP	
doxycycline monohydrate oral capsule 100 mg, 50 mg	PG	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	PG	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	NP	
MINOCIN ORAL CAPSULE 100 MG (*minocycline hcl*)	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, 50 mg, 75 mg	PG	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	NP	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	NF	
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	
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	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	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 ORAL TABLET 2 MG (*melphalan*)	CE	N2 (NP)
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N2 (PG)
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	CE	N2 (NP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	CE	N2 (NP)
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	CE	N2 (PB)
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)
capecitabine oral tablet 500 mg	CE	PA; SP; N2 (PG); QL (10 tablets per 1 day)
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 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
FARYDAK ORAL CAPSULE 15 MG (*panobinostat lactate*)	CE	SP; N2 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; SP; N2 (PSP); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; SP; N2 (PSP); QL (21 tablets per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N2 (PSP); QL (21 tablets per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N2 (PSP); QL (42 tablets per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N2 (PSP); 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 (PSP); QL (1 box per 1 month)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; SP; N2 (PSP); 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 (PSP); QL (1 box per 1 month)
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; SP; N2 (PSP); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	CE	PA; SP; N2 (PSP); QL (4 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; UF9 (PSP); N2 (PSP); QL (3 capsules per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; SP; N2 (PSP); 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)
CASODEX ORAL TABLET 50 MG (*bicalutamide*)	CE	N2 (NP)
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	PA; SP
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	CE	PA; SP; N2 (PSP); 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	PSP	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	UF9 (PB); N2 (PB)
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	CE	N2 (PG)

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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)
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 (PSP); 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 (PSP); 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 (PSP); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (*everolimus*)	CE	PA; #; SP; N2 (PSP); QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR ORAL TABLET 10 MG (*everolimus*)	CE	PA; #; SP; N2 (PSP); QL (1 tablet per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	CE	PA; 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)
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 (PSP); QL (2 capsules per 1 day)
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	CE	PA; #; SP; N2 (NPSP); QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; UF9 (PSP); N2 (NPSP); QL (63 tablets per 28 days)
erlotinib hcl oral tablet 100 mg, 150 mg	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
erlotinib hcl oral tablet 25 mg	CE	PA; SP; N2 (PSP); 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)
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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; UF9 (PSP); N2 (NPSP); QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	CE	PA; SP; UF9 (PSP); N2 (NPSP); QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	CE	PA; SP; UF9 (PSP); 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 (PSP); QL (1 tablet per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP); QL (2 tablets per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	CE	PA; SP; N2 (PSP); QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	CE	PA; SP; N2 (PSP); QL (4 capsules per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); 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; UF9 (PSP); N2 (NPSP); QL (3 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); 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; UF9 (PSP); 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; UF9 (PSP); N2 (NPSP); QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP); QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); 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; UF9 (PSP); 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 tabs per 1 Day)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; SP; N2 (NPSP); QL (1 tab per 1 Day)
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	PA; SP; UF9 (PSP); 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (NPSP); QL (1 capsule per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG (*entrectinib*)	CE	PA; SP; N2 (NPSP); 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 (PSP); QL (1 capsule per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; SP; N2 (NPSP); QL (4 caps per 1 Day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; SP; N2 (PSP); 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (*infigratinib phosphate*)	CE	N2 (NF)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (*infigratinib phosphate*)	CE	N2 (NF)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	N2 (NF)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	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; UF9 (PSP); N2 (NPSP); QL (6 tablets per 1 day)
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; UF9 (PSP); N2 (PSP); 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	SP; UF9 (PSP); N2 (NF)
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	PA; SP; N2 (NPSP); QL (3 tablets per 1 day)
MISCELLANEOUS		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	NPSP	SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (*avapritinib*)	CE	SP; N2 (NF)
AYVAKIT ORAL TABLET 25 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)
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*)	CE	N2 (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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; UF9 (PSP); 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)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N2 (NF)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	PA; SP; N2 (NPSP)
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	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 (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N2 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	SP; N2 (NF)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	PA; UF9 (PSP); N2 (PSP); QL (3 capsules per 28 days)
PROTECTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N2 (PG)
MESNEX ORAL TABLET 400 MG (*mesna*)	CE	N2 (NP)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N2 (PG)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	PA; SP; N2 (NPSP)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 2-240 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, 40 MG, 5 MG (*quinapril hcl*)	NP	
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 solution 1 mg/ml	PG	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	LGC
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NP	#
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 20 MG, 40 MG (*benazepril hcl*)	NP	
MAVIK ORAL TABLET 4 MG (*trandolapril*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	NP	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone oral tablet 25 mg, 50 mg	NP	
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
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	NP	LGC
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	NP	
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
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	
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	NP	LGC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG	LGC
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	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (*telmisartan-amlodipine*)	NP	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG	LGC
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	
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
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	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	PG	LGC
losartan potassium oral tablet 100 mg	PG	LGC; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
losartan potassium oral tablet 25 mg, 50 mg	PG	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	NF	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	PG	LGC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG	LGC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	PG	
disopyramide phosphate oral capsule 100 mg, 150 mg	PG	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PSP	PA; SP
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	PG	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	PG	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
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	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	PG	SP
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	
sotalol hcl (af) oral tablet 120 mg	PG	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	PG	
sotalol hcl oral tablet 120 mg, 80 mg	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sotalol hcl oral tablet 160 mg, 240 mg	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPSP	PA; ST; SP
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 packet 4 gm	PG	
cholestyramine light oral powder 4 gm/dose	PG	
cholestyramine oral packet 4 gm	PG	
cholestyramine oral powder 4 gm/dose	PG	
colesevelam hcl oral packet 3.75 gm	PG	
colesevelam hcl oral tablet 625 mg	PG	
COLESTID FLAVORED ORAL GRANULES 5 GM (*colestipol hcl*)	NP	
COLESTID FLAVORED ORAL PACKET 5 GM (*colestipol hcl*)	NP	
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	
colestipol hcl oral packet 5 gm	PG	
colestipol hcl oral tablet 1 gm	PG	
cholestyramine light (Prevalite Oral Packet 4 Gm)	PG	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (*cholestyramine light*)	NP	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	NP	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	NP	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	NP	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	NP	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe oral tablet 10 mg	PG	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	
ANTILIPEMICS, FIBRATES		
ANTARA ORAL CAPSULE 30 MG, 90 MG (*fenofibrate micronized*)	NP	#
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	PG	N2 (NP)
fenofibrate micronized oral capsule 43 mg	NP	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	PG	
fenofibrate oral capsule 150 mg	NP	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 48 mg, 54 mg	PG	
fenofibrate oral tablet 160 mg	NP	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	PG	
fenofibric acid oral tablet 105 mg, 35 mg	NP	
FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*)	NF	
FENOGLIDE ORAL TABLET 40 MG (*fenofibrate*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*)	NP	
gemfibrozil oral tablet 600 mg	PG	LGC
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	NP	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	NP	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NF	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (*choline fenofibrate*)	NP	
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 (NF); AL
atorvastatin calcium oral tablet 40 mg, 80 mg	NF	LGC
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	PG	
fluvastatin sodium oral capsule 20 mg, 40 mg	PG	
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
PRAVACHOL ORAL TABLET 40 MG (*pravastatin sodium*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	LGC
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	LGC
simvastatin oral tablet 10 mg, 5 mg	CE	LGC; N2 (PG); AL
simvastatin oral tablet 20 mg, 40 mg	CE	N2 (PG); AL
simvastatin oral tablet 80 mg	PG	LGC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*simvastatin*)	NP	
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	
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 (*ezetimibe-simvastatin*)	NP	ST; QL (1 tab per 1 day)
VYTORIN ORAL TABLET 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; SP; QL (1 capsule per 1 day)
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NP	PA
niacin (antihyperlipidemic) oral tablet 500 mg	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
VASCEPA ORAL CAPSULE 0.5 GM (*icosapent ethyl*)	PB	#
VASCEPA ORAL CAPSULE 1 GM (*icosapent ethyl*)	PB	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	NP	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	NP	
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	PG	
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NF	#
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	PG	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	NP	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	#
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	PG	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	PG	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	PG	LGC
metoprolol tartrate oral tablet 37.5 mg, 75 mg	PG	
nadolol oral tablet 20 mg, 40 mg, 80 mg	PG	
pindolol oral tablet 10 mg, 5 mg	PG	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	PG	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	PG	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	LGC
propranolol hcl oral tablet 60 mg	PG	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	NP	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	NP	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	PG	QL (1 tab per 1 day)
nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	PG	QL (2 tabs 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	
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	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NF	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (*amlodipine besylate-celecoxib*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG	
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 oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG	LGC
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	PG	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	
isradipine oral capsule 2.5 mg, 5 mg	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
nicardipine hcl oral capsule 20 mg, 30 mg	NF	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	PG	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	PG	
nifedipine oral capsule 10 mg, 20 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nimodipine oral capsule 30 mg	PG	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	PG	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	NP	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	NP	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	NP	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	PG	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	PG	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	NP	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	PG	
verapamil hcl er oral tablet extended release 120 mg	PG	LGC
verapamil hcl er oral tablet extended release 180 mg, 240 mg	PG	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	PG	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	NP	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	NP	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	PG	UF9 (PG)
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*)	PB	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NP	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	NP	
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 oral tablet 0.5 mg, 1 mg, 2 mg	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
chlorthalidone oral tablet 25 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PG	
furosemide oral tablet 20 mg, 40 mg, 80 mg	PG	LGC
hydrochlorothiazide oral capsule 12.5 mg	PG	LGC
hydrochlorothiazide oral tablet 12.5 mg	PG	
hydrochlorothiazide oral tablet 25 mg, 50 mg	PG	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	PG	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	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, 50 mg	PG	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG	
spironolactone oral tablet 100 mg, 50 mg	PG	
spironolactone oral tablet 25 mg	PG	LGC
spironolactone-hctz oral tablet 25-25 mg	PG	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG	
triamterene oral capsule 100 mg, 50 mg	PG	
triamterene-hctz oral capsule 37.5-25 mg	PG	LGC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	PG	LGC

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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*)	PB	#
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*)	NP	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NP	SP
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NP	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	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyldopa oral tablet 250 mg, 500 mg	PG	
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	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	PG	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NP	PA; SP
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin (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 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (*nitroglycerin*)	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	
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	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG (*ranolazine*)	NP	
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*)	PSP	PA; NPL; SP; UF9 (PSP); QL (3 tabs per 1 day)
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; QL (1 tablet per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	PSP	PA; NPL; SP; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PSP	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 suspension reconstituted 10 mg/ml	PSP	PA; QL (224 mls per 1 month)
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)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NPSP	PA; NPL; SP; QL (2 tablets per 1 day)
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 amp per 1 day)

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

The formulary is updated the first week of each month

10/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; NPL; SP; QL (1 amp per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; NPL; SP; QL (1 amp per 1 day)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET 200 MCG (*selexipag*)	PSP	PA; NPL; SP; QL (5 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PSP	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; QL (9 ampules per 1 day)
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 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	NP	QL (10 ml per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	QL (5 tablets per 1 day)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	QL (5 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PG	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlordiazepoxide hcl oral capsule 5 mg	PG	QL (12 capsules per 1 day)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	PG	QL (5 mls per 1 day)
lorazepam oral concentrate 2 mg/ml	PG	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	QL (5 tablets per 1 day)
meprobamate oral tablet 200 mg, 400 mg	PG	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PG	QL (4 capsules per 1 day)
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	PA; #
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NP	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 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*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	NP	
clobazam oral suspension 2.5 mg/ml	PG	PA
clobazam oral tablet 10 mg, 20 mg	PG	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	QL (10 tablets per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	QL (10 tablets per 1 day)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG	QL (6 tablets per 1 day)
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	
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 (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	PG	QL (8 mls per 1 day)
diazepam oral concentrate 5 mg/ml	PG	QL (8 ML per 1 day)
diazepam oral solution 5 mg/5ml	PG	QL (40 mls per 1 day)
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG	QL (4 tablets per 1 day)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PG	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PG	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PG	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	PA; SP; QL (800 ML per 1 month)
carbamazepine (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	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NPSP	PA; QL (12 ML per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	PB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	PG	QL (6 caps per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	PG	QL (72 mls per 1 day)
gabapentin oral tablet 600 mg, 800 mg	PG	QL (4 tablets per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (*tiagabine hcl*)	NP	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NP	QL (10 tablets per 1 day)
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, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PG	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG	
lamotrigine oral tablet chewable 25 mg, 5 mg	PG	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	NP	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PG	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PG	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PG	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	PG	
levetiracetam oral solution 100 mg/ml	PG	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 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	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	PB	QL (10 sprays per 1 month)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	NP	QL (6 caps per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NP	QL (72 mls per 1 day)
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	NP	QL (6 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NF	
oxcarbazepine oral suspension 300 mg/5ml	PG	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
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*)	NP	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	PG	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	PG	
phenytoin oral tablet chewable 50 mg	PG	QL (360 tablets per 1 month)
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	NF	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG	QL (4 capsules per 1 day)
pregabalin oral capsule 200 mg	PG	QL (3 capsules per 1 day)
pregabalin oral capsule 225 mg, 300 mg	PG	QL (2 capsules per 1 day)
pregabalin oral solution 20 mg/ml	PG	QL (30 mls per 1 day)
primidone oral tablet 250 mg, 50 mg	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NP	
levetiracetam (Roweepra Oral Tablet 500 Mg)	PG	
rufinamide oral suspension 40 mg/ml	PG	PA

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*)	NP	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	NP	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NP	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	PG	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NP	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	NP	
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	PG	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
TRANXENE-T ORAL TABLET 7.5 MG (*clorazepate dipotassium*)	NP	QL (6 tablets per 1 day)
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NP	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	PB	#
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	NP	QL (4 tablets per 1 day)
valproic acid oral capsule 250 mg	PG	
valproic acid oral solution 250 mg/5ml	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	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)
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 ORAL SOLUTION 10 MG/ML (*lacosamide*)	PB	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	PB	#
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 23 MG, 5 MG (*donepezil hcl*)	NP	
donepezil hcl oral tablet 10 mg, 5 mg	PG	
donepezil hcl oral tablet 23 mg	NP	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	PG	
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	
galantamine hydrobromide oral solution 4 mg/ml	NP	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	NP	
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	PA; AL
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 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, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	PA; AL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (*galantamine hydrobromide*)	NP	
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	PG	QL (5 tablets per 1 day)
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	PG	
amitriptyline hcl oral tablet 25 mg	PG	QL (2 tablets per 1 day)
amitriptyline hcl oral tablet 50 mg	PG	QL (1 tablet per 1 day)
amoxapine oral tablet 100 mg, 25 mg, 50 mg	PG	QL (3 tablets per 1 day)
amoxapine oral tablet 150 mg	PG	QL (2 tablets per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (*clomipramine hcl*)	NP	QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (*clomipramine hcl*)	NP	QL (3 capsules per 1 day)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NP	QL (1 tablet per 1 day)
BRISDELLE ORAL CAPSULE 7.5 MG (*paroxetine mesylate*)	NP	PA; QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	PG	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	PG	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	PG	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (*citalopram hydrobromide*)	NP	
citalopram hydrobromide oral solution 10 mg/5ml	PG	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	PG	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NF	
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	QL (3 tablets per 1 day)
desipramine hcl oral tablet 100 mg, 150 mg	PG	QL (1 tablet per 1 day)
desipramine hcl oral tablet 75 mg	PG	QL (2 tablets per 1 day)
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	ST; QL (1 tablet per 1 day)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg	PG	QL (3 capsules per 1 day)
doxepin hcl oral capsule 100 mg, 150 mg	PG	QL (1 capsule per 1 day)
doxepin hcl oral capsule 75 mg	PG	QL (2 capsules per 1 day)
doxepin hcl oral concentrate 10 mg/ml	PG	QL (15 mls per 1 day)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	#
escitalopram oxalate oral solution 5 mg/5ml	PG	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NF	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PG	LGC
fluoxetine hcl oral capsule delayed release 90 mg	PG	
fluoxetine hcl oral solution 20 mg/5ml	PG	
fluoxetine hcl oral tablet 10 mg, 20 mg	PG	
fluoxetine hcl oral tablet 60 mg	NF	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	NP	
imipramine hcl oral tablet 10 mg, 25 mg	PG	QL (4 tablets per 1 day)
imipramine hcl oral tablet 50 mg	PG	QL (2 tablets per 1 day)
imipramine pamoate oral capsule 100 mg, 75 mg	NP	QL (1 capsule per 1 day)
imipramine pamoate oral capsule 125 mg, 150 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	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (3 tablets per 1 day)
nortriptyline hcl oral capsule 10 mg	PG	QL (5 capsules per 1 day)
nortriptyline hcl oral capsule 25 mg	PG	QL (2 capsules per 1 day)
nortriptyline hcl oral capsule 50 mg	PG	QL (1 capsule per 1 day)
nortriptyline hcl oral capsule 75 mg	PG	
nortriptyline hcl oral solution 10 mg/5ml	PG	QL (25 mls per 1 day)
PAMELOR ORAL CAPSULE 10 MG (*nortriptyline hcl*)	NP	QL (5 capsules per 1 day)
PAMELOR ORAL CAPSULE 25 MG (*nortriptyline hcl*)	NP	QL (2 capsules per 1 day)
PAMELOR ORAL CAPSULE 50 MG (*nortriptyline hcl*)	NP	QL (1 capsule per 1 day)
PAMELOR ORAL CAPSULE 75 MG (*nortriptyline hcl*)	NP	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	NP	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg	PG	
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	NF	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PG	LGC
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenelzine sulfate oral tablet 15 mg	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg	PG	QL (2 tablets per 1 day)
protriptyline hcl oral tablet 5 mg	PG	QL (3 tablets per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NF	
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	NP	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (*mirtazapine*)	NP	
sertraline hcl oral concentrate 20 mg/ml	PG	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	PG	LGC
tranylcypromine sulfate oral tablet 10 mg	PG	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PG	
trimipramine maleate oral capsule 100 mg	NP	QL (1 capsule per 1 day)
trimipramine maleate oral capsule 25 mg, 50 mg	NP	QL (2 capsules per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	ST
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	PG	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	NF	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	NP	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NP	
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	
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, 25-100 mg, 25-250 mg	PG	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	NP	
COMTAN ORAL TABLET 200 MG (*entacapone*)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPSP	PA
entacapone oral tablet 200 mg	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NF	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	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	
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*)	PB	#
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (*amantadine hcl*)	NF	
PARLODEL ORAL CAPSULE 5 MG (*bromocriptine mesylate*)	NP	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	NP	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	PG	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	PG	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	NP	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PG	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	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 concentrate 100 mg/ml, 30 mg/ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PG	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg	PG	
clozapine oral tablet dispersible 200 mg	PG	QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*clozapine*)	NP	
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	
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	

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

The formulary is updated the first week of each month

10/01/2021

CE=Copay Exception | PG=Preferred Generic | PB=Preferred Brand | NP=Non-Preferred Brand and Generic | PSP=Preferred Specialty | NPSP= Non-Preferred Specialty | NF=Non-Formulary | PA=Prior Authorization |ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | LGC=Lowest Generic Copay |MST=ST does not apply to MA residents | MPG=PG applies to MA Residents | PPA=PA does not apply to PA residents | NPL=National |Precertification | #=Generic coming to market | SP=Specialty Network; 30 day supply | N2=Drug tier when CE does not apply |Select OTC=You may have coverage for products noted with a doctor's prescription.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (1 tablet per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (*paliperidone*)	NP	PA; QL (2 tabs 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
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NPSP	PA; SP
olanzapine intramuscular solution reconstituted 10 mg	PG	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PG	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	NP	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	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, 300 mg, 400 mg, 50 mg	NP	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PG	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NP	PA; QL (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	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	NP	
risperidone oral solution 1 mg/ml	PG	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NF	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (2 capsules 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	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	PG	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	NP	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (*olanzapine*)	NP	
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	

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 (*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)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (*amphetamine-dextroamphetamine*)	NP	QL (3 capsules 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	NF	
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	QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (*methylphenidate hcl*)	NP	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	
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	ST; QL (4 capsules per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (*dextroamphetamine sulfate*)	NP	ST; 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (40 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	PG	QL (4 tabs per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NP	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	QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	NP	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	
methamphetamine hcl oral tablet 5 mg	PG	QL (5 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*)	NP	QL (30 ML per 1 day)

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

The formulary is updated the first week of each month

10/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*)	NP	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 cap 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 cap 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, 60 mg	PG	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 50 mg	PG	QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 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 20 mg	PG	QL (3 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	PG	QL (60 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 5 mg	PG	QL (6 tablets per 1 day)
methylphenidate hcl oral tablet 20 mg	PG	QL (3 tablets per 1 day)
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)
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	PG	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 (*methylphenidate hcl*)	NP	ST; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (*methylphenidate hcl*)	NP	ST; QL (2 tablets per 1 Day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (*methylphenidate hcl*)	NP	ST; QL (1 tablet per 1 Day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NP	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	QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*)	NP	QL (1 cap per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	NP	QL (6 tablets per 1 day)
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NP	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, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	PB	QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	PB	QL (1 tablet per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	PG	QL (4 tabs per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 20 Mg, 30 Mg)	NF	
ZENZEDI ORAL TABLET 2.5 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	ST; QL (15 tablets per 1 month)
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	NP	ST; QL (15 tablets per 1 month)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORAL ORAL TABLET 15 MG (*quazepam*)	NP	QL (15 tablets per 1 month)
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	QL (15 tablets per 1 month)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PG	QL (15 tablets per 1 month)
flurazepam hcl oral capsule 15 mg, 30 mg	PG	QL (15 capsules per 1 month)
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NP	QL (10 tablets per 1 month)
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	
quazepam oral tablet 15 mg	NF	
ramelteon oral tablet 8 mg	PG	QL (15 tablets per 1 month)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	NP	QL (15 capsules per 1 month)
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	PG	QL (15 capsules per 1 month)
triazolam oral tablet 0.125 mg, 0.25 mg	PG	QL (10 tablets per 1 month)
zaleplon oral capsule 10 mg, 5 mg	PG	QL (15 capsules per 1 month)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	NP	ST; QL (15 tablets per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolpidem tartrate oral tablet 10 mg, 5 mg	PG	QL (15 tablets per 1 month)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (*zolpidem tartrate*)	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (1 injection per 1 month)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	NP	UF9 (PG); QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (*naratriptan hcl*)	NP	ST; QL (12 tablets per 1 month)
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	UF9 (PG)
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	ST; QL (3 injections per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (1 injection per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST; 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 (*sumatriptan*)	NP	ST; QL (12 sprays per 1 month)
IMITREX NASAL SOLUTION 5 MG/ACT (*sumatriptan*)	NP	ST; QL (25 sprays per 1 month)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NP	ST; QL (12 tablets per 1 month)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (18 injections per 1 month)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (12 injections per 1 month)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (18 injections per 1 month)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (12 injections per 1 month)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (12 vials per 1 month)
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST; 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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*)	PB	ST; QL (12 sprays per 1 month)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (*zolmitriptan*)	NP	ST; QL (12 tablets per 1 month)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (*zolmitriptan*)	NP	ST; QL (12 tablets per 1 month)
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (*deutetrabenazine*)	PSP	PA; SP; QL (4 tablets per 1 day)
AUSTEDO ORAL TABLET 6 MG (*deutetrabenazine*)	PSP	PA; SP; QL (2 tablets per 1 day)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG	
clomipramine hcl oral capsule 25 mg, 50 mg	PG	QL (5 capsules per 1 day)
clomipramine hcl oral capsule 75 mg	PG	QL (3 capsules per 1 day)
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)

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fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	PG	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	PG	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PSP	PA; SP; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	PSP	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	
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*)	NP	
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	
RILUTEK ORAL TABLET 50 MG (*riluzole*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
riluzole oral tablet 50 mg	PG	
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
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NP	ST
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; ST; 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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
MAVENCLAD (6 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 (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 12 X 0.25 MG (*siponimod fumarate*)	PSP	PA; 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; NPL; SP; QL (12 injections 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 injections per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	PSP	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	PSP	PA; ST; NPL; SP
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	PG	QL (84 tablets per 1 month)
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	NP	PA; QL (168 tablets per 1 month)
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	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (*dantrolene sodium*)	NP	
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	
chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)	PG	
metaxalone oral tablet 400 mg	NF	
metaxalone oral tablet 800 mg	NP	
methocarbamol oral tablet 500 mg, 750 mg	NF	
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)	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZOBAX ORAL SOLUTION 5 MG/5ML (*baclofen*)	NF	
SKELAXIN ORAL TABLET 800 MG (*metaxalone*)	NP	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NP	QL (84 tablets per 1 month)
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)	PG	
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, 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*)	PB	PA; 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; QL (18 mls per 1 day)
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)		
GRALISE ORAL TABLET 300 MG (*gabapentin (once-daily)*)	PB	QL (5 tablets per 1 day)
GRALISE ORAL TABLET 600 MG (*gabapentin (once-daily)*)	PB	QL (3 tablets per 1 day)
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	
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	NP	QL (2 tablets per 1 day)
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg	NP	QL (4 tablets per 1 day)
disulfiram oral tablet 250 mg, 500 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
goodsense nicotine mouth/throat gum 4 mg	CE	N2 (Not Covered); QL (180 day supply per 365 days)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NF	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NF	
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)
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 (NC); 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)

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 3-25 mg, 6-25 mg, 6-50 mg	NP	
perphenazine-amitriptyline oral tablet 2-10 mg	PG	QL (5 tablets per 1 day)
perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg	PG	QL (2 tablets per 1 day)
perphenazine-amitriptyline oral tablet 4-10 mg	PG	QL (4 tablets per 1 day)
perphenazine-amitriptyline oral tablet 4-50 mg	PG	QL (1 tablet per 1 day)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	NP	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPSP	SP; 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	
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*)	PB	PA
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	NP	PA
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	PA
methyltestosterone oral capsule 10 mg	PG	PA
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	PA
oxandrolone oral tablet 10 mg, 2.5 mg	NP	PA; UF9 (PG)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
testosterone cypionate injection solution 200 mg/ml	NP	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	PG	PA
testosterone enanthate intramuscular solution 200 mg/ml	PG	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	PG	PA
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	NF	
testosterone transdermal solution 30 mg/act	NP	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NP	PA
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*)	PB	ST; #
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	ST; #
ANTIDIABETICS, BIGUANIDE		
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	ST
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	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (*lixisenatide*)	NF	
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; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	PA; QL (2 pens per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	PB	PA; 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; 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
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	ST
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	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (*pioglitazone hcl-metformin hcl*)	NP	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PG	LGC
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	PB	ST
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB(SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	ST
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, 2.5 mg, 5 mg	PG	LGC
glipizide oral tablet 10 mg, 5 mg	PG	LGC
glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg	PG	
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
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 28 months)
alendronate sodium oral solution 70 mg/75ml	PG	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	PG	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	NP	ST; QL (4 tablets per 1 day)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NP	ST; QL (4 tablets per 1 month)
BONIVA ORAL TABLET 150 MG (*ibandronate sodium*)	NP	ST; QL (1 tab per 1 month)
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	NP	ST; QL (4 tablets per 1 month)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NP	ST; #; QL (4 tabs per 1 month)
ibandronate sodium intravenous solution 3 mg/3ml	PG	SP
ibandronate sodium oral tablet 150 mg	NP	
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	PG	SP
pamidronate disodium intravenous solution 6 mg/ml	NP	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	PA; SP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	NP	
risedronate sodium oral tablet delayed release 35 mg	NP	
zoledronic acid intravenous concentrate 4 mg/5ml	PG	PA; SP
zoledronic acid intravenous solution 4 mg/100ml	PSP	PA; SP
zoledronic acid intravenous solution 5 mg/100ml	PG	PA; SP
CALCIUM RECEPTOR AGONISTS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PG	
calcitriol oral solution 1 mcg/ml	PG	
cinacalcet hcl oral tablet 30 mg, 60 mg	PSP	SP
cinacalcet hcl oral tablet 90 mg	PSP	PA; SP; QL (4 tablets per 1 day)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	PG	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NP	ST
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	NP	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	UF9 (PB)
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	NPSP	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NP	PA; SP
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	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	
penicillamine oral capsule 250 mg	PSP	PA; SP
penicillamine oral tablet 250 mg	PG	PA
sodium polystyrene sulfonate oral powder	PG	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	PG	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg	PSP	PA; SP; UF9 (PG)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
levonorgestrel-ethinyl estrad (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)
levonorgest-eth estrad 91-day (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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
norethin-eth estrad triphasic (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)
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)
levonorgestrel-ethinyl estrad (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)
desogestrel-ethinyl estradiol (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)
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	N2 (PG)
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (PG)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)
desogestrel-ethinyl estradiol (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)
levonorgestrel-ethinyl estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
norethindrone-eth estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
norethin-eth estrad triphasic (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)
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
levonorgest-eth estrad 91-day (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)
norgestrel-ethinyl estradiol (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)
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
levonorg-eth estrad triphasic (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)
norethindrone (Errin Oral Tablet 0.35 Mg)	CE	N2 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
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)
levonorgestrel-ethinyl estrad (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)
norethindrone (Heather Oral Tablet 0.35 Mg)	CE	N2 (PG)
norethindrone (Incassia Oral Tablet 0.35 Mg)	CE	N2 (PG)
levonorgest-eth estrad 91-day (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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (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)
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
norethin ace-eth estrad-fe (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)
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
ethynodiol diac-eth estradiol (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)
levonorgestrel-ethinyl estrad (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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
levonorg-eth estrad triphasic (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 oral tablet 1.5 mg	CE	N2 (Not Covered)
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)
levonorgestrel-ethinyl estrad (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)
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (NP)
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N2 (NP)
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (NP)
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (NP)
drospirenone-ethinyl estradiol (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	
norgestrel-ethinyl estradiol (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)
levonorgestrel-ethinyl estrad (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)
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
norethin ace-eth estrad-fe (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)
norgestimate-eth estradiol (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)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
norethindrone-eth estradiol (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)
norethindrone (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)

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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)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
norethin-eth estrad triphasic (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	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
levonorgestrel-ethinyl estrad (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	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N2 (NP); QL (1 device per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-eth estradiol (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*)	PG	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
norgestimate-eth estradiol (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	
desogestrel-ethinyl estradiol (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)

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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)
desogestrel-ethinyl estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
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	
norethindron-ethinyl estrad-fe (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)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)

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norgestim-eth estrad triphasic (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)
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
levonorg-eth estrad triphasic (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)
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)
desogestrel-ethinyl estradiol (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)

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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)
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
norethin-eth estradiol-fe (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	
drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
ethynodiol diac-eth estradiol (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, 200 MG (*elagolix sodium*)	PB	PA
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NP	PA; SP; UF9 (PSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	PSP	PA; SP
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*)	PSP	PA; SP; QL (1 capsule per 2 dayss)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	PA; NPL; SP; QL (15 vials per 14 days)
CYSTADANE ORAL POWDER (*betaine*)	NPSP	PA; SP; UF9 (PSP)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	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 (1 vial per 1 day)
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (*nitisinone*)	PSP	PA; SP
ORFADIN ORAL CAPSULE 20 MG (*nitisinone*)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	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; QL (40 tablets per 1 day)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NPSP	PA; NPL; SP; QL (15 vials per 14 days)
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	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	PG	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	#
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NP	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	NF	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PB	
estradiol (Dotti 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	
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	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PG	
estradiol vaginal cream 0.1 mg/gm	PG	
estradiol vaginal tablet 10 mcg	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	PG	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PG	
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*)	PB	#
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	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	PG	
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	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	NP	
dexabliss oral tablet therapy pack 1.5 mg (39)	NP	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	NP	
dexamethasone oral elixir 0.5 mg/5ml	PG	
dexamethasone oral solution 0.5 mg/5ml	PG	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	PG	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	PG	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NF	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	PG	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG (*methylprednisolone*)	NP	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	NP	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG	
methylprednisolone oral tablet therapy pack 4 mg	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NF	#
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	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	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
diazoxide oral suspension 50 mg/ml	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	PB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	PB	
glucagon emergency injection solution reconstituted 1 mg/ml	NF	
glucose oral tablet chewable 4 gm, 4-6 gm-mg	NP	

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GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NP	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (7 vials per 21 days)
cabergoline oral tablet 0.5 mg	PG	
calcitonin (salmon) nasal solution 200 unit/act	PG	
CERVIDIL VAGINAL INSERT 10 MG (*dinoprostone*)	NP	
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 (*tolvaptan*)	NPSP	PA; SP; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYNARQUE ORAL TABLET 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*)	NPSP	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 (28 tablets per 7 days)
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (*calcitonin (salmon)*)	NP	ST; QL (1 bottle per 1 fill)
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; QL (3 mls per 1 day)
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	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	NP	
raloxifene hcl oral tablet 60 mg	CE	N2 (PG)
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	PA; SP; N2 (NP)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NPSP	PA; SP; QL (3 mls per 1 day)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; UF9 (PSP); QL (2 amps per 1 day)
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 (2 pens per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	PA; NPL; SP
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (*mirabegron*)	PB	ST; #
PHOSLO ORAL CAPSULE 667 MG (*calcium acetate (phos binder)*)	NP	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (*calcium acetate (phos binder)*)	PB	
RENAGEL ORAL TABLET 800 MG (*sevelamer hcl*)	NP	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NP	
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*)	PB	#
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; QL (21 vials per 1 year)
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*)	NPSP	PA; NPL; SP; QL (21 vials per 1 year)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (*hydroxyprogesterone caproate*)	NPSP	PA; NPL; SP; QL (21 syringes per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PG	
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	
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	
levothyroxine sodium (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 oral tablet 25 mcg, 5 mcg, 50 mcg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 30 mg, 60 mg, 90 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 10 MG, 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	#
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML (*levothyroxine sodium*)	NF	
levothyroxine sodium (Unithroid 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	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (*thyroid*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NP	
desmopressin ace spray refrig nasal solution 0.01 %	PG	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	PG	
desmopressin acetate spray nasal solution 0.01 %	PG	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	NP	PA
STIMATE NASAL SOLUTION 1.5 MG/ML (*desmopressin acetate*)	NPSP	PA; SP
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
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 tablet 20 mg	PG	
ed-spaz oral tablet dispersible 0.125 mg	PG	
glycopyrrolate oral tablet 1 mg, 2 mg	NP	UF9 (PG)
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NF	
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	PG	
oscimin oral tablet 0.125 mg	PG	
oscimin sr oral tablet extended release 12 hour 0.375 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
aprepitant oral capsule 125 mg	PG	QL (2 capsules per 21 days)
aprepitant oral capsule 40 mg	PG	QL (3 capsules per 180 days)
aprepitant oral capsule 80 & 125 mg	PG	QL (9 capsules per 30 dayss)
aprepitant oral capsule 80 mg	PG	QL (4 capsules per 21 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NP	
prochlorperazine (Compro Rectal Suppository 25 Mg)	PG	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	NP	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	PG	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	NP	PA; UF9 (PG); 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 oral tablet 1 mg	NP	UF9 (PG); QL (12 tablets per 21 days)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral solution 4 mg/5ml	PG	QL (200 mls per 21 days)
ondansetron hcl oral tablet 24 mg	PG	QL (2 tablets per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg	PG	QL (18 tablets per 21 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	PG	QL (18 tablets per 21 days)
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG	
prochlorperazine rectal suppository 25 mg	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	
promethazine hcl (Promethegan Rectal Suppository 25 Mg)	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	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	
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	QL (18 tablets per 21 days)

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

The formulary is updated the first week of each month

10/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUPLENZ ORAL FILM 4 MG, 8 MG (*ondansetron*)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	PG	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	PG	
famotidine oral tablet 10 mg, 40 mg	PG	
nizatidine oral capsule 150 mg, 300 mg	PG	
nizatidine oral solution 15 mg/ml	PG	
PEPCID ORAL TABLET 40 MG (*famotidine*)	NP	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NP	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (*mesalamine*)	NP	QL (6 tablets per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	NP	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	NP	
balsalazide disodium oral capsule 750 mg	PG	
budesonide oral capsule delayed release particles 3 mg	PG	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NF	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (*budesonide*)	NP	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NF	
mesalamine er oral capsule extended release 24 hour 0.375 gm	PG	
mesalamine oral capsule delayed release 400 mg	PG	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	PG	
mesalamine rectal enema 4 gm	PG	
mesalamine rectal suppository 1000 mg	PG	
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, 500 MG (*mesalamine*)	PB	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NF	
sulfasalazine oral tablet 500 mg	PG	
sulfasalazine oral tablet delayed release 500 mg	PG	
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, 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELNORM ORAL TABLET 6 MG (*tegaserod maleate*)	NF	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	PG	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NP	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	PA
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	N2 (NF); AL
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); AL
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	PG	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NF	
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	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	NP	
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	
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	

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10/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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*)	PB	#
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*)	PB	PA
URSO 250 ORAL TABLET 250 MG (*ursodiol*)	NP	
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	NP	
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	PG	
ursodiol oral tablet 250 mg, 500 mg	NP	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPSP	PA; SP; QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 37000-97300 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*)	NPSP	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		
acid reducer oral capsule delayed release 20.6 (20 base) mg	PG	PA; QL (90 capsules per 365 days)
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	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg	PG	Select OTC
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	PB	PA; #; QL (1 capsule per day, 90 day supply per 365 days)
eq omeprazole magnesium oral capsule delayed release 20 mg	PG	PA; QL (90 capsules per 365 days)
eq omeprazole oral tablet delayed release 20 mg	PG	PA; QL (90 tablets per 1 year)
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)
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	
hm omeprazole oral tablet delayed release 20 mg	PG	PA; QL (90 tablets per 1 year)
lansoprazole oral capsule delayed release 15 mg	PG	Select OTC
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	NP	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	PG	PA; #; Select OTC; QL (1 tablet per 1 day)
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 magnesium oral tablet delayed release 20 mg	PG	PA; QL (90 tablets per 1 year)
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	Select OTC
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	NF	PA
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	#

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

The formulary is updated the first week of each month

10/01/2021

CE=Copay Exception | PG=Preferred Generic | PB=Preferred Brand | NP=Non-Preferred Brand and Generic | PSP=Preferred Specialty | NPSP= Non-Preferred Specialty | NF=Non-Formulary | PA=Prior Authorization |ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | LGC=Lowest Generic Copay |MST=ST does not apply to MA residents | MPG=PG applies to MA Residents | PPA=PA does not apply to PA residents | NPL=National |Precertification | #=Generic coming to market | SP=Specialty Network; 30 day supply | N2=Drug tier when CE does not apply |Select OTC=You may have coverage for products noted with a doctor's prescription.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*)	PG	PA; Select OTC; QL (90 tablets per 1 year)
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
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*)	PB	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	NP	
hydrocortisone (perianal) external cream 2.5 %	PG	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	PB	
hydrocortisone (Procto-Pak External Cream 1 %)	PG	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	PG	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	NP	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral	PG	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	NP	PA; QL (1 capsule per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NP	
dutasteride oral capsule 0.5 mg	PG	PA; QL (1 capsule per 1 day)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	PG	
finasteride oral tablet 5 mg	PG	QL (1 tablet per 1 day)
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	PA; QL (1 tablet per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (*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	
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (*pot & sod cit-cit ac*)	PG	
cytra-k oral solution 1100-334 mg/5ml	PG	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NF	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NP	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NF	
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NF	
tiopronin oral tablet 100 mg	PSP	PA; SP
tricitrates oral solution 550-500-334 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NP	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PB	#
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	NP	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NF	
DETROL ORAL TABLET 1 MG, 2 MG (*tolterodine tartrate*)	NP	
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)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*darifenacin hydrobromide*)	NP	ST; QL (1 tablet per 1 day)
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	PB	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (*mirabegron*)	PB	ST; #

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	PG	
oxybutynin chloride oral syrup 5 mg/5ml	PG	
oxybutynin chloride oral tablet 5 mg	PG	
solifenacin succinate oral tablet 10 mg, 5 mg	PG	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	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	ST; #
trospium chloride er oral capsule extended release 24 hour 60 mg	PG	
trospium chloride oral tablet 20 mg	PG	
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	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	NP	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NP	
metronidazole vaginal gel 0.75 %	PG	
miconazole 3 vaginal suppository 200 mg	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
terconazole vaginal cream 0.4 %, 0.8 %	PG	
terconazole vaginal suppository 80 mg	PG	
metronidazole (Vandazole Vaginal Gel 0.75 %)	PG	
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	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	PG	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	PG	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	NF	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	PG	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	PG	
heparin sodium (porcine) pf injection solution 5000 unit/ml	NF	
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	PG	
LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	#
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	PA; NPL; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	NPSP	PA
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*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NPSP	PA; NPL; SP
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, 250 MCG, 500 MCG (*romiplostim*)	NPSP	PA; 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)*)	NPSP	PA; NPL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	PSP	PA; NPL
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 3000 UNIT, 750 UNIT	PSP	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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)*)	PSP	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)*)	PSP	PA; NPL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	PA; NPL; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	PA; NPL; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	PA; NPL; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	PA; NPL; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 3000 UNIT, 500 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)*)	NPSP	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)*)	NPSP	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
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (*prothrombin complex conc human*)	NPSP	PA; NPL
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	NPSP	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*)	PSP	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		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NP	QL (6 capsules per 1 day)
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	PG	Select OTC

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ALAWAY OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	PG	Select OTC
AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*)	NF	
AMICAR ORAL TABLET 1000 MG, 500 MG (*aminocaproic acid*)	NP	
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	PG	QL (6 capsules per 1 day)
anagrelide hcl oral capsule 1 mg	PG	QL (3 capsules per 1 day)
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	
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	
cilostazol oral tablet 100 mg, 50 mg	PG	QL (2 tablets per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; 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 %, 1 %, 2 % (*cyclopentolate hcl*)	NP	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 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)*)	NPSP	PA; SP; 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; QL (15 syringes per 1 month)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; 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; NPL; SP; QL (10 injections 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	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (*tropicamide*)	NP	
NIFEREX ORAL TABLET (*iron combinations*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
proparacaine hcl ophthalmic solution 0.5 %	PG	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	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)*)	PSP	PA; NPL; SP; QL (20 vials per 1 month)
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	NP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	PSP	PA; 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	
tropicamide ophthalmic solution 0.5 %, 1 %	PG	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	NPSP	PA; #; SP

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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	QL (2 capsules per 1 day)
aspirin-omeprazole oral tablet delayed release 325-40 mg	NF	
BRILINTA ORAL TABLET 60 MG (*ticagrelor*)	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (*ticagrelor*)	PB	QL (2 tabs per 1 Day)
clopidogrel bisulfate oral tablet 300 mg, 75 mg	PG	
dipyridamole oral tablet 25 mg, 75 mg	PG	QL (4 tablets per 1 day)
dipyridamole oral tablet 50 mg	PG	QL (8 tablets per 1 day)
EFFIENT ORAL TABLET 10 MG (*prasugrel hcl*)	NP	QL (1 tab per 1 day)
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	NP	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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; SP; QL (2 pens per 28 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (5 vials per 42 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 (4 vials per 8 weeks)
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)

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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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 inections per 2 months)
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 (*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 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 (60 tablets per 1 month)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 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 (30 tablets per 1 month)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 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	
hydroxychloroquine sulfate oral tablet 200 mg	PG	
leflunomide oral tablet 10 mg, 20 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA ORAL TABLET 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (2 tablets per 1 day)
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)*)	PSP	PA; 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	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)*)	NPSP	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)*)	NPSP	PA; NPL; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
HEPAGAM B INJECTION SOLUTION (*hepatitis b immune globulin*)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (*rabies immune globulin*)	NPSP	SP
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (*rabies immune globulin*)	NF	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (*rho d immune globulin*)	NPSP	SP
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, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (*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

2021 Pharmacy Drug Guide - Aetna Value Plus Plan CA

The formulary is updated the first week of each month

10/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NPSP	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*)	NPSP	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	NPSP	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 (PSP); QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	CE	PA; #; SP; N2 (PSP); QL (21 capsules per 1 month)
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	PSP	PA; #; SP; UF9 (PSP); QL (1 capsules per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (*thalidomide*)	PSP	PA; #; SP; UF9 (PSP); QL (2 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	#
azathioprine oral tablet 50 mg	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	NPSP	PA; NPL; SP; QL (4 vials per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	NF	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	NF	
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	
gengraf oral solution 100 mg/ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
mycophenolate sodium oral tablet delayed release 180 mg, 360 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*)	NPSP	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, 25 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NF	
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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
AUTOLET II CLINISAFE KIT (*lancets misc.*)	NP	
AUTOLET LITE CLINISAFE KIT (*lancets misc.*)	NP	
AUTOLET LITE STARTER PACK KIT (*lancets misc.*)	NP	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
COAGUCHEK LANCETS (*lancets*)	NP	
comfort assured lancets 28g	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
comfort assured lancets 33g	NP	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
EXACTECH R-S-G TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LITE TEST IN VITRO STRIP (*glucose blood*)	NF	
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	
GENTEEL LANCING KIT (BLUE) KIT (*lancets misc.*)	NP	
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)*)	NP	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	

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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	
gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml	NF	
gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml	NF	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NP	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
HYPOLANCE AST LANCING KIT (*lancets misc.*)	NP	
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	
insulin syringe-needle u-100 30g x 5/16" 1 ml	NF	
ketone test in vitro strip	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NF	
MICROLET LANCETS (*lancets*)	NP	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
MULTI-LANCET DEVICE 2 KIT (*lancets misc.*)	NP	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
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	
ONETOUCH CLUB LANCETS FINE PT (*lancets*)	PB	
ONETOUCH DELICA LANCETS 30G (*lancets*)	PB	
ONETOUCH DELICA LANCETS 33G (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 DELICA SAFETY LANCING (*lancet devices*)	NP	
ONETOUCH FINEPOINT LANCETS (*lancets*)	PB	
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	
PENLET II BLOOD SAMPLER KIT (*lancets misc.*)	NP	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
premium blood glucose test in vitro strip	NF	
pro voice v8/v9 glucose in vitro strip	NF	
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	
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 LANCING DEVICE KIT (*lancets misc.*)	NP	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
select-lite device/lancets kit	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 insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml	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	
TRUEPLUS LANCETS 26G (*lancets*)	NP	
TRUEPLUS LANCETS 30G (*lancets*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	NP	
iodine strong oral solution 5 %	PG	
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	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
potassium chloride (Klor-Con Oral Packet 20 Meq)	NP	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	NP	
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	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	PG	
potassium chloride er oral capsule extended release 10 meq, 8 meq	PG	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	PG	
potassium chloride oral packet 20 meq	PG	
potassium chloride oral solution 20 meq/15ml (10%)	PG	
potassium chloride oral solution 40 meq/15ml (20%)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NP	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
complete natal dha oral 29-1-200 & 250 mg	NF	
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	
cvs prenatal gummy oral tablet chewable 0.4-25 mg	NP	
cyanocobalamin injection solution 1000 mcg/ml	PG	
DECARA K ORAL CAPSULE 1250-200 MCG (*vitamin d-vitamin k*)	NF	
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	
DIALYVITE SUPREME D ORAL TABLET 3 MG (*multiple vitamins-minerals-fa*)	NF	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	NP	
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	
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	
folbee plus oral tablet	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp folic acid oral tablet 400 mcg	PG	
hm folic acid oral tablet 400 mcg	PG	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
kp folic acid oral tablet 800 mcg	CE	N2 (Not Covered)
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)
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (*prenatal mv & min w/fa-dha*)	NP	
phytonadione oral tablet 5 mg	PG	QL (25 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv tabs 29-1 oral tablet 29-1 mg	NF	
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*)	NP	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NP	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	NP	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NP	
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 (*prenatal vit-iron carbonyl-fa*)	PG	
prenatal + complete multi oral therapy pack 0.267 & 373 mg	NF	
prenatal 19 oral tablet chewable 29-1 mg	NF	
prenatal adult gummy/dha/fa oral tablet chewable 0.4-25 mg	NP	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	

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px folic acid oral tablet 400 mcg	PG	
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	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	NP	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NP	
ra folic acid oral tablet 400 mcg	PG	
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 tablet 2.2 (1 f) mg	PG	
sodium fluoride oral tablet chewable 0.55 (0.25 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (*prenat-febis-fepro-fa-ca-omega*)	NF	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (*ped vit a-c-d-methylfolate-fl*)	NP	
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	

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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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
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	UF9 (PB)
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*)	PB	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	PG	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	NP	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (*pilocarpine 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	PB	#
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (*sulfacetamide-prednisolone*)	NP	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (*sulfacetamide-prednisolone*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NP	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NP	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	PG	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	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	
sulfacetamide-prednisolone ophthalmic suspension 10-0.2 %	PB	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPH-10 OPHTHALMIC SOLUTION 10 % (*sulfacetamide sodium*)	NP	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (*ciprofloxacin hcl*)	NF	
erythromycin ophthalmic ointment 5 mg/gm	PG	
gatifloxacin ophthalmic solution 0.5 %	NP	
GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*)	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	
moxifloxacin hcl ophthalmic solution 0.5 %	PG	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	NP	
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	
TOBREX OPHTHALMIC SOLUTION 0.3 % (*tobramycin*)	NP	

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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 %	NP	
ketorolac tromethamine ophthalmic solution 0.5 %	PG	
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	

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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*)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	PB	
RETINAL DISORDERS		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	PSP	PA; NPL; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	PSP	PA; NPL; SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	PA; NPL
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	PA; NPL; SP
OTHER		
IRRIGATION SOLUTIONS		
water for irrigation, sterile (Argyle Sterile Water Irrigation Solution)	PG	
MUSCULOSKELETAL THERAPY AGENTS		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	NPSP	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
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*)	PB	QL (4 injections per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	PB	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	QL (1 bottle per 1 month)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (1 kit per 1 fill)
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*)	NP	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	QL (6 boxes per 1 month)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (5 boxes per 1 month)
ipratropium bromide nasal solution 0.03 %, 0.06 %	PG	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
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	QL (1 package per 1 month)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NP	QL (1 package per 1 month)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	PG	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
allergy relief oral tablet dispersible 10 mg	PG	Select OTC
azelastine hcl nasal solution 0.1 %	PG	N2 (NP); QL (60 ML per 30 days)
azelastine hcl nasal solution 0.15 %	NP	QL (60 mls per 30 days)
azelastine hcl nasal solution 137 mcg/spray	PG	QL (60 mls per 30 days)
carbinoxamine maleate oral solution 4 mg/5ml	PG	
carbinoxamine maleate oral tablet 4 mg	PG	
carbinoxamine maleate oral tablet 6 mg	NF	
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	
CLARITIN ALLERGY CHILDRENS ORAL SYRUP 5 MG/5ML (*loratadine*)	NP	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (*loratadine*)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (*loratadine*)	PG	Select OTC
CLARITIN ORAL SYRUP 5 MG/5ML (*loratadine*)	NP	
CLARITIN ORAL TABLET 10 MG (*loratadine*)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PG	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	NP	
dexchlorpheniramine maleate oral solution 2 mg/5ml	PG	
eq allergy relief oral tablet 10 mg	PG	
fexofenadine hcl oral tablet 180 mg, 60 mg	PG	Select OTC
hydroxyzine hcl oral syrup 10 mg/5ml	PG	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	PG	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NP	ST
KLS ALLERCLEAR ORAL TABLET 10 MG (*loratadine*)	PG	
levocetirizine dihydrochloride oral tablet 5 mg	PG	Select OTC
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	QL (1 bottle per 1 month)
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	NF	
sm loratadine oral tablet 10 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	PG	Select OTC
VISTARIL ORAL CAPSULE 25 MG, 50 MG (*hydroxyzine pamoate*)	NP	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (*levocetirizine dihydrochloride*)	NP	
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	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	PG	QL (5 boxes per 1 month)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	PG	QL (2 mls per 1 day)
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	#
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	PG	QL (60 vials per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	PG	QL (10 ml per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	PG	QL (1.5 ml per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	#; 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)
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	QL (45 mls per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (*levalbuterol hcl*)	NP	QL (10 ml per 1 day)
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; NPL; SP; QL (8 syringes per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	PSP	PA; NPL; SP; QL (2 syringes per 1 month)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	PA; NPL; SP; QL (8 vials per 28 days)
COLD/COUGH		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	PG	Select OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	NP	
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 oral syrup 6.25-5 mg/5ml	PG	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
montelukast sodium oral packet 4 mg	PG	
montelukast sodium oral tablet 10 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
montelukast sodium oral tablet chewable 4 mg, 5 mg	PG	
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	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PG	QL (2 boxes per 1 month)
MISCELLANEOUS		
acetylcysteine inhalation solution 20 %	PG	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NP	
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*)	PB	#
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	PSP	PA; SP; UF9 (PSP); QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (*pirfenidone*)	PSP	PA; SP; UF9 (PSP); QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (*pirfenidone*)	PSP	PA; SP; UF9 (PSP); QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	NPSP	PA; SP; UF9 (PSP); QL (2 packets 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, 200-125 MG (*lumacaftor-ivacaftor*)	NPSP	PA; QL (4 tablets 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 %, 3 %	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 (3 tablets per 1 day)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	NF	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy spray 24 hour nasal aerosol 55 mcg/act	PG	Select OTC
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*)	NF	
budesonide nasal suspension 32 mcg/act	PG	Select OTC; QL (2 packages per 1 month)
cvs budesonide nasal suspension 32 mcg/act	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*)	PG	Select OTC; QL (1 package per 1 month)
flunisolide nasal solution 25 mcg/act (0.025%)	PG	QL (3 containers per 1 month)
fluticasone propionate nasal suspension 50 mcg/act	PG	Select OTC; QL (1 package per 1 month)
KLS ALLER-CORT NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	PG	
mometasone furoate nasal suspension 50 mcg/act	PG	QL (2 packages per 1 month)
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
NASONEX NASAL SUSPENSION 50 MCG/ACT (*mometasone furoate*)	NP	QL (2 packages per 1 month)
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	
triamcinolone acetonide nasal aerosol 55 mcg/act	PG	Select OTC
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NP	PA; QL (2 boxes per 1 month)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMONARY FIBROSIS AGENTS		
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PSP	PA; SP; QL (2 capsules per 1 day)
SEVERE ASTHMA AGENTS		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	PSP	PA; SP; QL (2 injections per 14 days)
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (*mometasone furoate*)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NF	
ASMANEX (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	PG	QL (3 boxes per 1 month)
budesonide inhalation suspension 0.5 mg/2ml	PG	QL (2 boxes per 1 month)
budesonide inhalation suspension 1 mg/2ml	PG	QL (1 box per 1 month)
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, 220 MCG/ACT (*fluticasone propionate hfa*)	PB	#; QL (1 inhaler per 1 month)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (*fluticasone propionate hfa*)	PB	#; QL (2 packages 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*)	NPSP	PA; SP; QL (2 ampules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	QL (1 inhaler per 1 month)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 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 fill)
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XANTHINES - DRUGS TO TREAT COPD		
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	
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
adapalene external cream 0.1 %	NP	PA; AL
adapalene external gel 0.1 %	NP	
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	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
avita external cream 0.025 %	PG	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	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	NP	
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	PA
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	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	NP	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dapsone external gel 5 %, 7.5 %	PG	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	NP	PA; AL
DIFFERIN EXTERNAL GEL 0.1 % (*adapalene*)	PG	PA; Select OTC; AL
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NP	PA; AL
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	PB	
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)
EVOCLIN EXTERNAL FOAM 1 % (*clindamycin phosphate*)	NP	ST
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NF	
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	ST
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 %)	PG	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	PB	#
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NP	PA; AL
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NP	PA; AL

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RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NP	PA; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NP	PA; AL
tazarotene external foam 0.1 %	NF	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	PG	PA; AL
tretinoin external gel 0.01 %	PG	PA; AL
tretinoin external gel 0.025 %	PG	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
benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)	NP	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imiquimod external cream 5 %	PG	
imiquimod pump external cream 3.75 %	NP	PA
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 EXTERNAL OINTMENT 2 % (*mupirocin*)	NP	QL (30 grams per 1 month)
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 (30 grams per 1 month)
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	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox (Ciclodan External Solution 8 %)	PG	PA; QL (6.6 ML per 1 month)
ciclopirox external gel 0.77 %	NP	
ciclopirox external shampoo 1 %	NP	
ciclopirox external solution 8 %	PG	PA; QL (6.6 ML per 1 month)
ciclopirox olamine external cream 0.77 %	PG	
clotrimazole-betamethasone external cream 1-0.05 %	PG	QL (2 grams per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole-betamethasone external lotion 1-0.05 %	PG	QL (60 mls per 1 month)
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 (100 grams per 21 days)
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NF	#
ketoconazole external cream 2 %	PG	
ketoconazole external foam 2 %	NF	
ketoconazole (Ketodan External Foam 2 %)	PG	
LOPROX EXTERNAL CREAM 0.77 % (*ciclopirox olamine*)	NF	
LOPROX EXTERNAL SHAMPOO 1 % (*ciclopirox*)	NP	ST
LOPROX EXTERNAL SUSPENSION 0.77 % (*ciclopirox olamine*)	NF	
luliconazole external cream 1 %	NF	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NF	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	NP	
naftifine hcl external cream 1 %, 2 %	NP	
naftifine hcl external gel 1 %	PG	
NAFTIN EXTERNAL GEL 1 % (*naftifine hcl*)	NF	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	NF	#
nystatin external cream 100000 unit/gm	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin external ointment 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	QL (60 grams per 1 month)
oxiconazole nitrate external cream 1 %	NP	QL (90 grams per 1 month)
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 %	PG	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, 25 mg	PG	PA; QL (2 caps per 1 day)
acitretin oral capsule 17.5 mg	PG	PA; QL (2 capsules per 1 day)
calcipotriene external cream 0.005 %	NF	
calcipotriene external foam 0.005 %	NF	
calcipotriene external ointment 0.005 %	NP	ST; QL (2 grams per 1 month)
calcipotriene external solution 0.005 %	NP	ST; QL (2 ml per 1 month)
calcitrene external ointment 0.005 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (60 grams per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NF	
methoxsalen rapid oral capsule 10 mg	PG	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
SORIATANE ORAL CAPSULE 10 MG (*acitretin*)	NP	PA; QL (2 caps per 1 Day)
SORIATANE ORAL CAPSULE 25 MG (*acitretin*)	NP	PA; QL (2 caps per 1 day)
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
tazarotene external cream 0.1 %	PG	PA; AL
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
selenium sulfide external lotion 2.5 %	PG	
SELRX EXTERNAL SHAMPOO 2.3 % (*selenium sulfide*)	NF	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (*dupilumab*)	PSP	PA; SP; QL (2 injections per 14 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	NF	
alclometasone dipropionate external cream 0.05 %	PG	QL (120 grams per 1 month)
alclometasone dipropionate external ointment 0.05 %	PG	QL (120 grams per 1 month)
amcinonide external cream 0.1 %	NP	QL (120 mls per 1 month)
amcinonide external lotion 0.1 %	NP	QL (120 mls per 1 month)
amcinonide external ointment 0.1 %	NP	PA; QL (6 grams per 1 day)
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NF	
fluticasone propionate (Beser External Lotion 0.05 %)	PG	
betamethasone dipropionate aug external cream 0.05 %	PG	QL (120 grams per 1 month)
betamethasone dipropionate aug external gel 0.05 %	PG	QL (100 grams per 30 days)
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	QL (120 mls per 1 month)
betamethasone dipropionate external ointment 0.05 %	PG	QL (120 grams per 1 month)
betamethasone valerate external cream 0.1 %	NP	QL (120 grams per 1 month)
betamethasone valerate external foam 0.12 %	NP	QL (120 grams per 1 month)
betamethasone valerate external lotion 0.1 %	NP	QL (120 mls per 1 month)
betamethasone valerate external ointment 0.1 %	NP	QL (120 grams per 1 month)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	NF	
clobetasol prop emollient base external cream 0.05 %	NP	QL (120 grams per 30 days)
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 (120 mls per 1 month)
clobetasol propionate external ointment 0.05 %	NP	QL (120 grams per 30 days)
clobetasol propionate external shampoo 0.05 %	NP	QL (120 mls per 1 month)
clobetasol propionate external solution 0.05 %	NP	QL (120 mls per 1 month)
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 ml per 1 month)
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 ml per 1 month)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NF	
clodan external shampoo 0.05 %	PG	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NP	PA; QL (6 grams per 1 day)
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL OINTMENT 0.05 % (*flurandrenolide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA; QL (6 mls per 1 day)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (6 mls per 1 day)
DESONATE EXTERNAL GEL 0.05 % (*desonide*)	NP	PA; QL (6 grams per 1 day)
desonide external cream 0.05 %	NP	QL (120 grams per 1 month)
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	NP	QL (120 mls per 1 month)
desonide external ointment 0.05 %	NP	QL (120 grams per 1 month)
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	NP	PA; QL (6 grams per 1 day)
desoximetasone external cream 0.05 %, 0.25 %	NP	QL (120 grams per 1 month)
desoximetasone external gel 0.05 %	NP	QL (120 grams per 1 month)
desoximetasone external liquid 0.25 %	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	PA; QL (6 grams per 1 day)
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NP	PA; QL (180 grams per 1 month)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
fluocinolone acetonide body external oil 0.01 %	PG	QL (120 mls per 1 month)
fluocinolone acetonide external cream 0.01 %, 0.025 %	NP	QL (120 grams per 1 month)
fluocinolone acetonide external ointment 0.025 %	NP	QL (120 grams per 1 month)
fluocinolone acetonide external solution 0.01 %	PG	QL (120 mls per 1 month)
fluocinolone acetonide scalp external oil 0.01 %	PG	QL (120 mls per 1 month)
fluocinonide emulsified base external cream 0.05 %	PG	QL (4 grams per 1 day)
fluocinonide external cream 0.05 %	NP	QL (120 grams per 30 days)
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	QL (120 grams per 1 month)
fluticasone propionate external lotion 0.05 %	NP	QL (120 mls per 1 month)
fluticasone propionate external ointment 0.005 %	PG	QL (120 grams per 1 month)
halcinonide external cream 0.1 %	NF	
halobetasol propionate external cream 0.05 %	NP	QL (120 grams per 1 month)
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	NP	QL (120 grams per 1 month)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate external cream 0.1 %	PG	QL (120 grams per 1 month)
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	PG	QL (120 grams per 1 month)
hydrocortisone butyrate external solution 0.1 %	PG	QL (120 mls per 1 month)
hydrocortisone external cream 2.5 %	PG	QL (120 grams per 1 month)
hydrocortisone external lotion 2.5 %	PG	QL (120 mls per 1 month)
hydrocortisone external ointment 2.5 %	PG	QL (120 grams per 1 month)
hydrocortisone valerate external cream 0.2 %	PG	QL (120 grams per 1 month)
hydrocortisone valerate external ointment 0.2 %	PG	QL (120 grams per 1 month)
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	PA; QL (6 grams per 1 day)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NP	PA; QL (6 GM per 1 day)
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NF	
mometasone furoate external cream 0.1 %	NP	QL (4 grams per 1 day)
mometasone furoate external ointment 0.1 %	NP	QL (4 grams per 1 day)
mometasone furoate external solution 0.1 %	PG	QL (120 mls per 1 month)
flurandrenolide (Nolix External Cream 0.05 %)	NF	
flurandrenolide (Nolix External Lotion 0.05 %)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLUX EXTERNAL FOAM 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 grams per 1 month)
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NF	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NP	PA; QL (6 GM per 1 day)
prednicarbate external ointment 0.1 %	NP	QL (120 grams per 1 month)
psorcon external cream 0.05 %	NF	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NP	PA; QL (4 mls per 1 day)
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NP	PA; QL (6 grams per 1 day)
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NP	PA; QL (6 grams per 1 day)
SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (6 ML per 1 day)
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	PA; QL (180 grams per 1 month)
TEMOVATE EXTERNAL OINTMENT 0.05 % (*clobetasol propionate*)	NP	PA; QL (180 grams per 1 month)
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NP	PA; QL (6 mls per 1 day)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NP	PA; QL (6 grams per 1 day)
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NP	PA; QL (6 grams per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICORT EXTERNAL OINTMENT 0.05 % (*desoximetasone*)	NP	PA; QL (6 grams per 1 day)
TOPICORT EXTERNAL OINTMENT 0.25 % (*desoximetasone*)	NP	PA; QL (180 grams per 1 month)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NP	PA; QL (4 mls per 1 day)
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	PG	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.5 %	PG	QL (120 grams per 1 month)
triamcinolone acetonide external cream 0.1 %	PG	QL (60 grams per 1 month)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	PG	QL (120 mls per 1 month)
triamcinolone acetonide external ointment 0.025 %, 0.5 %	PG	QL (120 grams per 1 month)
triamcinolone acetonide external ointment 0.1 %	PG	QL (60 grams per 1 month)
triamcinolone acetonide (Triderm External Cream 0.1 %, 0.5 %)	PG	
TRIDESILON EXTERNAL CREAM 0.05 % (*desonide*)	NP	PA; QL (6 grams per 1 day)
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		
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; QL (3 patches per 1 day)
lidocaine hcl external solution 4 %	PG	PA; 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (3 patches per 1 day)
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	NP	
PRAMOSONE EXTERNAL LOTION 1-1 %, 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)
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	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	#
chlorhexidine gluconate solution 20 %	NP	
coal tar external solution 20 %	PG	
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	PA; QL (10 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
docosanol external cream 10 %	PG	Select OTC
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPSP	SP; QL (1 stick per 30 days)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
lugols strong iodine external solution 5-10 %	NP	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	NP	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NF	
pimecrolimus external cream 1 %	NP	PA
podofilox external solution 0.5 %	PG	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (*tacrolimus*)	NP	PA
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	NP	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NP	PA
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	NP	
SULFAMYLON EXTERNAL PACKET 5 % (*mafenide acetate*)	NP	
tacrolimus external ointment 0.03 %, 0.1 %	NP	PA
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NPSP	PA; SP
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPSP	PA; #; SP; QL (4 grams per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	NP	
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	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	PA
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NF	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	NP	ST
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	NP	
metronidazole external cream 0.75 %	PG	
metronidazole external gel 0.75 %	PG	
metronidazole external gel 1 %	NP	
metronidazole external lotion 0.75 %	PG	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NP	PA
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	PB	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NF	
metronidazole (Rosadan External Cream 0.75 %)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole (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		
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NP	PA; QL (30 grams per 1 month)
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	PG	
chlorhexidine gluconate mouth/throat solution 0.12 %	PG	
clotrimazole mouth/throat troche 10 mg	PG	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	NP	
lidocaine hcl mouth/throat solution 4 %	PG	
nystatin mouth/throat suspension 100000 unit/ml	PG	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NP	#; QL (14 tabs per 1 fill)
paroex mouth/throat solution 0.12 %	PG	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	NP	
triamcinolone acetonide mouth/throat paste 0.1 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
hydrocortisone-acetic acid (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 (Flac Otic Oil 0.01 %)	PG	
fluocinolone acetonide otic oil 0.01 %	NP	
hydrocortisone-acetic acid otic solution 1-2 %	PG	
neomycin-polymyxin-hc otic solution 1 %	PG	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	PG	
ofloxacin otic solution 0.3 %	PG	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (*ciprofloxacin*)	NF	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	

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