Plan for your best health

2021 Aetna Pharmacy Drug Guide

Aetna Premier Plus Plan

Aetna.com

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How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax: 1-800-323-2445**
  3. **Phone: 1-800-237-2767**

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification?

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

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

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

What is step therapy?

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

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

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

What are quantity limits?

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

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

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

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

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

How can your provider request a medical exception?

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

Pharmacy and Therapeutics (P&T) committee

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

Can the formulary change during the year?

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

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

Commercial 1557 Nondiscrimination Notice

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

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

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

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

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

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

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

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 and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého'dólzinígíí béésh bee hane'í bikáá' áajı̨' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡ (Amharic)

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

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

လၢတၢ်ကမၤနၣ်ကျိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟူၣ်အီၤဘၣ်နၣ်.ကိးဘၣ်လီတဲစိနီၣ်ကၢ်လၢအိၣ်လၢနတၢ်ဂီၤဆိၣ် (ID) အခးလီၤနၣ်တက့ၢ် (Karen)

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

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

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

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

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

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

Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare. (Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le numera I luga o lau pepa ID. (Samoan)

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

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

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

ܟܝ ܗܢܒܩܗ ܬܗܘܝ ܟܕ ܝܠܦܝܢܝܐ ܕܡܬܪܓܡܢܐ ܕܠܝܬܗ ܕܝܠܟ ܒܗܕܐ ܡܬܒܥܐ ܕܝܬܗ ܟܕ ܕܒܩܗ ܡܬܪܓܡܢܐ ܕܝܬܗ. (Syriac-Assyrian)

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

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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

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

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

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

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

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

צוטריט שפּראַך באַדינונגען אין קיין פּרייַז צו איר, רופן די נומער אויף דיין שייַן קאָרט. (Yiddish)

Lati wọnú awọn isẹ èdè l’ọfẹ fun ọ, pe nọmba ori káádi idánimọ rẹ. (Yoruba)

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

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

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

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

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

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

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

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

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

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

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		Coverage Requirements and Limits **#** = Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy. **AL** = Age Limit **IBC** = Indication Based Coverage **LGC** = Lowest Generic Copay Applies **MPG** = PG tier applies to members residing in Massachusetts. **N2** = Drug tier when CE does not apply **NPL** = (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.
lowercase italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **CE** = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. **G** = Generic **NPB** = Non-Preferred Brand **NPSP** = Non-Preferred Specialty **PB** = Preferred Brand **PSP** = Preferred Specialty	**PA** = Prior Authorization **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.
UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois
UF9 = Drug tier for Student Health members residing in Colorado
UN6 = Prior Authorization does not apply to members residing in Pennsylvania and Washington

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*)	NPB	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	G	
GOUT - DRUGS TO TREAT GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
COLCRYS ORAL TABLET 0.6 MG (*colchicine*)	NPB	
febuxostat oral tablet 40 mg, 80 mg	G	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NPB	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	PA; SP
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	PB	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NPB	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (*allopurinol*)	NPB	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	NPSP	SP
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	NPB	UF9 (PB)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NPB	
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	G	
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	G	
butalbital-acetaminophen oral capsule 50-300 mg	G	
butalbital-acetaminophen oral tablet 25-325 mg, 50-325 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	G	
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	
butalbital-asa-caffeine oral capsule 50-325-40 mg	G	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NPB	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NPB	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	G	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (*butalbital-apap-caffeine*)	G	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	G	
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	NPB	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NPB	
DAYPRO ORAL TABLET 600 MG (*oxaprozin*)	NPB	
diclofenac oral capsule 35 mg	NPB	
diclofenac potassium oral tablet 50 mg	G	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 200 mg, 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FELDENE ORAL CAPSULE 10 MG, 20 MG (*piroxicam*)	NPB	
fenoprofen calcium oral capsule 200 mg	NPB	
fenoprofen calcium oral capsule 400 mg	G	
fenoprofen calcium oral tablet 600 mg	G	
FENORTHO ORAL CAPSULE 200 MG (*fenoprofen calcium*)	NPB	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NPB	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	NPB	
indomethacin er oral capsule extended release 75 mg	G	
indomethacin oral capsule 20 mg, 25 mg, 50 mg	G	
ketoprofen er oral capsule extended release 24 hour 200 mg	G	
ketoprofen oral capsule 25 mg	G	
ketorolac tromethamine oral tablet 10 mg	G	
LODINE ORAL TABLET 400 MG (*etodolac*)	NPB	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	G	
meloxicam oral capsule 10 mg, 5 mg	G	
meloxicam oral tablet 15 mg, 7.5 mg	G	
MOBIC ORAL TABLET 15 MG, 7.5 MG (*meloxicam*)	NPB	
nabumetone oral tablet 500 mg, 750 mg	G	
NALFON ORAL CAPSULE 400 MG (*fenoprofen calcium*)	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NPB	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	NPB	
naproxen oral suspension 125 mg/5ml	G	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	G	
naproxen sodium oral tablet 275 mg, 550 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (*meloxicam*)	NPB	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NPB	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NPB	
sulindac oral tablet 150 mg, 200 mg	G	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (*meloxicam*)	NPB	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NPB	#
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*)	NPB	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NPB	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	NPB	#
ibuprofen-famotidine oral tablet 800-26.6 mg	G	
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	G	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	NPB	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (*buprenorphine hcl-naloxone hcl*)	NPB	UF11; QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	G	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	G	QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	G	UF11; QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	CE	N2 (G); UF11; QL (3 tablets per 1 day)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	G	PA; QL (4 tablets per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG (*buprenorphine hcl-naloxone hcl*)	NPB	UF11; QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NPB	UF11; QL (3 films per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	PB	UF11; QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (*buprenorphine hcl-naloxone hcl*)	PB	UF11; QL (1 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	UF11; QL (2 tablets per 1 day)
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen-codeine #2 oral tablet 300-15 mg	G	PA; QL (13 tablets per 1 day)
acetaminophen-codeine #3 oral tablet 300-30 mg	G	PA; QL (12 tablets per 1 day)
acetaminophen-codeine #4 oral tablet 300-60 mg	G	PA; QL (10 tablets per 1 day)
acetaminophen-codeine oral solution 120-12 mg/5ml	G	PA; QL (90 mls per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	G	PA; QL (13 tablets per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	G	PA; QL (12 tablets per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	G	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NPB	PA; QL (120 lozenges per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NPB	PA; QL (168 tablets per 1 month)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	PA; QL (10 capsules per 1 day)
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	G	PA; QL (10 tablets per 1 day)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	PA; QL (6 capsules per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NPB	PA; QL (168 tablets per 1 month)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	G	PA; QL (6 capsules per 1 day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	PA; QL (48 capsules per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butorphanol tartrate nasal solution 10 mg/ml	G	PA; QL (2 bottles per 30 days)
codeine sulfate oral tablet 15 mg, 60 mg	NPB	PA; QL (6 tablets per day for 7 days only per 90 days)
codeine sulfate oral tablet 30 mg	G	PA; QL (6 tablets per day for 7 days only per 90 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	NPB	PA; QL (1 capsule per 1 day)
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	PA; QL (20 ml per 1 day)
DILAUDID ORAL TABLET 2 MG (*hydromorphone hcl*)	NPB	PA; QL (6 tablets per 7 days)
DILAUDID ORAL TABLET 4 MG (*hydromorphone hcl*)	NPB	PA; QL (5 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*)	NPB	PA; QL (2 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)	G	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	G	PA; QL (12 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)	G	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	G	PA; QL (120 lozenges per 30 days)
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	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	G	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NPB	PA; QL (120 tablets per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	NPB	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	G	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	G	PA; QL (1 tablet per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	G	QL (90 mls per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml	G	PA; QL (180 MLS per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	G	PA; QL (90 ml per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	G	PA; QL (6 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	G	PA; QL (8 tablets per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	G	PA; QL (5 tablets per 1 day)
hydromorphone hcl oral liquid 1 mg/ml	G	PA; QL (20 ml per 1 day)
hydromorphone hcl oral tablet 2 mg	G	PA; QL (6 tablets per 7 days)
hydromorphone hcl oral tablet 4 mg	G	PA; QL (5 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	G	PA; QL (2 tablets per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NPB	PA; QL (1 tablet per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (*fentanyl citrate*)	NPB	PA; QL (4 bottles per 30 days)
levorphanol tartrate oral tablet 2 mg	G	PA; QL (4 tablets per 1 day)
levorphanol tartrate oral tablet 3 mg	G	PA; QL (2 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (*hydrocodone-acetaminophen*)	NPB	PA; QL (67.5 ml per 1 day)
meperidine hcl oral solution 50 mg/5ml	G	PA; QL (90 mls per 1 month)
meperidine hcl oral tablet 50 mg	G	PA; QL (18 tablets per 1 month)
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	G	PA; UN6; UF11; QL (3 MLS per 1 day)
methadone hcl oral concentrate 10 mg/ml	G	PA; UN6; UF11; QL (1 ml per 1 day)
methadone hcl oral solution 10 mg/5ml	G	PA; UN6; UF11; QL (10 ml per 1 day)
methadone hcl oral solution 5 mg/5ml	G	PA; UN6; UF11; QL (15 ml per 1 day)
methadone hcl oral tablet 10 mg	G	PA; UN6; UF11; QL (2 tablets per 1 day)
methadone hcl oral tablet 5 mg	G	PA; UN6; UF11; QL (3 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	PA; UN6; UF11; QL (1 ml per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	PA; UN6; UF11; QL (1 ml per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml	G	PA; QL (4.5 MLS per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate (concentrate) oral solution 20 mg/ml	G	PA; QL (4.5 ML 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	G	PA; 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	G	PA; QL (2 capsules per 1 day)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	G	PA; QL (1 capsule per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	G	PA; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	G	PA; QL (3 tablets per 1 day)
morphine sulfate oral solution 10 mg/5ml	G	PA; QL (30 mls per 1 day)
morphine sulfate oral solution 20 mg/5ml	G	PA; QL (22.5 MLS per 1 day)
morphine sulfate oral tablet 15 mg	G	PA; QL (6 tablets per 1 day)
morphine sulfate oral tablet 30 mg	G	PA; QL (3 tablets per 1 day)
morphine sulfate rectal suppository 10 mg, 5 mg	G	PA; QL (6 suppositories per 1 day)
morphine sulfate rectal suppository 20 mg	G	PA; QL (4 suppositories per 1 day)
morphine sulfate rectal suppository 30 mg	G	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (*morphine sulfate*)	NPB	PA; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (*morphine sulfate*)	NPB	PA; QL (3 tablets per 1 day)
nalocet oral tablet 2.5-300 mg	G	PA; QL (12 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	PB	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (*tapentadol hcl*)	PB	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (*tapentadol hcl*)	PB	PA; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (*tapentadol hcl*)	PB	PA; QL (3 tablets per 1 day)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	G	PA; QL (2 tablets per 1 day)
oxycodone hcl oral capsule 5 mg	G	PA; QL (6 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone hcl oral concentrate 100 mg/5ml	G	PA; QL (3 MLS per 1 day)
oxycodone hcl oral solution 5 mg/5ml	G	PA; QL (30 mls per 1 day)
oxycodone hcl oral tablet 10 mg, 5 mg	G	PA; QL (6 tablets per 1 day)
oxycodone hcl oral tablet 15 mg	G	PA; QL (4 tablets per 1 day)
oxycodone hcl oral tablet 20 mg	G	PA; QL (3 tablets per 1 day)
oxycodone hcl oral tablet 30 mg	G	PA; QL (2 tablets per 1 day)
oxycodone-acetaminophen oral solution 10-300 mg/5ml	G	QL (30 ML per 1 Day)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg	NPB	QL (12 tablets per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	G	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet 2.5-300 mg	NPB	PA; QL (12 tablets per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	G	PA; QL (12 tablets per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	G	PA; QL (8 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	PB	PA; QL (2 tablets per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	G	PA; QL (2 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg	G	PA; QL (3 tablets per 1 day)
oxymorphone hcl oral tablet 5 mg	G	PA; QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG (*oxycodone-acetaminophen*)	NPB	PA; QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (*oxycodone-acetaminophen*)	NPB	PA; QL (12 tablets per 1 day)
PERCOCET ORAL TABLET 7.5-325 MG (*oxycodone-acetaminophen*)	NPB	PA; QL (8 tablets per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NPB	QL (30 ML per 1 Day)
PROLATE ORAL TABLET 10-300 MG (*oxycodone-acetaminophen*)	NPB	PA; QL (6 tablets per 1 day)
PROLATE ORAL TABLET 5-300 MG (*oxycodone-acetaminophen*)	NPB	PA; QL (12 tablets per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (*oxycodone-acetaminophen*)	NPB	PA; QL (8 tablets per 1 day)
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	NPB	QL (60 ML per 1 day)
ROXICODONE ORAL TABLET 15 MG (*oxycodone hcl*)	NPB	PA; QL (4 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROXICODONE ORAL TABLET 30 MG (*oxycodone hcl*)	NPB	PA; QL (2 tablets per 1 day)
ROXICODONE ORAL TABLET 5 MG (*oxycodone hcl*)	NPB	PA; QL (6 tablets per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)	NPB	PA; QL (120 sprays per 30 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	PA; QL (1 tablet per 1 day)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	G	PA; QL (1 capsule per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	PA; QL (1 tablet per 1 day)
tramadol hcl oral tablet 100 mg	G	PA; QL (1 tablet per 1 day)
tramadol hcl oral tablet 50 mg	G	PA; QL (6 tablets per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	G	PA; QL (40 tablets per 1 month)
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	G	PA; QL (10 capsules per 1 day)
ULTRACET ORAL TABLET 37.5-325 MG (*tramadol-acetaminophen*)	NPB	PA; QL (40 tablets per 1 month)
ULTRAM ORAL TABLET 50 MG (*tramadol hcl*)	NPB	PA; QL (6 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG (*hydrocodone-acetaminophen*)	NPB	PA; QL (8 tablets per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	PB	PA; 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*)	NPB	PA; QL (2 films per 1 day)
buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg	G	PA; QL (2 films per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	CE	N2 (G); UF11; 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	G	PA; 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*)	NPB	PA; QL (4 patches per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
icatibant acetate (Sajazir Subcutaneous Solution 30 Mg/3Ml)	PSP	PA; NPL; SP
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	PSP	SP
SALICYLATES		
aspirin adult low dose oral tablet delayed release 81 mg	CE	N2 (Not Covered); AL
aspirin childrens oral tablet chewable 81 mg	CE	N2 (Not Covered); AL
aspirin low dose oral tablet chewable 81 mg	CE	N2 (Not Covered); AL
aspirin low dose oral tablet delayed release 81 mg	CE	N2 (Not Covered); AL
aspirin oral tablet chewable 81 mg	CE	N2 (Not Covered); AL
aspirin oral tablet delayed release 81 mg	CE	N2 (Not Covered); AL
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	N2 (Not Covered); AL
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	CE	N2 (Not Covered); AL
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	N2 (Not Covered); AL
childrens aspirin oral tablet chewable 81 mg	CE	N2 (Not Covered); AL
diflunisal oral tablet 500 mg	G	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	N2 (Not Covered); AL
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	CE	N2 (Not Covered); 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*)	NPSP	PA; NPL; SP
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; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NPSP	PA; NPL; SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NPSP	PA; NPL; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NPSP	PA; NPL; SP
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	NPSP	PA; NPL; SP
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	PSP	PA; NPL; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan*)	NPSP	PA; NPL; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan*)	NPSP	PA; NPL; SP
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NPSP	PA; NPL; SP
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NPSP	PA; NPL; SP
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NPSP	PA; NPL; SP
ANTI - INFECTIVES		
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	G	
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*)	NPSP	SP
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NPB	
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfadiazine oral tablet 500 mg	NPB	
tinidazole oral tablet 250 mg, 500 mg	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NPSP	SP
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	PSP	SP
tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml	PSP	SP
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (*flucytosine*)	NPB	
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NPB	
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	NPB	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (*fluconazole*)	NPB	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*fluconazole*)	NPB	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg, 500 mg	G	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
LAMISIL ORAL TABLET 250 MG (*terbinafine hcl*)	NPB	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NPB	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NPB	
nystatin oral tablet 500000 unit	G	
posaconazole oral tablet delayed release 100 mg	G	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	NPB	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (*itraconazole*)	NPB	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NPB	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	NPB	
VFEND ORAL TABLET 200 MG, 50 MG (*voriconazole*)	NPB	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (*rifamycin sodium*)	NPB	
albendazole oral tablet 200 mg	G	
ALBENZA ORAL TABLET 200 MG (*albendazole*)	NPB	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NPB	#
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NPB	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	NPB	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	NPB	
benznidazole oral tablet 100 mg, 12.5 mg	NPB	
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NPB	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NPSP	#; SP
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (*clindamycin hcl*)	NPB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	NPB	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
dapsone oral tablet 100 mg, 25 mg	G	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	PB	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (*vancomycin hcl*)	NPB	
FLAGYL ORAL TABLET 500 MG (*metronidazole*)	NPB	
HIPREX ORAL TABLET 1 GM (*methenamine hippurate*)	NPB	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	NPB	#
ivermectin oral tablet 3 mg	G	
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	NPB	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	NPB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NPB	
MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*)	NPB	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 1 gm	G	
metronidazole oral tablet 250 mg, 500 mg	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	PB	
nitazoxanide oral tablet 500 mg	G	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	G	
nitrofurantoin monohyd macro oral capsule 100 mg	G	
nitrofurantoin oral suspension 25 mg/5ml	G	
pentamidine isethionate inhalation solution reconstituted 300 mg	G	
praziquantel oral tablet 600 mg	G	
PRIMSOL ORAL SOLUTION 50 MG/5ML (*trimethoprim hcl*)	NPB	
pyrimethamine oral tablet 25 mg	G	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NPB	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NPB	
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	NPB	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	G	
trimethoprim oral tablet 100 mg	G	
VANCOCIN HCL ORAL CAPSULE 125 MG (*vancomycin hcl*)	NPB	
VANCOCIN ORAL CAPSULE 250 MG (*vancomycin hcl*)	NPB	
vancomycin hcl oral capsule 125 mg, 250 mg	G	
XENLETA ORAL TABLET 600 MG (*lefamulin acetate*)	NPB	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NPB	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NPB	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NPB	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NPB	
atovaquone-proguanil hcl oral tablet 250-100 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	NPB	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NPB	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	NPB	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	NPB	
QUALAQUIN ORAL CAPSULE 324 MG (*quinine sulfate*)	NPB	
quinine sulfate oral capsule 324 mg	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	
abacavir sulfate oral tablet 300 mg	G	
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NPB	#
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	G	
CRIXIVAN ORAL CAPSULE 400 MG (*indinavir sulfate*)	NPB	#
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	NPB	UF9 (PB)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz oral capsule 200 mg, 50 mg	G	
efavirenz oral tablet 600 mg	G	
emtricitabine oral capsule 200 mg	G	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	PB	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PB	#
etravirine oral tablet 100 mg, 200 mg	G	
fosamprenavir calcium oral tablet 700 mg	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	NPSP	PA; #; SP
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*)	NPB	#
INVIRASE ORAL TABLET 500 MG (*saquinavir mesylate*)	NPB	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PB	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	
lamivudine oral solution 10 mg/ml	G	
lamivudine oral tablet 150 mg, 300 mg	G	
LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*)	NPB	#
LEXIVA ORAL TABLET 700 MG (*fosamprenavir calcium*)	NPB	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	G	
nevirapine oral tablet 200 mg	G	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PB	
NORVIR ORAL SOLUTION 80 MG/ML (*ritonavir*)	PB	#
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NPB	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NPB	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir ethanolate*)	PB	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (*darunavir ethanolate*)	PB	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NPB	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NPB	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (*atazanavir sulfate*)	NPB	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	PB	#
ritonavir oral tablet 100 mg	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NPB	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	NPB	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (*maraviroc*)	NPB	#
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	G	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (*efavirenz*)	NPB	
SUSTIVA ORAL TABLET 600 MG (*efavirenz*)	NPB	
tenofovir disoproxil fumarate oral tablet 300 mg	G	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (*dolutegravir sodium*)	PB	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PB	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NPB	UF9 (PB)
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NPB	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (*nevirapine*)	NPB	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (*nevirapine*)	NPB	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	PB	#
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	PB	#
VIREAD ORAL TABLET 300 MG (*tenofovir disoproxil fumarate*)	NPB	
zidovudine oral capsule 100 mg	G	
zidovudine oral syrup 50 mg/5ml	G	
zidovudine oral tablet 300 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	G	
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofovir*)	NPB	
BIKTARVY ORAL TABLET 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PB	
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	NPB	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	PB	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NPB	
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	NPB	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PB	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	G	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	G	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	G	
EPZICOM ORAL TABLET 600-300 MG (*abacavir sulfate-lamivudine*)	NPB	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	NPB	UF9 (PB)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	NPB	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPB	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	NPB	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	NPB	#
lamivudine-zidovudine oral tablet 150-300 mg	G	
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	NPB	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PB	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NPB	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPB	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPB	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PB	
TEMIXYS ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	NPB	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	
TRIZIVIR ORAL TABLET 300-150-300 MG (*abacavir-lamivudine-zidovudine*)	NPB	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	NPB	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral tablet 100 mg, 300 mg	G	
MYAMBUTOL ORAL TABLET 400 MG (*ethambutol hcl*)	NPB	
PASER ORAL PACKET 4 GM (*aminosalicylic acid*)	NPB	
pretomanid oral tablet 200 mg	NPB	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	NPB	UF9 (PB)
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
rifampin oral capsule 150 mg, 300 mg	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPSP	PA; SP
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg, 800 mg	G	
adefovir dipivoxil oral tablet 10 mg	G	SP
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	PSP	PA; SP
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NPSP	SP
cidofovir intravenous solution 75 mg/ml	PSP	SP
diclofenac sodium external gel 3 %	G	PA; QL (100 GM per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	G	SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML (*lamivudine*)	PB	#
EPIVIR HBV ORAL TABLET 100 MG (*lamivudine*)	NPB	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
favipiravir oral tablet 200 mg	NPB	
foscarnet sodium intravenous solution 6000 mg/250ml	PSP	SP
HEPSERA ORAL TABLET 10 MG (*adefovir dipivoxil*)	NPSP	SP
lamivudine oral tablet 100 mg	G	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	G	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NPSP	SP
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (*zanamivir*)	NPB	
ribavirin inhalation solution reconstituted 6 gm	G	
rimantadine hcl oral tablet 100 mg	G	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	PSP	PA; NPL; SP
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (*oseltamivir phosphate*)	NPB	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	NPB	
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NPSP	PA; SP
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NPSP	PA; SP
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valganciclovir hcl oral tablet 450 mg	G	PA; SP
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NPB	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	PA; SP
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NPB	#
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (*baloxavir marboxil*)	NPB	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG (*baloxavir marboxil*)	NPB	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (*acyclovir*)	NPB	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor er oral tablet extended release 12 hour 500 mg	NPB	
cefaclor oral capsule 250 mg, 500 mg	G	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	G	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefprozil oral tablet 250 mg, 500 mg	G	
cefuroxime axetil oral tablet 250 mg, 500 mg	G	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	G	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cephalexin oral tablet 250 mg, 500 mg	G	
KEFLEX ORAL CAPSULE 750 MG (*cephalexin*)	NPB	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	NPB	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*)	NPB	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	NPB	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	NPB	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	NPB	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	NPB	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	G	
LEVAQUIN ORAL TABLET 250 MG (*levofloxacin*)	NPB	AL
LEVAQUIN ORAL TABLET 500 MG, 750 MG (*levofloxacin*)	NPB	
levofloxacin oral solution 25 mg/ml	G	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	G	
moxifloxacin hcl oral tablet 400 mg	G	
ofloxacin oral tablet 300 mg, 400 mg	G	
HEPATITIS C		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	PSP	PA; IBC (Preferred for all genotypes); NPL; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	PSP	PA; NPL; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP
ledipasvir-sofosbuvir oral tablet 90-400 mg	PSP	PA; NPL; SP
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NPSP	PA; NPL; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (*peginterferon alfa-2a*)	PSP	PA; SP
ribavirin oral capsule 200 mg	G	SP
ribavirin oral tablet 200 mg	G	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sofosbuvir-velpatasvir oral tablet 400-100 mg	PSP	PA; NPL; SP
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NPSP	PA; NPL; SP
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NPSP	PA; NPL; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (*ombitas-paritapre-ritona-dasab*)	NPSP	PA; NPL; SP
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PSP	PA; IBC (Preferred for all genotypes); NPL; SP
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	NPSP	PA; NPL; SP
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
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	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	G	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	G	
ampicillin oral capsule 500 mg	G	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (*amoxicillin-pot clavulanate*)	NPB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	PB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (*amoxicillin-pot clavulanate*)	NPB	
AUGMENTIN ORAL TABLET 500-125 MG (*amoxicillin-pot clavulanate*)	NPB	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (*doxycycline hyclate*)	NPB	
avidoxy oral tablet 100 mg	G	
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	G	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (*doxycycline hyclate*)	NPB	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (*doxycycline hyclate*)	NPB	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	G	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	G	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	G	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
MINOCIN ORAL CAPSULE 100 MG (*minocycline hcl*)	NPB	AL
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	G	
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	G	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	NPB	
doxycycline hyclate (Morgidox Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	NPB	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NPB	
tetracycline hcl oral capsule 250 mg, 500 mg	G	
VIBRAMYCIN ORAL CAPSULE 100 MG (*doxycycline hyclate*)	NPB	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	NPB	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (*doxycycline calcium*)	NPB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*)	NPB	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS - CHEMOTHERAPY DRUGS		
ALKERAN ORAL TABLET 2 MG (*melphalan*)	CE	N2 (PB)
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N2 (G)
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	CE	N2 (PB)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	CE	N2 (NPB)
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	CE	N2 (PB)
melphalan oral tablet 2 mg	CE	N2 (G)
MYLERAN ORAL TABLET 2 MG (*busulfan*)	CE	N2 (PB)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (*temozolomide*)	CE	PA; SP; N2 (NPSP)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	CE	PA; SP; N2 (G)
ANTIMETABOLITES - CHEMOTHERAPY DRUGS		
capecitabine oral tablet 150 mg, 500 mg	CE	PA; SP; N2 (G)
mercaptopurine oral tablet 50 mg	CE	N2 (G)
methotrexate oral tablet 2.5 mg	CE	N2 (G)
methotrexate sodium oral tablet 2.5 mg	CE	N2 (G)
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	CE	N2 (NPSP)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	CE	PA; #; SP; N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (NPB)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N2 (NPB)
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	CE	PA; SP; N2 (NPSP)
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	CE	PA; SP; N2 (NPSP)
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	CE	PA; SP; N2 (NPSP)
FARYDAK ORAL CAPSULE 10 MG, 20 MG (*panobinostat lactate*)	CE	PA; SP; N2 (NPSP)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; SP; N2 (NPSP)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; SP; N2 (NPSP)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; SP; N2 (NPSP)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; SP; N2 (NPSP)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; SP; N2 (NPSP)
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; SP; N2 (NPSP)
RUBRACA ORAL TABLET 200 MG, 300 MG (*rucaparib camsylate*)	CE	PA; N2 (NPSP)
RUBRACA ORAL TABLET 250 MG (*rucaparib camsylate*)	CE	PA; SP; N2 (NPSP)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; SP; N2 (PSP)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (*talazoparib tosylate*)	CE	PA; SP; N2 (NPSP)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	PA; SP; N2 (NPSP)
ZEJULA ORAL CAPSULE 100 MG (*niraparib tosylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; SP; N2 (NPSP)
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg, 500 mg	CE	PA; SP; N2 (PSP)
anastrozole oral tablet 1 mg	CE	N2 (G)
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	CE	N2 (NPB)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AROMASIN ORAL TABLET 25 MG (*exemestane*)	CE	N2 (NPB)
bicalutamide oral tablet 50 mg	CE	N2 (G)
CASODEX ORAL TABLET 50 MG (*bicalutamide*)	CE	N2 (NPB)
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	NPSP	PA; SP
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	CE	PA; SP; N2 (NPSP)
exemestane oral tablet 25 mg	CE	N2 (G)
FARESTON ORAL TABLET 60 MG (*toremifene citrate*)	CE	N2 (NPB)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (*fulvestrant*)	NPSP	PA; SP
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	CE	N2 (NPB)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	PSP	PA; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	PSP	PA; SP
flutamide oral capsule 125 mg	CE	N2 (G)
fulvestrant intramuscular solution 250 mg/5ml	PSP	PA; SP
letrozole oral tablet 2.5 mg	CE	N2 (G)
leuprolide acetate injection kit 1 mg/0.2ml	G	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	NPSP	PA; #; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	PSP	PA; #; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	NPSP	PA; #; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	PSP	PA; #; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	PA; #; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	PA; #; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	PSP	PA; #; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (*leuprolide acetate (3 month)*)	PSP	PA; #; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	UF9 (PB); N2 (NPB)
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	CE	N2 (G)
megestrol acetate oral tablet 20 mg, 40 mg	CE	N2 (G)
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	CE	N2 (PB)
nilutamide oral tablet 150 mg	CE	N2 (G)
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	CE	SP; N2 (NPSP)
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	CE	SP; N2 (NPSP)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	CE	#; N2 (NPB)
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	N2 (G)
toremifene citrate oral tablet 60 mg	CE	N2 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG (*triptorelin pamoate*)	NPSP	PA; #; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (*triptorelin pamoate*)	PSP	PA; #; SP
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	CE	PA; SP; N2 (PSP)
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	CE	PA; SP; N2 (PSP)
YONSA ORAL TABLET 125 MG (*abiraterone acetate*)	CE	PA; #; SP; N2 (NPSP)
ZYTIGA ORAL TABLET 250 MG (*abiraterone acetate*)	CE	PA; SP; N2 (NPSP)
ZYTIGA ORAL TABLET 500 MG (*abiraterone acetate*)	CE	PA; SP; N2 (PSP)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	CE	PA; #; SP; N2 (NPSP)
AFINITOR ORAL TABLET 10 MG (*everolimus*)	CE	PA; #; SP; N2 (NPSP)
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)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	CE	PA; SP; N2 (PSP)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	CE	PA; SP; N2 (PSP)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	CE	PA; SP; N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	CE	PA; SP; N2 (PSP)
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	CE	PA; SP; N2 (NPSP)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	CE	PA; SP; N2 (PSP)
CALQUENCE ORAL CAPSULE 100 MG (*acalabrutinib*)	CE	PA; SP; N2 (PSP)
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	CE	PA; #; SP; N2 (NPSP)
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)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	CE	PA; SP; N2 (PSP)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	CE	PA; SP; N2 (PSP)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	CE	PA; SP; N2 (PSP)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	CE	PA; SP; N2 (NPSP)
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	CE	PA; SP; N2 (NPSP)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*)	CE	PA; SP; N2 (NPSP)
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	CE	PA; SP; N2 (NPSP)
imatinib mesylate oral tablet 100 mg, 400 mg	CE	PA; SP; N2 (G)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	CE	PA; SP; N2 (NPSP)
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	PA; SP; N2 (NPSP)
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	PA; #; N2 (NPSP)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	CE	PA; SP; N2 (PSP)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	CE	PA; SP; N2 (NPSP)
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	CE	PA; SP; N2 (NPSP)
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; SP; N2 (NPSP)
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	CE	PA; SP; N2 (NPSP)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	PA; SP; N2 (NPSP)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	PA; SP; N2 (NPSP)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	PA; SP; N2 (NPSP)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*)	CE	PA; SP; N2 (NPSP)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	CE	PA; SP; N2 (NPSP)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	PA; SP; N2 (PSP)
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	CE	PA; SP; N2 (PSP)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	CE	PA; SP; N2 (PSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	CE	PA; #; SP; N2 (PSP)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; SP; N2 (NPSP)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; SP; N2 (PSP)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (*erlotinib hcl*)	CE	PA; SP; N2 (NPSP)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	CE	PA; SP; N2 (NPSP)
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	CE	PA; SP; N2 (NPSP)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (*infigratinib phosphate*)	CE	PA; SP; N2 (NPSP)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (*infigratinib phosphate*)	CE	PA; SP; N2 (NPSP)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	PA; SP; N2 (NPSP)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	PA; SP; N2 (NPSP)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	PA; SP; N2 (NPSP)
TURALIO ORAL CAPSULE 200 MG (*pexidartinib hcl*)	CE	PA; SP; N2 (NPSP)
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
UKONIQ ORAL TABLET 200 MG (*umbralisib tosylate*)	CE	PA; SP; N2 (NPSP)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	CE	PA; SP; N2 (NPSP)
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	CE	PA; SP; N2 (NPSP)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	CE	PA; SP; N2 (NPSP)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	PA; SP; N2 (NPSP)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	PA; SP; N2 (PSP)
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	PA; SP; N2 (NPSP)
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	CE	PA; SP; UF9 (PSP); N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	PA; SP; N2 (NPSP)
MISCELLANEOUS		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	NPSP	SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	CE	PA; SP; N2 (NPSP)
bexarotene oral capsule 75 mg	CE	PA; SP; N2 (PSP)
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	CE	PA; SP; N2 (NPSP)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	NPB	
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	N2 (NPSP)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	CE	PA; SP; N2 (NPSP)
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	CE	N2 (NPB)
hydroxyurea oral capsule 500 mg	CE	N2 (G)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	CE	PA; SP; N2 (NPSP)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	CE	PA; SP; N2 (PSP)
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	SP; N2 (PSP)
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	CE	PA; SP; N2 (NPSP)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; UF9 (PSP); N2 (PSP)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	PA; N2 (NPSP)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	PA; SP; N2 (NPSP)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	PA; SP; N2 (NPSP)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	PA; SP; N2 (NPSP)
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	PA; SP; N2 (NPSP)
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	CE	PA; SP; N2 (NPSP)
tretinoin oral capsule 10 mg	CE	SP; N2 (G)
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PSP	SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	CE	PA; N2 (NPSP)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	PA; N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	PA; N2 (NPSP)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	CE	PA; N2 (NPSP)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; SP; N2 (NPSP)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	PA; N2 (NPSP)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; SP; N2 (NPSP)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	PA; UF9 (PSP); N2 (PSP)
PROTECTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N2 (G)
MESNEX ORAL TABLET 400 MG (*mesna*)	CE	N2 (NPB)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N2 (G)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	PA; SP; N2 (NPSP)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*)	CE	PA; SP; N2 (NPSP)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	CE	PA; SP; N2 (NPSP)
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*)	NPB	
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	G	LGC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	G	LGC
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	LGC
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	NPB	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	NPB	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NPB	#
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
TARKA ORAL TABLET EXTENDED RELEASE 2-240 MG (*trandolapril-verapamil hcl*)	NPB	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	G	
VASERETIC ORAL TABLET 10-25 MG (*enalapril-hydrochlorothiazide*)	NPB	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NPB	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*quinapril hcl*)	NPB	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (*ramipril*)	NPB	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	LGC
enalapril maleate oral solution 1 mg/ml	G	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NPB	#
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	LGC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
lisinopril oral tablet 30 mg, 40 mg	G	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	NPB	
MAVIK ORAL TABLET 4 MG (*trandolapril*)	NPB	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	LGC
PRINIVIL ORAL TABLET 20 MG (*lisinopril*)	NPB	
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	NPB	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	LGC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	LGC
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*)	NPB	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	NPB	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone oral tablet 25 mg, 50 mg	G	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	NPB	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	NPB	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	NPB	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	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	G	LGC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	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	G	LGC
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NPB	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	NPB	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NPB	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	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*)	NPB	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NPB	
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*)	NPB	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	NPB	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NPB	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	LGC
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	NPB	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	LGC
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	G	LGC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	LGC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	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*)	NPB	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NPB	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (*irbesartan*)	NPB	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NPB	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	LGC
COZAAR ORAL TABLET 25 MG, 50 MG (*losartan potassium*)	NPB	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NPB	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NPB	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	LGC
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	NPB	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	LGC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	LGC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	G	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	G	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	G	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NPB	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
quinidine gluconate er oral tablet extended release 324 mg	G	
quinidine sulfate oral tablet 200 mg, 300 mg	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (*propafenone hcl*)	NPB	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	G	
sotalol hcl (af) oral tablet 120 mg	G	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 80 mg	G	LGC
sotalol hcl oral tablet 160 mg, 240 mg	G	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPB	
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	G	
cholestyramine light oral powder 4 gm/dose	G	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
COLESTID FLAVORED ORAL PACKET 5 GM (*colestipol hcl*)	NPB	
COLESTID ORAL PACKET 5 GM (*colestipol hcl*)	NPB	
COLESTID ORAL TABLET 1 GM (*colestipol hcl*)	NPB	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
cholestyramine light (Prevalite Oral Packet 4 Gm)	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (*cholestyramine light*)	NPB	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	NPB	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	NPB	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	NPB	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	NPB	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NPB	
ANTILIPEMICS, FIBRATES		
ANTARA ORAL CAPSULE 30 MG, 90 MG (*fenofibrate micronized*)	NPB	#
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	G	
fenofibrate oral capsule 50 mg	G	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg	G	
fenofibrate oral tablet 160 mg	NPB	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg, 35 mg	G	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (*fenofibrate*)	NPB	
gemfibrozil oral tablet 600 mg	G	LGC
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	NPB	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	NPB	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NPB	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (*choline fenofibrate*)	NPB	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NPB	#
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	LGC; N2 (G); AL
atorvastatin calcium oral tablet 40 mg, 80 mg	G	LGC
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NPB	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NPB	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NPB	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NPB	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NPB	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	LGC
PRAVACHOL ORAL TABLET 40 MG (*pravastatin sodium*)	NPB	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	LGC; N2 (G)
simvastatin oral tablet 80 mg	G	LGC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*simvastatin*)	NPB	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NPB	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*)	NPB	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	NPB	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 1 gm	G	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NPSP	PA; SP
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NPB	
niacin (antihyperlipidemic) oral tablet 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
niacin er oral tablet extended release 1000 mg	NPB	
niacin er oral tablet extended release 250 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	G	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (*niacin (antihyperlipidemic)*)	NPB	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters oral capsule 1 gm	G	
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; SP
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	NPSP	PA; NPL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	NPSP	PA; NPL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	NPSP	PA; NPL
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	G	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	G	LGC
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (*metoprolol-hydrochlorothiazide*)	NPB	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	G	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	NPB	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	NPB	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (*bisoprolol-hydrochlorothiazide*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	G	
atenolol oral tablet 100 mg, 25 mg, 50 mg	G	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NPB	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NPB	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	PB	#
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NPB	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	NPB	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (*nadolol*)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	NPB	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NPB	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NPB	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NPB	#
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NPB	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	G	LGC
metoprolol tartrate oral tablet 37.5 mg, 75 mg	G	
nadolol oral tablet 20 mg, 40 mg, 80 mg	G	
pindolol oral tablet 10 mg, 5 mg	G	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	G	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	G	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC
propranolol hcl oral tablet 60 mg	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	NPB	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	NPB	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NPB	
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	G	LGC
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	G	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	G	LGC
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (*verapamil hcl*)	NPB	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*diltiazem hcl coated beads*)	NPB	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl coated beads*)	NPB	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NPB	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (*amlodipine besylate-celecoxib*)	NPB	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl er oral capsule extended release 24 hour 120 mg	G	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	LGC
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
isradipine oral capsule 2.5 mg, 5 mg	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NPB	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	G	
nicardipine hcl oral capsule 20 mg, 30 mg	G	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine oral capsule 10 mg, 20 mg	G	
nimodipine oral capsule 30 mg	G	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	G	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NPB	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	NPB	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	NPB	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	G	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	NPB	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	
verapamil hcl er oral tablet extended release 120 mg	G	LGC
verapamil hcl er oral tablet extended release 180 mg, 240 mg	G	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	NPB	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	NPB	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	G	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
digoxin oral tablet 125 mcg, 250 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (*digoxin*)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*)	NPB	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 250 mg	G	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG (*spironolactone-hctz*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	NPB	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	LGC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NPB	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NPB	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	NPB	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral solution 10 mg/ml	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	LGC
hydrochlorothiazide oral capsule 12.5 mg	G	LGC
hydrochlorothiazide oral tablet 12.5 mg	G	
hydrochlorothiazide oral tablet 25 mg, 50 mg	G	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NPSP	PA; #
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	NPB	
MAXZIDE ORAL TABLET 75-50 MG (*triamterene-hctz*)	NPB	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (*triamterene-hctz*)	NPB	
methazolamide oral tablet 25 mg, 50 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
spironolactone oral tablet 100 mg, 50 mg	G	
spironolactone oral tablet 25 mg	G	LGC
spironolactone-hctz oral tablet 25-25 mg	G	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	LGC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEART FAILURE		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	NPB	
MISCELLANEOUS		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	NPB	#
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	NPB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	NPB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	NPB	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	LGC
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NPSP	SP
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NPSP	
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	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg	G	
hydralazine hcl oral tablet 25 mg	G	LGC
methyldopa oral tablet 250 mg, 500 mg	G	
metyrosine oral capsule 250 mg	G	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NORTHERA ORAL CAPSULE 100 MG (*droxidopa*)	PSP	PA; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG, 300 MG (*droxidopa*)	PSP	PA; SP; QL (6 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenoxybenzamine hcl oral capsule 10 mg	PSP	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG (*ranolazine*)	NPB	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NPSP	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NPSP	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NPSP	PA; SP
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (*isosorbide dinitrate*)	NPB	
GONITRO SUBLINGUAL PACKET 400 MCG (*nitroglycerin*)	NPB	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	NPB	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	NPB	
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*)	NPB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	NPB	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (*nitroglycerin*)	NPB	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG (*ranolazine*)	NPB	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NPSP	PA; NPL; SP
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	NPSP	PA; NPL; SP; UF9 (PSP)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	PSP	PA; NPL; SP
ambrisentan oral tablet 10 mg, 5 mg	PSP	PA; NPL; SP
bosentan oral tablet 125 mg, 62.5 mg	PSP	PA; NPL; SP
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	PSP	PA; NPL; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA; NPL; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NPSP	PA; NPL; SP
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PSP	PA; NPL; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	NPSP	PA; NPL; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NPSP	PA; NPL; SP
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	NPSP	PA; NPL; SP
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	NPSP	PA; NPL; SP
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NPSP	PA; NPL; SP
sildenafil citrate oral tablet 20 mg	G	PA; NPL; SP
tadalafil (pah) oral tablet 20 mg	PSP	PA; NPL; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NPSP	PA; NPL; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NPSP	PA; NPL; SP
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
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; NPL; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	NPSP	PA; NPL; SP
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	NPSP	PA; NPL; SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA; NPL; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	NPSP	PA; NPL; SP
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	NPB	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NPB	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	G	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
meprobamate oral tablet 200 mg, 400 mg	G	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NPB	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NPB	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	NPB	#
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NPB	#
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NPB	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg	G	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	PB	
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	PB	
clobazam oral suspension 2.5 mg/ml	G	
clobazam oral tablet 10 mg, 20 mg	G	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	NPB	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	NPB	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	NPB	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NPSP	SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NPSP	SP
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*)	PB	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*)	PB	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	G	
diazepam oral solution 5 mg/5ml	G	
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NPB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NPB	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NPB	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	PA; SP
carbamazepine (Epitol Oral Tablet 200 Mg)	G	
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	
felbamate oral tablet 400 mg, 600 mg	G	
FELBATOL ORAL SUSPENSION 600 MG/5ML (*felbamate*)	NPB	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	NPB	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NPSP	PA; SP
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	G	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	G	
gabapentin oral tablet 600 mg, 800 mg	G	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (*tiagabine hcl*)	NPB	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (*levetiracetam*)	NPB	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NPB	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NPB	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NPB	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NPB	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NPB	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NPB	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NPB	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NPB	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NPB	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	G	
lamotrigine starter kit-blue oral kit 35 x 25 mg	G	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	G	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	G	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	G	
levetiracetam oral solution 100 mg/ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NPB	
MYSOLINE ORAL TABLET 250 MG, 50 MG (*primidone*)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NPB	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	NPB	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NPB	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NPB	
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
phenobarbital oral elixir 20 mg/5ml	G	
phenobarbital oral tablet 16.2 mg, 32.4 mg	G	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (*phenytoin sodium extended*)	NPB	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	G	
phenytoin oral suspension 125 mg/5ml	G	
phenytoin oral tablet chewable 50 mg	G	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	G	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	G	
pregabalin oral solution 20 mg/ml	G	
primidone oral tablet 250 mg, 50 mg	G	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NPB	
rufinamide oral suspension 40 mg/ml	G	
rufinamide oral tablet 200 mg, 400 mg	G	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NPSP	PA; SP
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NPSP	PA; SP
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NPB	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	PB	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NPB	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NPB	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	NPB	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	G	
topiramate oral capsule sprinkle 15 mg, 25 mg	G	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TRANXENE-T ORAL TABLET 7.5 MG (*clorazepate dipotassium*)	NPB	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NPB	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NPB	
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*)	NPB	
valproic acid oral capsule 250 mg	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	NPB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	NPB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	NPB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	NPB	
vigabatrin oral packet 500 mg	PSP	PA; SP
vigabatrin oral tablet 500 mg	PSP	PA; SP
vigabatrin (Vigadrone Oral Packet 500 Mg)	PSP	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	PB	#; UF9 (PB)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	PB	#; UF9 (PB)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*)	NPB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	NPB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	NPB	
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*)	NPB	
ZARONTIN ORAL CAPSULE 250 MG (*ethosuximide*)	NPB	
ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*)	NPB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NPB	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (*donepezil hcl*)	NPB	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	NPB	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	G	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	NPB	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (*memantine hcl*)	NPB	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (*galantamine hydrobromide*)	NPB	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	NPB	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NPB	
BRISDELLE ORAL CAPSULE 7.5 MG (*paroxetine mesylate*)	NPB	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg	G	
bupropion hcl oral tablet 100 mg, 75 mg	G	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (*citalopram hydrobromide*)	NPB	
citalopram hydrobromide oral solution 10 mg/5ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NPB	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	NPB	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
doxepin hcl oral concentrate 10 mg/ml	G	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (*duloxetine hcl*)	NPB	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	NPB	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	NPB	#
escitalopram oxalate oral solution 5 mg/5ml	G	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	NPB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NPB	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	G	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	G	
fluoxetine hcl oral capsule delayed release 90 mg	G	
fluoxetine hcl oral solution 20 mg/5ml	G	
fluoxetine hcl oral tablet 10 mg, 20 mg	G	
fluoxetine hcl oral tablet 60 mg	NPB	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	NPB	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NPB	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	NPB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NPB	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	NPB	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	NPB	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	G	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	LGC
paroxetine mesylate oral capsule 7.5 mg	G	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NPB	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NPB	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NPB	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine mesylate*)	NPB	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NPB	
protriptyline hcl oral tablet 10 mg, 5 mg	G	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NPB	
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (*mirtazapine*)	NPB	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	LGC
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	G	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	PB	#
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*)	PB	#
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (*bupropion hcl*)	NPB	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NPB	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NPB	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	
amantadine hcl oral syrup 50 mg/5ml	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NPSP	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	NPB	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	G	
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	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMTAN ORAL TABLET 200 MG (*entacapone*)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPSP	PA
entacapone oral tablet 200 mg	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NPB	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	PSP	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*apomorphine hcl*)	PSP	PA; SP
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10/15/20/25/30 MG (*apomorphine hcl*)	PSP	SP
LODOSYN ORAL TABLET 25 MG (*carbidopa*)	NPB	
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*)	NPB	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG (*pramipexole dihydrochloride*)	NPB	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	NPB	#
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NPB	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NPB	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (*amantadine hcl*)	NPB	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (*amantadine hcl*)	NPB	
PARLODEL ORAL CAPSULE 5 MG (*bromocriptine mesylate*)	NPB	
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	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	G	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	NPB	#
selegiline hcl oral capsule 5 mg	G	
selegiline hcl oral tablet 5 mg	G	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	NPB	
STALEVO 100 ORAL TABLET 25-100-200 MG (*carbidopa-levodopa-entacapone*)	NPB	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (*carbidopa-levodopa-entacapone*)	NPB	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*)	NPB	
STALEVO 200 ORAL TABLET 50-200-200 MG (*carbidopa-levodopa-entacapone*)	NPB	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (*carbidopa-levodopa-entacapone*)	NPB	
TASMAR ORAL TABLET 100 MG (*tolcapone*)	NPB	
tolcapone oral tablet 100 mg	G	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NPB	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NPB	
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*)	NPB	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PB	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	G	
CAPLYTA ORAL CAPSULE 42 MG (*lumateperone tosylate*)	NPB	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	G	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NPB	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	G	
CLOZARIL ORAL TABLET 100 MG, 25 MG (*clozapine*)	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NPB	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NPB	
fluphenazine decanoate injection solution 25 mg/ml	G	
fluphenazine hcl injection solution 2.5 mg/ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NPB	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NPB	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (*haloperidol decanoate*)	NPB	
HALDOL INJECTION SOLUTION 5 MG/ML (*haloperidol lactate*)	NPB	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	G	
haloperidol lactate injection solution 5 mg/ml	G	
haloperidol lactate oral concentrate 2 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	G	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG (*paliperidone*)	NPB	
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*)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (*paliperidone palmitate*)	NPB	
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*)	NPB	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	G	
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	G	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	G	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	G	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	NPB	
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	G	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	PB	#
RISPERDAL ORAL SOLUTION 1 MG/ML (*risperidone*)	NPB	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	NPB	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NPB	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NPB	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NPB	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NPB	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	PB	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	G	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	G	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	NPB	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (*olanzapine*)	NPB	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	NPB	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*olanzapine*)	NPB	

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, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NPB	QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 15 MG, 20 MG (*amphetamine-dextroamphetamine*)	NPB	QL (2 tablets per 1 day)
ADDERALL ORAL TABLET 30 MG (*amphetamine-dextroamphetamine*)	NPB	QL (1 tablet per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*amphetamine-dextroamphetamine*)	NPB	QL (3 capsules per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (*amphetamine-dextroamphetamine*)	NPB	QL (1 capsule per 1 day)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG (*methylphenidate hcl*)	NPB	QL (2 capsules per 1 day)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 55 MG, 70 MG, 85 MG (*methylphenidate hcl*)	NPB	QL (1 capsule per 1 day)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (*amphetamine*)	NPB	QL (15 ML per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG (*amphetamine*)	NPB	QL (1 tablet per 1 Day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NPB	QL (2 tablets per 1 day)
amphetamine er oral suspension extended release 1.25 mg/ml	G	QL (15 ML per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	G	QL (4 tablets per 1 Day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (3 capsules per 1 day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	G	QL (1 capsule per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg	G	QL (3 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg	G	QL (2 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	G	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NPB	QL (1 capsule per 1 day)
atomoxetine hcl oral capsule 10 mg, 18 mg, 40 mg	G	QL (2 capsules per 1 Day)
atomoxetine hcl oral capsule 100 mg, 80 mg	G	QL (1 capsule per 1 Day)
atomoxetine hcl oral capsule 25 mg	G	QL (4 capsules per 1 day)
atomoxetine hcl oral capsule 60 mg	G	QL (1 capsule per 1 day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	NPB	QL (1 capsule per 1 day)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	G	QL (4 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (*methylphenidate hcl*)	NPB	QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (*methylphenidate hcl*)	NPB	QL (1 tablet per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NPB	QL (1 tablet per 1 Day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NPB	#; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (*methamphetamine hcl*)	NPB	QL (5 tablets per 1 month)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*dextroamphetamine sulfate*)	NPB	QL (4 capsules per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (*dextroamphetamine sulfate*)	NPB	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	G	QL (2 capsules per 1 day)
dexmethylphenidate hcl oral tablet 10 mg	G	QL (2 tablets per 1 day)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	G	QL (4 tablets per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	G	QL (2 capsules per 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	G	QL (40 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	QL (4 tablets per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NPB	QL (8 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*amphetamine sulfate*)	NPB	QL (4 tablets per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG (*amphetamine sulfate*)	NPB	QL (2 tablets per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NPB	QL (120 tablets per 30 days)
FOCALIN ORAL TABLET 10 MG (*dexmethylphenidate hcl*)	NPB	QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	NPB	QL (4 tablets per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (*dexmethylphenidate hcl*)	NPB	QL (2 capsules per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (*dexmethylphenidate hcl*)	NPB	QL (1 capsule per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg	G	QL (1 tablet per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 2 mg, 3 mg, 4 mg	G	QL (1 tablet per 1 Day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NPB	QL (1 tablet per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NPB	QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (*methylphenidate hcl*)	NPB	QL (2 capsules per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (*clonidine hcl*)	NPB	QL (4 tablets per 1 day)
methamphetamine hcl oral tablet 5 mg	G	QL (5 tablets per 1 month)
METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*)	NPB	QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*)	NPB	QL (60 ML per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	G	QL (2 capsules per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	G	QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	G	QL (2 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg	G	QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	G	QL (1 capsule per 1 Day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	G	QL (2 capsules per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	G	QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	G	QL (3 tablets per 1 Day)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg	G	QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	G	QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	G	QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	G	QL (1 tablet per 1 day)
methylphenidate hcl er oral tablet extended release 54 mg	G	QL (1 tablet per 1 day)
methylphenidate hcl er oral tablet extended release 72 mg	NPB	QL (1 tablet per 1 Day)
methylphenidate hcl oral solution 10 mg/5ml	G	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	G	QL (60 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 5 mg	G	QL (6 tablets per 1 day)
methylphenidate hcl oral tablet 20 mg	G	QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	G	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)	G	QL (40 ML per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	NPB	QL (2 capsules per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (*methylphenidate hcl*)	NPB	QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (*methylphenidate hcl*)	NPB	QL (2 tablets per 1 Day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (*methylphenidate hcl*)	NPB	QL (1 tablet per 1 Day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NPB	QL (12 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*)	NPB	QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (*methylphenidate hcl*)	NPB	QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (*methylphenidate hcl*)	NPB	QL (2 capsule per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*)	NPB	QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	NPB	QL (6 tablets per 1 day)
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NPB	QL (3 tablets per 1 day)
STALEVO 75 ORAL TABLET 18.75-75-200 MG (*carbidopa-levodopa-entacapone*)	NPB	
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 40 MG (*atomoxetine hcl*)	NPB	QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (*atomoxetine hcl*)	NPB	QL (1 capsule per 1 day)
STRATTERA ORAL CAPSULE 25 MG (*atomoxetine hcl*)	NPB	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 (*lisdexamfetamine dimesylate*)	PB	QL (2 tablets per 1 Day)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	PB	QL (1 tablet per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg)	G	QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	G	QL (4 tablets per 1 day)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	NPB	
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	NPB	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NPB	
DORAL ORAL TABLET 15 MG (*quazepam*)	NPB	
doxepin hcl oral tablet 3 mg, 6 mg	G	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NPB	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
flurazepam hcl oral capsule 15 mg, 30 mg	G	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NPB	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NPSP	PA; SP
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPSP	PA; SP
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NPB	
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	G	
ramelteon oral tablet 8 mg	G	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	NPB	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NPB	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NPB	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	G	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMERGE ORAL TABLET 1 MG, 2.5 MG (*naratriptan hcl*)	NPB	
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	NPB	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (*dihydroergotamine mesylate*)	NPB	
dihydroergotamine mesylate injection solution 1 mg/ml	G	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	NPB	
ergotamine-caffeine oral tablet 1-100 mg	G	
FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*)	NPB	
frovatriptan succinate oral tablet 2.5 mg	G	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (*sumatriptan*)	NPB	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NPB	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NPB	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NPB	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (*sumatriptan succinate*)	NPB	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NPB	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NPB	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	G	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NPB	
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	NPB	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	PB	
rizatriptan benzoate oral tablet 10 mg, 5 mg	G	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	G	
sumatriptan nasal solution 20 mg/act, 5 mg/act	G	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	G	
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	G	
sumatriptan-naproxen sodium oral tablet 85-500 mg	G	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	NPB	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NPB	
zolmitriptan nasal solution 2.5 mg, 5 mg	G	
zolmitriptan oral tablet 2.5 mg, 5 mg	G	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	NPB	
ZOMIG ORAL TABLET 2.5 MG, 5 MG (*zolmitriptan*)	NPB	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (*zolmitriptan*)	NPB	
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	NPSP	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	G	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	G	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPSP	PA; NPL; SP
EXSERVAN ORAL FILM 50 MG (*riluzole*)	NPB	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPSP	PA; SP
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NPSP	SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG (*valbenazine tosylate*)	NPSP	PA; SP
INGREZZA ORAL CAPSULE 60 MG (*valbenazine tosylate*)	NPSP	PA; SP; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	NPSP	PA; SP
lithium carbonate er oral tablet extended release 300 mg, 450 mg	G	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	G	
lithium carbonate oral tablet 300 mg	G	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NPB	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NPB	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (*pyridostigmine bromide*)	NPB	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	PB	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NPB	
pimozide oral tablet 1 mg, 2 mg	G	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 30 mg, 60 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RILUTEK ORAL TABLET 50 MG (*riluzole*)	NPB	
riluzole oral tablet 50 mg	G	
RUZURGI ORAL TABLET 10 MG (*amifampridine*)	NPSP	PA; SP
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NPB	UF9 (PB)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	UF9 (PB)
tetrabenazine oral tablet 12.5 mg, 25 mg	PSP	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NPB	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NPSP	PA; SP
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NPSP	PA; SP
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PSP	PA; NPL; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	NPSP	PA; NPL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	NPSP	PA; NPL; SP
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	NPSP	PA; NPL; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	PA; NPL; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*)	PSP	PA; NPL; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	PSP	PA; SP
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	PSP	PA; NPL; SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NPSP	PA; NPL; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*)	PSP	PA; NPL; #; SP
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	PSP	PA; NPL; SP
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml, 40 Mg/Ml)	PSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	PSP	PA; NPL; SP
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	PSP	PA; NPL; SP
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; NPL; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	PSP	PA; NPL; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	PSP	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	NPL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; NPL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; NPL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; NPL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; NPL; SP
PONVORY ORAL TABLET 20 MG (*ponesimod*)	NPSP	PA; SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NPSP	PA; SP

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
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; NPL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; NPL; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; NPL; SP
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	NPSP	PA; NPL; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NPSP	PA; NPL; SP
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	NPSP	PA; NPL; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	PSP	PA; NPL; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	PSP	PA; NPL; SP
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	PSP	PA; NPL; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (*ozanimod hcl*)	PSP	PA; NPL; SP
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NPB	
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	PSP	PA; NPL; SP
carisoprodol oral tablet 350 mg	G	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	G	
chlorzoxazone oral tablet 250 mg	NPB	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	G	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	G	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (*dantrolene sodium*)	NPB	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	NPSP	PA; NPL; SP
FEXMID ORAL TABLET 7.5 MG (*cyclobenzaprine hcl*)	G	
chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)	G	
metaxalone oral tablet 400 mg, 800 mg	G	
methocarbamol oral tablet 500 mg, 750 mg	G	
norgesic forte oral tablet 50-770-60 mg	NPB	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	G	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	G	
OZOBAX ORAL SOLUTION 5 MG/5ML (*baclofen*)	NPB	
SKELAXIN ORAL TABLET 800 MG (*metaxalone*)	NPB	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NPB	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
carisoprodol (Vanadom Oral Tablet 350 Mg)	G	
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*)	NPB	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	NPB	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	G	
modafinil oral tablet 100 mg, 200 mg	G	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NPB	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	NPB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	NPSP	PA; SP
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NPSP	PA; SP
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	NPSP	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	NPSP	PA; NPL; SP
POSTHERPETIC NEURALGIA (PHN)		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	NPB	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	PB	
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium oral tablet delayed release 333 mg	G	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N2 (G); 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)
disulfiram oral tablet 250 mg, 500 mg	G	
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*)	NPB	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NPB	UF11
naltrexone hcl oral tablet 50 mg	CE	N2 (G); UF11
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	PB	#; UF11
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal kit 21-14-7 mg/24hr	CE	N2 (Not Covered); QL (168 day supply per 365 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	N2 (Not Covered); QL (168 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	N2 (Not Covered); QL (168 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N2 (Not Covered); QL (168 day supply per 365 days)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	G	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	NPB	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPB	UF11
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NPB	
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	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NPB	
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*)	NPB	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*)	NPB	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NPB	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NPB	
methitest oral tablet 10 mg	NPB	
methyltestosterone oral capsule 10 mg	G	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	
oxandrolone oral tablet 10 mg, 2.5 mg	G	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone cypionate injection solution 200 mg/ml	NPB	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	
testosterone enanthate intramuscular solution 200 mg/ml	G	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	G	
testosterone transdermal solution 30 mg/act	G	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NPB	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NPB	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NPB	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (*acarbose*)	NPB	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PB	#
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	#
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NPB	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	G	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	G	
metformin hcl er oral tablet extended release 24 hour 500 mg	G	LGC
metformin hcl er oral tablet extended release 24 hour 750 mg	G	
metformin hcl oral solution 500 mg/5ml	G	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NPB	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	LGC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	G	LGC
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*)	NPB	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*)	NPB	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NPB	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NPB	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	G	
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	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NPB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	NPB	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*)	NPB	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NPB	
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	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (*lixisenatide*)	NPB	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (*lixisenatide*)	NPB	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	NPB	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	NPB	#
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	NPB	#
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML (*semaglutide*)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	PB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	NPB	
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*)	NPB	
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NPB	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NPB	
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*)	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NPB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	NPB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NPB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NPB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NPB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NPB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NPB	
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	PB	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	PB	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	PB	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	PB	
insulin aspart subcutaneous solution 100 unit/ml	PB	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	NPB	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	NPB	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	NPB	
insulin lispro subcutaneous solution 100 unit/ml	NPB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NPB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NPB	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	PB	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	PB	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NPB	
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*)	NPB	
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)*)	NPB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NPB	
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*)	NPB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NPB	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	NPB	
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*)	NPB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG RELION SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart*)	NPB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NPB	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NPB	
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*)	NPB	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (*pioglitazone hcl-metformin hcl*)	NPB	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	G	
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	G	LGC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	LGC
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB		
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	PB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NPB	
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	
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	
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	
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*)	NPB	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NPB	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NPB	

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	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NPB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NPB	
ANTIDIABETICS, SULFONYLUREA		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (*glimepiride*)	NPB	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	LGC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	LGC
glipizide oral tablet 10 mg, 5 mg	G	LGC
glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg	G	
glipizide xl oral tablet extended release 24 hour 2.5 mg	G	LGC
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (*glipizide*)	NPB	
glyburide micronized oral tablet 1.5 mg	G	
glyburide micronized oral tablet 3 mg, 6 mg	G	LGC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	G	LGC
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (*glyburide micronized*)	NPB	
tolbutamide oral tablet 500 mg	G	
ANTIDIABETICS, SULFONYLUREA/ THIAZOLIDINEDIONE COMBINATIONS		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG, 35 MG (*risedronate sodium*)	NPB	
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	G	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	NPB	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NPB	
BONIVA ORAL TABLET 150 MG (*ibandronate sodium*)	NPB	
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NPB	#
ibandronate sodium intravenous solution 3 mg/3ml	PSP	SP
ibandronate sodium oral tablet 150 mg	G	
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	PSP	SP
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	SP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	
risedronate sodium oral tablet delayed release 35 mg	G	
zoledronic acid intravenous concentrate 4 mg/5ml	PSP	SP
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	PSP	SP
CALCIUM RECEPTOR AGONISTS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	NPB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	NPB	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	NPSP	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NPB	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NPB	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NPB	
levocarnitine oral solution 1 gm/10ml	G	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	PB	UF9 (PB)
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NPSP	PA
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	PSP	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PSP	PA; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	PSP	PA; SP
deferiprone oral tablet 500 mg	PSP	PA; SP
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	PSP	SP
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NPSP	PA; SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NPSP	SP
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NPSP	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NPSP	PA
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	NPSP	PA; #; SP
FERRIPROX ORAL TABLET 500 MG (*deferiprone*)	NPSP	PA; SP
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NPSP	PA; #; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NPSP	PA; SP
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NPSP	PA; SP
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NPB	
penicillamine oral capsule 250 mg	PSP	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
penicillamine oral tablet 250 mg	G	
sodium polystyrene sulfonate oral powder	G	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NPSP	PA
trientine hcl oral capsule 250 mg	PSP	PA; SP; UF9 (G)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	NPB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	N2 (G)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N2 (G)
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	N2 (PB); QL (1 ring per 365 days)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	CE	#; N2 (NPB)
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NPB	
briellyn oral tablet 0.4-35 mg-mcg	CE	N2 (G)
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	N2 (G)
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (G)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Cesia Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (G)
norethindrone-eth estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
norethin-eth estrad triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (G)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	NPB	QL (1 injection/75 days or 4 injections per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	NPB	QL (1 injection/75 days or 4 injections per 300 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	#; N2 (NPB); QL (1 injection/75 days or 4 injections per 300 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N2 (G)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	CE	N2 (G)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	CE	N2 (G)
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (G)
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	#; N2 (NPB)
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N2 (G)
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
norethindrone (Errin Oral Tablet 0.35 Mg)	CE	N2 (G)
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (*norethindron-ethinyl estrad-fe*)	NPB	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (G)
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N2 (G)
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (*norethin-eth estradiol-fe*)	NPB	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
norethindrone (Heather Oral Tablet 0.35 Mg)	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (G)
norethindrone (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (G)
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N2 (PB); QL (1 device per 300 days)
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (G)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	CE	N2 (G)
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (*levonorgestrel*)	CE	N2 (NPB); QL (1 device per 300 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	N2 (NPB)
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (NPB)
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N2 (NPB)
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (G)
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (*levonorgest-eth estrad 91-day*)	NPB	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (G)
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
norethindrone (Lyza Oral Tablet 0.35 Mg)	CE	N2 (G)
marlissa oral tablet 0.15-30 mg-mcg	CE	N2 (G)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	N2 (G); QL (1 injection/75 days or 4 injections per 300 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	N2 (G); QL (1 injection/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 (G)
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NPB	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (*desogestrel-ethinyl estradiol*)	NPB	
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 (G)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	N2 (NPB)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (G)
norethindrone-eth estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	N2 (NPB); QL (1 device per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	NPB	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (G)
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (G)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	N2 (G)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	N2 (G)
norethindrone oral tablet 0.35 mg	CE	N2 (G)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	CE	N2 (G)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	CE	N2 (G)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (G)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NPB	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (*norgestim-eth estrad triphasic*)	NPB	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N2 (NPB); QL (1 device per 300 days)
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (G)
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (*levonorgest-eth estrad 91-day*)	NPB	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	NPB	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (*levonorgest-eth estrad 91-day*)	NPB	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (G)
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 (NPB)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	G	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (G)
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NPB	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	G	
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
norethindrone (Tulana Oral Tablet 0.35 Mg)	CE	N2 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	NPB	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (G)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N2 (G)
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (G)
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (G)
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (G)
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N2 (G)
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NPB	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NPB	
drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (G)
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (G)
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) (*leuprolide acetate (6 month)*)	NPSP	PA; SP
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	NPSP	PA; SP
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPSP	PA; SP; UF9 (PSP)
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*)	NPSP	PA; SP
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NPSP	PA; SP
CARBAGLU ORAL TABLET 200 MG (*carglumic acid*)	NPSP	PA; #; SP
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	PA; NPL; SP
CYSTADANE ORAL POWDER (*betaine*)	NPSP	PA; SP; UF9 (PSP)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	NPB	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NPSP	PA; NPL; SP
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	PSP	PA; SP; UF9 (PSP)
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	PSP	PA
miglustat oral capsule 100 mg	PSP	PA; SP
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPSP	PA; NPL; SP
nitisinone oral capsule 10 mg, 2 mg, 5 mg	PSP	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NPSP	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (*nitisinone*)	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*)	NPSP	PA; SP
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NPSP	PA; SP
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
sodium phenylbutyrate oral tablet 500 mg	PSP	PA; SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	PSP	PA; NPL; SP
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPSP	PA; SP
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NPB	
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NPB	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	NPB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	NPB	#
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*)	NPB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (*estradiol*)	NPB	
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (*estradiol*)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NPB	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*estradiol*)	NPB	
ESTRACE VAGINAL CREAM 0.1 MG/GM (*estradiol*)	NPB	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	
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	G	
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	G	
estradiol vaginal cream 0.1 mg/gm	G	
estradiol vaginal tablet 10 mcg	G	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	G	
ESTRING VAGINAL RING 2 MG (*estradiol*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NPB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NPB	#
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NPB	#
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NPB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NPB	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*)	NPB	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NPB	#
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	
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*)	NPB	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (*estradiol-norgestimate*)	NPB	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	NPB	
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*)	NPB	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NPB	
budesonide er oral tablet extended release 24 hour 9 mg	G	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	NPB	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	NPB	
dexamethasone oral elixir 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	NPB	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NPSP	PA; NPL; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NPSP	PA; NPL; SP
fludrocortisone acetate oral tablet 0.1 mg	G	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NPB	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	G	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG (*methylprednisolone*)	NPB	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	NPB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
MILLIPRED ORAL TABLET 5 MG (*prednisolone*)	NPB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	NPB	
prednisolone oral solution 15 mg/5ml	G	
prednisolone oral syrup 15 mg/5ml	G	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*)	NPB	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	NPB	#
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	G	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	G	
zcort 7-day oral tablet therapy pack 1.5 mg (25)	NPB	
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	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (*dextrose (diabetic use)*)	NPB	
cvs glucose oral gel 15 gm/38gm, 40 %	G	
cvs glucose oral tablet chewable 4 gm, 4-6 gm-mg	NPB	
cvs glucose shot oral liquid 15 gm/59ml	G	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (*dextrose (diabetic use)*)	NPB	
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG (*glucose-vitamin c*)	NPB	
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (*glucose-vitamin c*)	NPB	
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG (*glucose-vitamin c*)	NPB	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (*dextrose (diabetic use)*)	NPB	
diazoxide oral suspension 50 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	NPB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	NPB	
glucagon emergency injection solution reconstituted 1 mg/ml	NPB	
GLUCO BURST ORAL GEL 40 % (*dextrose (diabetic use)*)	G	
glucose oral gel 40 %	G	
glucose oral tablet chewable 4 gm, 4-6 gm-mg	NPB	
gnp glucose oral tablet chewable 4 gm, 4-6 gm-mg	NPB	
gnp quick dissolve glucose oral tablet chewable 4 gm	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NPB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NPB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NPB	
hm glucose oral tablet chewable 4-6 gm-mg	NPB	
hy-vee glucose oral tablet chewable 4-6 gm-mg	NPB	
kroger glucose oral tablet chewable 4-6 gm-mg	NPB	
leader glucose oral tablet chewable 4-6 gm-mg	NPB	
leader quick dissolve glucose oral tablet chewable 4 gm	NPB	
longs glucose oral tablet chewable 4-6 gm-mg	NPB	
meijer glucose oral tablet chewable 4-6 gm-mg	NPB	
preferred plus glucose oral tablet chewable 4-6 gm-mg	NPB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NPB	
px glucose oral tablet chewable 4-6 gm-mg	NPB	
ra glucose oral tablet chewable 4-6 gm-mg, 6-4 mg-gm	NPB	
RA TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML (*dextrose (diabetic use)*)	NPB	
RELION GLUCOSE ORAL GEL 15 GM/38GM (*dextrose (diabetic use)*)	G	
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (*glucose-vitamin c*)	NPB	
sm glucose oral tablet chewable 4 gm, 4-6 gm-mg	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (*glucose-vitamin c*)	NPB	
tgt glucose oral tablet chewable 4-6 gm-mg	NPB	
up & up glucose oral tablet chewable 4-6 gm-mg	NPB	
value plus glucose oral gel 40 %	G	
value plus glucose oral tablet chewable 4-6 gm-mg	NPB	
walgreens glucose oral tablet chewable 4 gm, 4-6 gm-mg	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	NPB	
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*)	NPSP	PA; NPL; SP
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (*somatropin*)	NPSP	PA; NPL; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (*somatropin*)	NPSP	PA; NPL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NPSP	PA; NPL; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	PA; NPL; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	PA; SP
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*)	NPSP	PA; SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NPSP	PA; NPL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	PA; NPL; SP
cabergoline oral tablet 0.5 mg	G	
calcitonin (salmon) nasal solution 200 unit/act	G	
CERVIDIL VAGINAL INSERT 10 MG (*dinoprostone*)	NPB	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NPSP	PA; NPL; SP
EVISTA ORAL TABLET 60 MG (*raloxifene hcl*)	NPB	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML (*teriparatide (recombinant)*)	PSP	PA
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	NPSP	PA; SP
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	PSP	PA; NPL; SP
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*)	NPSP	PA; SP
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NPSP	PA; SP
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NPSP	PA; #; SP
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (*calcitonin (salmon)*)	NPB	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NPSP	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (*parathyroid hormone (recomb)*)	NPSP	PA; NPL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; SP
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NPB	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	NPB	
raloxifene hcl oral tablet 60 mg	CE	N2 (G)
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NPSP	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NPSP	PA; #; SP

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*)	NPSP	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPSP	PA; SP; UF9 (PSP)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PSP	PA; #; SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	NPSP	PA; #; SP
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	NPSP	PA; NPL; SP
tolvaptan oral tablet 15 mg, 30 mg	PSP	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	PA; NPL; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	PA; NPL; SP
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NPSP	PA; SP
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	NPB	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	PB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NPB	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	NPB	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	G	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (*mirabegron*)	PB	#
PHOSLO ORAL CAPSULE 667 MG (*calcium acetate (phos binder)*)	NPB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (*calcium acetate (phos binder)*)	PB	
RENAGEL ORAL TABLET 800 MG (*sevelamer hcl*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NPB	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	NPB	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	NPB	#
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
AYGESTIN ORAL TABLET 5 MG (*norethindrone acetate*)	NPB	
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	PSP	PA; SP
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (*leuprolide & norethindrone*)	NPSP	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (*hydroxyprogesterone caproate*)	PSP	PA; NPL; SP
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (*hydroxyprogesterone caproate*)	PSP	PA; NPL; SP
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
norethindrone acetate oral tablet 5 mg	G	
progesterone intramuscular oil 50 mg/ml	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NPB	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (*medroxyprogesterone acetate*)	NPB	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG (*thyroid*)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NPB	
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)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	G	
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	NPB	
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	G	
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)	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
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*)	NPB	
np thyroid oral tablet 30 mg, 60 mg, 90 mg	G	
propylthiouracil oral tablet 50 mg	G	
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*)	NPB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (*methimazole*)	NPB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NPB	
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*)	NPB	
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*)	NPB	#
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML (*levothyroxine sodium*)	NPB	
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)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (*thyroid*)	NPB	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 97.5 MG (*thyroid*)	NPB	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NPB	
desmopressin ace spray refrig nasal solution 0.01 %	G	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	G	
desmopressin acetate spray nasal solution 0.01 %	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	NPB	
STIMATE NASAL SOLUTION 1.5 MG/ML (*desmopressin acetate*)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	G	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NPB	#
dicyclomine hcl oral capsule 10 mg	G	
dicyclomine hcl oral tablet 20 mg	G	
ed-spaz oral tablet dispersible 0.125 mg	G	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	G	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NPB	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	G	
oscimin oral tablet 0.125 mg	G	
oscimin sr oral tablet extended release 12 hour 0.375 mg	G	
oscimin sublingual tablet sublingual 0.125 mg	G	
hyoscyamine sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NPB	
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NPB	#
prochlorperazine (Compro Rectal Suppository 25 Mg)	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	NPB	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	G	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	
EMEND ORAL CAPSULE 80 MG (*aprepitant*)	NPB	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	PB	#
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NPB	
granisetron hcl oral tablet 1 mg	G	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	G	
metoclopramide hcl oral tablet 10 mg, 5 mg	G	
metoclopramide hcl oral tablet dispersible 10 mg	NPB	
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	G	
ondansetron oral tablet dispersible 4 mg, 8 mg	G	
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	
prochlorperazine rectal suppository 25 mg	G	
promethazine hcl oral solution 6.25 mg/5ml	G	
promethazine hcl oral syrup 6.25 mg/5ml	G	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	G	
promethazine hcl rectal suppository 12.5 mg, 25 mg	G	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGLAN ORAL TABLET 10 MG, 5 MG (*metoclopramide hcl*)	NPB	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NPB	#
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NPB	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PB	
ZOFRAN ORAL TABLET 4 MG (*ondansetron hcl*)	NPB	
ZUPLENZ ORAL FILM 4 MG, 8 MG (*ondansetron*)	NPB	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	G	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	G	
famotidine oral suspension reconstituted 40 mg/5ml	G	
famotidine oral tablet 40 mg	G	
nizatidine oral capsule 150 mg, 300 mg	G	
nizatidine oral solution 15 mg/ml	G	
PEPCID ORAL TABLET 40 MG (*famotidine*)	NPB	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NPB	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	NPB	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	NPB	
balsalazide disodium oral capsule 750 mg	G	
budesonide oral capsule delayed release particles 3 mg	G	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NPB	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NPB	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	NPB	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NPB	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (*budesonide*)	NPB	
hydrocortisone rectal enema 100 mg/60ml	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NPB	
mesalamine er oral capsule extended release 24 hour 0.375 gm	G	
mesalamine oral capsule delayed release 400 mg	G	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	G	
mesalamine rectal enema 4 gm	G	
mesalamine rectal suppository 1000 mg	G	
mesalamine-cleanser rectal kit 4 gm	G	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (*budesonide*)	NPB	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	PB	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NPB	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	NPB	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NPB	#
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NPB	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
lubiprostone oral capsule 24 mcg, 8 mcg	G	
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NPB	
ZELNORM ORAL TABLET 6 MG (*tegaserod maleate*)	NPB	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*)	CE	N2 (NPB); AL
constulose oral solution 10 gm/15ml	G	
enulose oral solution 10 gm/15ml	G	
gavilax oral packet 17 gm	CE	N2 (Not Covered); AL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	G	
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	G	
generlac oral solution 10 gm/15ml	G	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NPB	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	NPB	
lactulose encephalopathy oral solution 10 gm/15ml	G	
lactulose oral packet 10 gm	NPB	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NPB	
OSMOPREP ORAL TABLET 1.102-0.398 GM (*sod phos mono-sod phos dibasic*)	NPB	#
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	G	
peg-3350/electrolytes oral solution reconstituted 236 gm	G	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	N2 (G); AL
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	CE	N2 (G); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	CE	N2 (NPB); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	CE	#; N2 (PB); AL
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	N2 (NPB); AL
MISCELLANEOUS		
bethanechol chloride oral tablet 25 mg	G	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NPB	
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	G	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	NPB	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
flavoxate hcl oral tablet 100 mg	G	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	PA; NPL; SP
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	NPB	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	NPB	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NPB	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NPB	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	PB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NPB	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NPSP	PA; SP
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	PB	#
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	PB	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	PB	
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NPB	
sucralfate oral suspension 1 gm/10ml	G	
sucralfate oral tablet 1 gm	G	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	NPB	
URSO 250 ORAL TABLET 250 MG (*ursodiol*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	NPB	
ursodiol oral capsule 200 mg, 400 mg	NPB	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPSP	PA; SP
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)*)	NPB	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	NPB	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPSP	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NPB	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*rabeprazole sodium*)	NPB	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (*rabeprazole sodium*)	NPB	#
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	PB	#
esomeprazole magnesium oral capsule delayed release 20 mg	G	Select OTC
esomeprazole magnesium oral capsule delayed release 40 mg	G	
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kp omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	G	
lansoprazole oral capsule delayed release 15 mg	G	Select OTC
lansoprazole oral capsule delayed release 30 mg	G	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	G	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	G	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	G	Select OTC
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	G	#; Select OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (*esomeprazole magnesium*)	NPB	
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (*esomeprazole magnesium*)	NPB	
NEXIUM ORAL PACKET 2.5 MG, 5 MG (*esomeprazole magnesium*)	NPB	#
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	G	Select OTC
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	G	
omeprazole oral tablet delayed release 20 mg	G	Select OTC
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	G	Select OTC
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	G	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	G	
pantoprazole sodium oral packet 40 mg	G	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (*lansoprazole*)	G	Select OTC
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NPB	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	NPB	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NPB	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*)	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NPB	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NPB	
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	
rabeprazole sodium oral tablet delayed release 20 mg	G	
ZEGERID ORAL CAPSULE 40-1100 MG (*omeprazole-sodium bicarbonate*)	NPB	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NPB	
RECTAL,CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	NPB	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
hydrocortisone (Proctocare-Hc External Cream 2.5 %)	G	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NPB	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	NPB	
hydrocortisone (Procto-Pak External Cream 1 %)	G	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	NPB	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	NPB	
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	G	
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	NPB	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NPB	
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
finasteride oral tablet 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOMAX ORAL CAPSULE 0.4 MG (*tamsulosin hcl*)	NPB	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NPB	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NPB	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	NPB	
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NPB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	NPB	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	N2 (Not Covered)
ERECTILE DYSFUNCTION		
tadalafil oral tablet 2.5 mg	G	PA
tadalafil oral tablet 5 mg	G	
MISCELLANEOUS		
acetic acid irrigation solution 0.25 %	G	
sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	G	
sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	G	
cytra k crystals oral packet 3300-1002 mg	G	
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (*pot & sod cit-cit ac*)	NPB	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	PB	
glycine irrigation solution 1.5 %	G	
glycine urologic irrigation solution 1.5 %	G	
K-PHOS NO 2 ORAL TABLET 305-700 MG (*pot & sod ac phosphates*)	NPB	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin b gu irrigation solution 40-200000	G	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	NPB	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NPSP	PA; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NPSP	PA; SP
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NPB	
sodium chloride irrigation solution 0.9 %	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NPSP	PA; SP
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NPSP	PA; SP
tiopronin oral tablet 100 mg	PSP	PA; SP
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	NPB	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (*potassium citrate*)	NPB	
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	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NPB	
DETROL ORAL TABLET 1 MG, 2 MG (*tolterodine tartrate*)	NPB	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*oxybutynin chloride*)	NPB	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*darifenacin hydrobromide*)	NPB	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NPB	#
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (*mirabegron*)	PB	#
oxybutynin chloride oral tablet 5 mg	G	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	NPB	#
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	PB	#
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (*solifenacin succinate*)	NPB	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	PB	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	NPB	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	NPB	
clindamycin phosphate vaginal cream 2 %	G	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NPB	
metronidazole vaginal gel 0.75 %	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NPB	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
metronidazole (Vandazole Vaginal Gel 0.75 %)	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml	NPB	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (*anticoagulant cit dext soln a*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	NPB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	G	
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	G	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	G	
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*)	NPB	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/ml	NPB	
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)	G	
LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*)	NPB	
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*)	NPB	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NPB	#; UF9 (PB)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NPB	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	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*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	PA; NPL; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	NPSP	PA; NPL; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	PSP	PA; NPL; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	NPSP	PA; NPL; SP
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
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NPSP	PA; NPL; SP
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	NPSP	PA; NPL; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	NPSP	PA; NPL; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NPSP	PA; NPL; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NPSP	PA; NPL

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	PSP	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	NPSP	PA; NPL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NPSP	PA; NPL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NPSP	PA; NPL; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NPSP	PA; NPL
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*)	NPSP	PA; NPL; SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	NPSP	PA; NPL; SP
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	NPSP	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	NPSP	PA; SP
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*)	NPSP	PA; NPL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	PSP	PA; NPL
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	PSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	PA; NPL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT, 750 UNIT	NPSP	PA; NPL
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	NPSP	PA; NPL; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	PSP	PA; NPL; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	PSP	PA; NPL; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	PSP	PA; NPL; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA; NPL; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	NPSP	PA; NPL; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA; NPL
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA; NPL; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	NPSP	PA; NPL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	NPSP	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)*)	NPSP	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)*)	NPSP	PA; NPL; SP
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)*)	NPSP	PA; NPL; SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	PSP	PA; NPL; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	NPSP	PA; NPL
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	NPSP	PA; NPL; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	PSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	NPSP	PA; NPL; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	PA; NPL
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (*prothrombin complex conc human*)	NPSP	PA; NPL; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	PSP	PA; NPL; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	NPSP	PA; NPL; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	PSP	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)*)	NPSP	PA; NPL
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NPB	
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	Select OTC
ALAWAY OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	Select OTC
ALCAINE OPHTHALMIC SOLUTION 0.5 % (*proparacaine hcl*)	NPB	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*)	NPB	
AMICAR ORAL TABLET 1000 MG, 500 MG (*aminocaproic acid*)	PB	
aminocaproic acid oral solution 0.25 gm/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg, 1 mg	G	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	NPB	
atropine sulfate ophthalmic ointment 1 %	NPB	
atropine sulfate ophthalmic solution 1 %	NPB	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (*brolucizumab-dbll*)	NPSP	PA; NPL; SP
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; NPL; SP
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NPB	
cilostazol oral tablet 100 mg, 50 mg	G	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; NPL; SP
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	
CORVITE 150 ORAL TABLET (*iron combinations*)	NPB	
corvite fe oral tablet	NPB	
cvs allergy eye drops ophthalmic solution 0.025 %	G	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (*cyclopentolate hcl*)	NPB	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	NPB	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NPSP	PA; SP
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPSP	PA; #; SP
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (*aspirin*)	NPB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	NPSP	PA
eye itch relief ophthalmic solution 0.025 %	G	
FERREX 150 FORTE PLUS ORAL CAPSULE 50-100 MG (*fe-succ ac-c-thre ac-b12-fa*)	NPB	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (*icatibant acetate*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (*fluorexon-benoxinate*)	NPB	
GELFILM OPHTHALMIC FILM (*gelatin adsorbable*)	NPB	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	PSP	PA; NPL; SP
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
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	NPSP	PA; NPL; SP
ketotifen fumarate ophthalmic solution 0.025 %	G	Select OTC
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	NPB	
LYSTEDA ORAL TABLET 650 MG (*tranexamic acid*)	NPB	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (*tropicamide*)	NPB	
NIFEREX ORAL TABLET (*iron combinations*)	NPB	
NUFERA ORAL TABLET (*iron combinations*)	NPB	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	NPSP	PA; SP
OXBRYTA ORAL TABLET 500 MG (*voxelotor*)	NPSP	PA; SP
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (*hydroxyamphetamine-tropicamide*)	NPB	
PATADAY OPHTHALMIC SOLUTION 0.2 % (*olopatadine hcl*)	NPB	
pentoxifylline er oral tablet extended release 400 mg	G	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	G	
proparacaine hcl ophthalmic solution 0.5 %	G	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	#
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	NPB	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	NPSP	PA; NPL; SP
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NPSP	PA; SP
tranexamic acid oral tablet 650 mg	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NPB	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	NPSP	PA; #; SP
ZADITOR OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	Select OTC
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg	NPB	
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	PB	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	G	
EFFIENT ORAL TABLET 10 MG (*prasugrel hcl*)	NPB	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NPB	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NPB	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NPB	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	NPB	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (*grass mix pollens allergen ext*)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	NPB	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NPB	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NPB	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	NPB	
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	NPSP	PA; NPL; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NPSP	PA; NPL; SP
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NPSP	PA; SP
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (*certolizumab pegol*)	NPSP	PA; NPL; SP
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (*certolizumab pegol*)	NPSP	PA; NPL; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	NPSP	PA; NPL; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP
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
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NPSP	PA; IBC (Covered for Ulcerative Colitis, excluded for Crohns Disease); NPL; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; NPL; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	PSP	PA; NPL; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	PSP	PA; NPL; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; NPL; SP
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	PSP	PA; NPL; SP
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	PSP	PA; NPL; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NPSP	PA; NPL; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NPSP	PA; NPL; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG (*baricitinib*)	NPSP	PA; NPL; SP
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
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	NPSP	PA; NPL; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 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
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PSP	PA; NPL; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PSP	PA; NPL; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NPSP	PA; NPL; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NPSP	PA; NPL; SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PSP	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	PSP	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*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
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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP
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
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis.); NPL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis.); NPL; SP
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
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate oral tablet 200 mg	G	
leflunomide oral tablet 10 mg, 20 mg	G	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 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)*)	PSP	SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML (*methotrexate (anti-rheumatic)*)	PSP	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	NPB	
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	SP
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)*)	NPSP	PA
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NPSP	PA; NPL; SP
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; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NPSP	PA; NPL

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	PSP	PA; NPL; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	NPSP	SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	NPSP	PA; NPL; SP
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (*immune globulin (human)*)	PSP	PA; NPL; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	PSP	PA; NPL; SP
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
HEPAGAM B INJECTION SOLUTION (*hepatitis b immune globulin*)	PSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	PSP	PA; NPL; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML (*rabies immune globulin*)	NPSP	SP
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*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (*rho d immune globulin*)	NPSP	SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	PSP	PA; NPL; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NPSP	PA; NPL; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA; NPL; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (*rho d immune globulin*)	NPSP	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*)	PSP	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*)	NPSP	PA; NPL; SP
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	NPSP	PA; SP
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NPSP	PA; SP
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (*interferon alfa-2b*)	PSP	PA; NPL; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	PSP	PA; NPL; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	PA; #; SP; N2 (NPSP)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	CE	PA; #; SP; N2 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (*thalidomide*)	NPSP	PA; #; SP; UF9 (PSP)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NPSP	#; SP
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	NPB	
azathioprine oral tablet 50 mg	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	NPSP	PA; NPL; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	NPSP	PA; NPL; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	NPSP	PA; NPL; SP
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NPSP	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	NPSP	SP
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NPSP	SP
cyclosporine intravenous solution 50 mg/ml	PSP	SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	NPSP	PA; NPL; SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NPSP	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
gengraf oral capsule 100 mg, 25 mg	G	
gengraf oral solution 100 mg/ml	G	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	NPB	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	NPSP	PA; SP
mycophenolate mofetil oral capsule 250 mg	G	SP
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	SP
mycophenolate mofetil oral tablet 500 mg	G	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	SP
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NPSP	SP
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*)	NPSP	SP
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NPSP	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	NPSP	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*)	NPSP	SP
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	NPSP	SP
SANDIMMUNE ORAL CAPSULE 100 MG (*cyclosporine*)	NPSP	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	NPSP	SP
sirolimus oral solution 1 mg/ml	PSP	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	SP
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NPSP	SP
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	N2 (NPB); QL (1 device per 300 days)
FC FEMALE CONDOM (*condoms - female*)	CE	N2 (Not Covered)
FC2 FEMALE CONDOM (*condoms - female*)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	N2 (NPB); QL (1 device per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 device per 300 days)
DIABETIC SUPPLIES		
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
ACCU-CHEK AVIVA IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK COMPACT PLUS CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	PB	
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK MULTICLIX LANCETS (*lancets*)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	PB	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
adjustable lancing device	NPB	
ADVANCE INTUITION CONTROL IN VITRO LIQUID NORMAL (*blood glucose calibration*)	NPB	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NPB	
ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	NPB	
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID HIGH , LOW (*blood glucose calibration*)	NPB	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
ADVOCATE LANCING DEVICE (*lancet devices*)	NPB	
ADVOCATE RAPID-SAFE LANCING (*lancet devices*)	NPB	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NPB	
ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION HIGH , LOW (*blood glucose calibration*)	NPB	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NPB	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX CONTROL IN VITRO SOLUTION , HIGH , NORMAL (*blood glucose calibration*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NPB	
ALCOH-GLOVE CONTOURED WIPE PAD (*alcohol swabs*)	NPB	
alcohol pads pad 70 %	NPB	
alcohol prep pad 70 %	NPB	
alcohol swabs pad	NPB	
ASSURE 3 CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NPB	
ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NPB	
ASSURE DOSE CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NPB	
ASSURE II CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ASSURE II IN VITRO STRIP (*glucose blood*)	NPB	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NPB	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NPB	
ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID (*blood glucose calibration*)	NPB	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NPB	
aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NPB	
aurora unifine pentips 31g x 5 mm , 32g x 4 mm	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOJECT 2 (*injection device*)	NPB	
AUTO-LANCET (*lancet devices*)	NPB	
AUTO-LANCET MINI (*lancet devices*)	NPB	
AUTOLET II CLINISAFE KIT (*lancets misc.*)	NPB	
AUTOLET LANCING DEVICE (*lancet devices*)	NPB	
AUTOLET LITE CLINISAFE KIT (*lancets misc.*)	NPB	
AUTOLET LITE STARTER PACK KIT (*lancets misc.*)	NPB	
AUTOLET MINI (*lancet devices*)	NPB	
AUTOLET PLATFORMS (*lancets misc.*)	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (*insulin pen needle*)	PB	
BD AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
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	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	PB	
BD LANCET ULTRAFINE 30G (*lancets*)	NPB	
BD LANCET ULTRAFINE 33G (*lancets*)	NPB	
BD MICROTAINER LANCETS (*lancets*)	NPB	
BD PEN (*injection device for insulin*)	PB	
BD PEN MINI (*injection device for insulin*)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (*insulin pen needle*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (*insulin pen needle*)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (*insulin pen needle*)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
BD SWABS SINGLE USE BUTTERFLY PAD (*alcohol swabs*)	NPB	
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
blood glucose test in vitro strip	NPB	
CARDIOCOM LANCING DEVICE (*lancet devices*)	NPB	
careone advanced lancing dev	NPB	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
CARESENS CONTROL A IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NPB	
CHEMSTRIP 10 MD IN VITRO STRIP (*multiple urine tests*)	NPB	
CHEMSTRIP 10/SG IN VITRO STRIP (*multiple urine tests*)	NPB	
CHEMSTRIP 2 GP IN VITRO STRIP (*multiple urine tests*)	NPB	
CHEMSTRIP 5 OB IN VITRO STRIP (*multiple urine tests*)	NPB	
CHEMSTRIP 7 IN VITRO STRIP (*multiple urine tests*)	NPB	
CHEMSTRIP 9 IN VITRO STRIP (*multiple urine tests*)	NPB	
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	NPB	
CHEMSTRIP MICRAL IN VITRO STRIP (*albumin (urine) test*)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (*urine glucose-ketones test*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NPB	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NPB	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NPB	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NPB	
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH , LOW (*blood glucose calibration*)	NPB	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NPB	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NPB	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NPB	
clickfine pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
COAGUCHEK LANCETS (*lancets*)	PB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NPB	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NPB	
control in vitro solution normal	NPB	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NPB	
CURITY ALCOHOL PREPS PAD 70 % (*alcohol swabs*)	NPB	
CURITY ALCOHOL SWABS PAD (*alcohol swabs*)	NPB	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
CVS KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
cvs lancing device	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G4 SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G5 MOBILE RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G5 MOBILE TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G5 RECEIVER KIT DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*)	PB	
DIASTIX IN VITRO STRIP (*glucose urine test-glucose ox*)	NPB	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
diatrue control level 1 in vitro solution low	NPB	
diatrue control level 2 in vitro solution normal	NPB	
diatrue control level 3 in vitro solution high	NPB	
diatrue plus test in vitro strip	NPB	
DROPLET LANCING DEVICE (*lancet devices*)	NPB	
DRUG MART LANCING DEVICE (*lancet devices*)	NPB	
drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUO-CARE CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	NPB	
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	NPB	
easy comfort insulin syringe 30g x 1/2" 1 ml	NPB	
easy comfort pen needles 31g x 5 mm , 31g x 8 mm	NPB	
easy mini lancing device	NPB	
easy plus ii control in vitro solution high , low	NPB	
easy plus ii glucose test in vitro strip	NPB	
EASY STEP CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (*blood glucose calibration*)	NPB	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NPB	
easy talk blood glucose test in vitro strip	NPB	
easy talk control in vitro solution high , low , normal	NPB	
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (*alcohol swabs*)	NPB	
EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
EASY TOUCH TEST IN VITRO STRIP (*glucose blood*)	NPB	
easy trak blood glucose test in vitro strip	NPB	
easy trak control in vitro solution high , low , normal	NPB	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NPB	
EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NPB	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NPB	
element compact control 2 in vitro solution	NPB	
element compact control 3 in vitro solution	NPB	
element compact test in vitro strip	NPB	
ELEMENT CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (*blood glucose calibration*)	NPB	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE CONTROL IN VITRO SOLUTION LOW (*blood glucose calibration*)	NPB	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ENLITE GLUCOSE SENSOR (*continuous blood gluc sensor*)	NPB	
eq blood glucose test in vitro strip	NPB	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NPB	
EVOLUTION CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
EXACTECH R-S-G TEST IN VITRO STRIP (*glucose blood*)	NPB	
EXACTECH TEST IN VITRO STRIP (*glucose blood*)	NPB	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NPB	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (*blood glucose calibration*)	NPB	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA LANCING DEVICE (*lancet devices*)	NPB	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NPB	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORACARE GDH CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (*blood glucose calibration*)	NPB	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORTISCARE TEST IN VITRO STRIP (*glucose blood*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
freds pharmacy autolet lancing	NPB	
freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm	NPB	
freds pharmacy unifine pentips 32g x 4 mm	NPB	
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	NPB	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE LANCETS (*lancets*)	NPB	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous blood gluc receiver*)	NPB	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	NPB	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ge100 blood glucose test in vitro strip	NPB	
ge100 control in vitro solution normal	NPB	
GENTLE-LET PLATFORMS (*lancets misc.*)	NPB	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ght test in vitro strip	NPB	
global alcohol prep ease pad 70 %	NPB	
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	NPB	
global inject ease insulin syr 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml	NPB	
global lancing device	NPB	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCARD 01 CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
GLUCOCARD 01 CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCARD SHINE CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCOM CONTROL IN VITRO LIQUID HIGH , NORMAL (*blood glucose calibration*)	NPB	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
glucose control in vitro solution , normal	NPB	
glucose meter test in vitro strip	NPB	
gnp alcohol swabs pad 70 %	NPB	
gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm	NPB	
gnp easy touch glucose test in vitro strip	NPB	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
goodsense blood glucose in vitro strip	NPB	
GUARDIAN CONNECT TRANSMITTER (*continuous blood gluc transmit*)	NPB	
GUARDIAN LINK 3 TRANSMITTER (*continuous blood gluc transmit*)	NPB	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous blood gluc receiver*)	NPB	
GUARDIAN SENSOR (3) (*continuous blood gluc sensor*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
guardian sensor 3	NPB	
HEALTH CARE LANCING DEVICE (*lancet devices*)	NPB	
healthwise mini pen needles 31g x 6 mm	NPB	
healthwise pen needles 29g x 12mm	NPB	
healthwise short pen needles 31g x 8 mm	NPB	
healthwise unifine pentips 32g x 4 mm	NPB	
healthy accents lancing device	NPB	
healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
h-e-b incontrol adv lancing	NPB	
h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NPB	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
HYPOLANCE AST LANCING KIT (*lancets misc.*)	NPB	
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NPB	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
INFINITY CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NPB	
inject-ease	NPB	
insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NPB	
insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml	NPB	
insupen pen needles 32g x 4 mm	NPB	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NPB	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
J-TIP KIT W/VIAL ADAPTERS KIT (*injection device*)	NPB	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
ketone test in vitro strip	NPB	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	NPB	
kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml	NPB	
kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml	NPB	
kroger blood glucose test in vitro strip	NPB	
kroger lancing device	NPB	
kroger pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NPB	
kroger premium glucose test in vitro strip	NPB	
kroger test in vitro strip	NPB	
lancet device	NPB	
lancets	NPB	
LANCETS ULTRA THIN (*lancets*)	NPB	
lancing device	NPB	
leader advanced lancing device	NPB	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID NORMAL (*blood glucose calibration*)	NPB	
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH , NORMAL (*blood glucose calibration*)	NPB	
LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
LIBERTY MINI LANCING DEVICE (*lancet devices*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*)	NPB	
liberty test in vitro strip	NPB	
LITE TOUCH LANCING PEN (*lancet devices*)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
live better adv lancing device	NPB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NPB	
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID (*blood glucose calibration*)	NPB	
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
MEDISENSE HIGH/LOW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
MEDISENSE MID CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
meijer blood glucose test in vitro strip	NPB	
meijer essential glucose test in vitro strip	NPB	
meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NPB	
meijer premium glucose test in vitro strip	NPB	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NPB	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NPB	
MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION (*blood glucose calibration*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NPB	
MICROLET LANCETS (*lancets*)	NPB	
mini lancing device	NPB	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
MONOJECT INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	NPB	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
multi-lancet device	NPB	
MYGLUCOHEALTH CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NPB	
NEUTEK 2TEK CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NPB	
NORDIPEN 5 INJECTION DEVICE (*injection device*)	NPB	
NORDIPEN DELIVERY SYSTEM (*injection device*)	NPB	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
NOVA SUREFLEX LANCING DEVICE (*lancet devices*)	NPB	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (*insulin pen needle*)	NPB	
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	NPB	
NOVOTWIST PEN NEEDLE 32G X 5 MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
one drop test in vitro strip	NPB	
ONETOUCH DELICA LANCING DEV (*lancet devices*)	NPB	
ONETOUCH DELICA SAFETY LANCING (*lancet devices*)	NPB	
ONETOUCH SURESOFT LANCING DEV (*lancets misc.*)	NPB	
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	NPB	
ONETOUCH VERIO IN VITRO SOLUTION , HIGH (*blood glucose calibration*)	NPB	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NPB	
OPTIUM TEST IN VITRO STRIP (*glucose blood*)	NPB	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NPB	
pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	NPB	
pen needles 1/2" 29g x 12mm	NPB	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	NPB	
pen needles 5/16" 31g x 8 mm	NPB	
PENLET II BLOOD SAMPLER KIT (*lancets misc.*)	NPB	
PENLET II REPLACEMENT CAP (*lancets misc.*)	NPB	
PHARMACIST CHOICE ALCOHOL PAD (*alcohol swabs*)	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NPB	
pharmacist choice no coding in vitro strip	NPB	
POCKETCHEM EZ CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NPB	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NPB	
PRECISION GLUCOSE CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
PRECISION GLUCOSE CONTROL SOLN IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID (*blood glucose calibration*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION GLUCOSE/KETONE CONTR IN VITRO LIQUID (*blood glucose calibration*)	NPB	
PRECISION PCX IN VITRO STRIP (*glucose blood*)	NPB	
PRECISION PCX PLUS TEST IN VITRO STRIP (*glucose blood*)	NPB	
PRECISION POINT OF CARE TEST IN VITRO STRIP (*glucose blood*)	NPB	
PRECISION QID TEST IN VITRO STRIP (*glucose blood*)	NPB	
PRECISION SOF-TACT TEST IN VITRO STRIP (*glucose blood*)	NPB	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NPB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
PRECISION XTRA KETONE IN VITRO STRIP (*ketone blood test*)	PB	
preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
premium blood glucose test in vitro strip	NPB	
pro voice v8/v9 glucose in vitro strip	NPB	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW (*blood glucose calibration*)	NPB	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
PRODIGY LANCING DEVICE (*lancet devices*)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NPB	
PSS SELECT PLATFORMS (*lancets misc.*)	NPB	
PTS PANELS GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
px advanced lancing device	NPB	
px extra short pen needles 31g x 6 mm	NPB	
px lancet auto injector	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
px pen needle 29g x 12mm , 31g x 8 mm	NPB	
px shortlength pen needles 31g x 8 mm	NPB	
qc advanced lancing device	NPB	
qc alcohol swabs pad 70 %	NPB	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NPB	
qc unifine pentips 32g x 4 mm	NPB	
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	NPB	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NPB	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
ra alcohol swabs pad 70 %	NPB	
ra pen needles 31g x 5 mm , 31g x 8 mm	NPB	
reality swabs pad	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*)	NPB	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
RELION LANCING DEVICE (*lancet devices*)	NPB	
RELION MINI PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	NPB	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
RELION PRIME TEST IN VITRO STRIP (*glucose blood*)	NPB	
RELION SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NPB	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
RIGHTEST ALTERNATE SITE ADAPT (*lancets misc.*)	NPB	
RIGHTEST GC300 CONTROL IN VITRO LIQUID HIGH , NORMAL (*blood glucose calibration*)	NPB	
RIGHTEST GD500 LANCING DEVICE (*lancet devices*)	NPB	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
sb alcohol prep pad 70 %	NPB	
select-lite device/lancets kit	NPB	
select-lite lancing device	NPB	
SHOPKO AUTOLET LANCING DEVICE (*lancet devices*)	NPB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NPB	
sm alcohol prep pad 70 %	NPB	
SMART DIABETES VANTAGE LANCING (*lancet devices*)	NPB	
SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*)	NPB	
SMART SENSE VALUE TEST IN VITRO STRIP (*glucose blood*)	NPB	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
SMARTEST CONTROL MEDIUM IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
SOLARTEK GLUCOSE CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	
SOLUS V2 CONTROL IN VITRO SOLUTION HIGH , LOW (*blood glucose calibration*)	NPB	
SOLUS V2 LANCING DEVICE (*lancet devices*)	NPB	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NPB	
STERILANCE PA (*lancets misc.*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
supreme ii high/low control in vitro liquid	NPB	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NPB	
sure comfort alcohol prep pad 70 %	NPB	
sure comfort insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml	NPB	
sure comfort lancing pen	NPB	
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm	NPB	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
SURE-PEN (*lancet devices*)	NPB	
SURESTEP GLUCOSE CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID (*blood glucose calibration*)	NPB	
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID (*blood glucose calibration*)	NPB	
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID (*blood glucose calibration*)	NPB	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (*glucose blood*)	NPB	
TAI DOC CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	NPB	
tgt blood glucose test in vitro strip	NPB	
tgt lancing device	NPB	
todays health lancing device	NPB	
todays health mini pen needles 31g x 6 mm	NPB	
todays health pen needles 29g x 12mm	NPB	
todays health short pen needle 31g x 8 mm	NPB	
topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm	NPB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
TRUEPLUS LANCETS 30G (*lancets*)	NPB	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NPB	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NPB	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	NPB	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NPB	
ULTI-LANCE AUTOMATIC (*lancet devices*)	NPB	
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (*insulin pen needle*)	NPB	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	NPB	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
UNISTIK 1 (*lancets misc.*)	NPB	
UNISTIK 2 (*lancets misc.*)	NPB	
UNISTIK 2 COMFORT (*lancets misc.*)	NPB	
UNISTIK 2 EXTRA (*lancets misc.*)	NPB	
UNISTIK 2 NEONATAL (*lancets misc.*)	NPB	
UNISTIK 2 NORMAL (*lancets misc.*)	NPB	
UNISTIK 2 SUPER (*lancets misc.*)	NPB	
UNISTIK 3 (*lancets misc.*)	NPB	
UNISTIK 3 COMFORT (*lancets misc.*)	NPB	
UNISTIK 3 EXTRA (*lancets misc.*)	NPB	
UNISTIK 3 NEONATAL (*lancets misc.*)	NPB	
UNISTIK 3 NORMAL (*lancets misc.*)	NPB	
UNISTIK CZT COMFORT (*lancets misc.*)	NPB	
UNISTIK CZT NORMAL (*lancets misc.*)	NPB	
UNISTIK NORMAL (*lancets misc.*)	NPB	
UNISTRIP CONTROL IN VITRO SOLUTION HIGH , LOW (*blood glucose calibration*)	NPB	
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NPB	
value plus lancing device	NPB	
valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
verasens blood glucose test in vitro strip	NPB	
V-GO 20 KIT (*insulin disposable pump*)	PB	
V-GO 30 KIT (*insulin disposable pump*)	PB	
V-GO 40 KIT (*insulin disposable pump*)	PB	
VIDA MIA AUTOLET LANCING DEV (*lancet devices*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	NPB	
WEBCOL ALCOHOL PREP LARGE PAD 70 % (*alcohol swabs*)	NPB	
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (*alcohol swabs*)	NPB	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	NPB	
potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	G	
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	NPB	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	NPB	
potassium bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	G	
k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	G	
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 8 meq	G	
potassium chloride oral packet 20 meq	G	
potassium chloride oral solution 20 meq/15ml (10%)	G	LGC
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	NPB	
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (*prenatal mv & min w/fa-dha*)	G	
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NPB	
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG (*prenatal w/o a vit-fe cbn-fa*)	G	
azesco oral tablet 13-1 mg	NPB	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	NPB	
calcium-folic acid plus d oral wafer 1342-1 mg	NPB	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (*prenatal mv-min-fe fum-fa-dha*)	G	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NPB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	NPB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*)	NPB	
CITRANATAL DHA ORAL 27-1 & 250 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NPB	
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*)	NPB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	NPB	
CITRANATAL RX ORAL TABLET 27-1 MG (*prenat w/o a-fecb-fegl-dss-fa*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
c-nate dha oral capsule 28-1-200 mg	NPB	
CO-NATAL FA ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NPB	
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	G	
DECARA K ORAL CAPSULE 1250-200 MCG (*vitamin d-vitamin k*)	NPB	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	NPB	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	NPB	
b complex-c-folic acid (Dialyvite Oral Tablet)	G	
DIALYVITE SUPREME D ORAL TABLET 3 MG (*multiple vitamins-minerals-fa*)	NPB	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	NPB	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	NPB	
DUET DHA 400 ORAL 25-1 & 400 MG (*prenat-fepoly-fered-fa-omega 3*)	NPB	
DUET DHA BALANCED ORAL 25-1 & 267 MG (*prenat-fepoly-fered-fa-omega 3*)	NPB	
ergocal oral capsule 62.5 mcg (2500 ut)	NPB	
ergocalciferol oral capsule 1.25 mg (50000 ut)	G	
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*)	NPB	
fluoritab oral solution 0.275 (0.125 f) mg/drop	CE	N2 (G); AL
folate oral tablet 400 mcg	CE	N2 (Not Covered); QL (100 tablets per 1 fill); AL
FOLBEE PLUS CZ ORAL TABLET 5 MG (*b-complex-c-biotin-minerals-fa*)	G	
folbee plus oral tablet	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vitmin-calcium-fa*)	NPB	
folic acid oral capsule 0.8 mg	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
folic acid oral tablet 1 mg	G	
folic acid oral tablet 400 mcg, 800 mcg	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
GENICIN VITA-Q ORAL TABLET 1 MG (*multiple vitamins with fa*)	NPB	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NPB	
levocarnitine (dietary) oral solution 1 gm/10ml	NPB	
MEPHYTON ORAL TABLET 5 MG (*phytonadione*)	NPB	
multi-vitamin/fluoride oral solution 0.25 mg/ml	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	G	
mynatal plus oral tablet	NPB	
mynatal-z oral tablet	NPB	
sodium fluoride (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	CE	N2 (G); AL
sodium fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	G	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NPB	#
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (*prenatal vit-fe fum-fe bisg-fa*)	NPB	
NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NPB	
neonatal + dha oral 29-1 & 200 mg	NPB	
neonatal 19 oral tablet 1 mg	NPB	
neonatal fe oral tablet 90-1 mg	NPB	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	NPB	
b complex-c-folic acid (Nephronex Oral Tablet)	G	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NPB	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NPB	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NPB	
nicotinamide oral tablet 750-27-2-0.5 mg	G	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NPB	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NPB	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NPB	
O-CAL PRENATAL ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
OCUVEL ORAL CAPSULE 0.5 MG (*multiple vitamins-minerals-fa*)	NPB	
phytonadione injection solution 1 mg/0.5ml	G	
phytonadione oral tablet 5 mg	G	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
pnv-dha+docusate oral capsule 27-1.25-300 mg	NPB	
pnv-omega oral capsule 28-0.6-0.4-340 mg	NPB	
pnv-select oral tablet 27-0.6-0.4 mg	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NPB	
polyvitamin/fluoride oral solution 0.25 mg/ml	G	
poly-vitamin/fluoride oral solution 0.5 mg/ml	G	
pregen dha oral capsule 28-1-35 mg	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregenna oral tablet 20-1 mg	NPB	
prena1 pearl oral capsule extended release 30-1.4-200 mg	NPB	
prenaissance oral capsule 29-1.25-325 mg	NPB	
prenaissance plus oral capsule 28-1-250 mg	NPB	
prenara oral capsule 15-1 mg	NPB	
PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*)	G	
prenatal + complete multi oral therapy pack 0.267 & 373 mg	G	
prenatal 19 oral tablet , 29-1 mg	NPB	
prenatal 19 oral tablet chewable	G	
prenatal 19 oral tablet chewable 29-1 mg	NPB	
prenatal adult gummy/dha/fa oral tablet chewable 0.4-25 mg	NPB	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	G	
prenatal plus iron oral tablet 29-1 mg	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NPB	
PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NPB	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NPB	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NPB	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
prenatvite complete oral tablet 1 mg	NPB	
prenatvite plus oral tablet 1 mg	NPB	
prenatvite rx oral tablet 0.8 mg	NPB	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NPB	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NPB	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NPB	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	NPB	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NPB	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	NPB	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	NPB	
rena-vite rx oral tablet 1 mg	G	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NPB	
se-natal 19 oral tablet 29-1 mg	NPB	
se-natal 19 oral tablet chewable 29-1 mg	NPB	
sm folic acid oral tablet 400 mcg	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	N2 (G); AL
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	N2 (G); AL
sodium fluoride oral tablet 2.2 (1 f) mg	G	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg	CE	LGC; N2 (G); AL
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	CE	N2 (G); AL
sodium fluoride oral tablet chewable 2.2 (1 f) mg	G	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals-fa*)	PB	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (*prenat-fefum-dss-fa-dha w/o a*)	NPB	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (*prenatal-fefum-fa-dha w/o a*)	G	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (*prenatal-fefum-fa-dss-fish oil*)	NPB	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
trinaz oral tablet 12-1 mg	NPB	
TRISTART FREE ORAL CAPSULE 33-1 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NPB	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (*ped vit a-c-d-methylfolate-fl*)	NPB	
tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml	NPB	
tri-vitamin/fluoride oral solution 0.25 mg/ml	G	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NPB	
VINATE II ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	NPB	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	NPB	
virt-pn plus oral capsule 28-0.6-0.4-340 mg	NPB	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NPB	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NPB	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	NPB	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	NPB	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NPB	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	NPB	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
vitamin b-complex 100 injection injectable	G	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
vitamin k1 injection solution 1 mg/0.5ml	G	
vitamins acd-fluoride oral solution 0.25 mg/ml	G	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITATRUE ORAL 30-1.4 & 300 MG (*prenat-fechel-fa-dha w/o vit a*)	NPB	
VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*)	NPB	
vp-pnv-dha oral capsule 28-1-215.8 mg	NPB	
westab max oral tablet 2.5-25-2 mg	G	
yl folic acid oral tablet 400 mcg	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	NPB	UF9 (PB)
azelastine hcl ophthalmic solution 0.05 %	G	
bepotastine besilate ophthalmic solution 1.5 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	PB	#
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	NPB	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	PB	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	PB	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (*brimonidine tartrate*)	NPB	
apraclonidine hcl ophthalmic solution 0.5 %	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NPB	
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bimatoprost ophthalmic solution 0.03 %	G	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	G	
brinzolamide ophthalmic suspension 1 %	G	
carteolol hcl ophthalmic solution 1 %	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	PB	#
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (*dorzolamide hcl-timolol mal*)	NPB	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NPB	
dorzolamide hcl ophthalmic solution 2 %	NPB	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	NPB	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NPB	
latanoprost ophthalmic solution 0.005 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	PB	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	NPB	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	G	
timolol maleate pf ophthalmic solution 0.5 %	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NPB	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NPB	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 % (*timolol maleate*)	NPB	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NPB	
travoprost (bak free) ophthalmic solution 0.004 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSOPT OPHTHALMIC SOLUTION 2 % (*dorzolamide hcl*)	NPB	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NPB	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NPB	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NPB	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	PB	#
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (*sulfacetamide-prednisolone*)	NPB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (*sulfacetamide-prednisolone*)	NPB	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NPB	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NPB	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	G	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	G	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (*gentamicin-prednisolone acet*)	NPB	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (*gentamicin-prednisolone acet*)	NPB	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	NPB	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (*tobramycin-dexamethasone*)	NPB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	PB	#
bacitracin ophthalmic ointment 500 unit/gm	G	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	NPB	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (*povidone-iodine*)	NPB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NPB	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (*ciprofloxacin hcl*)	NPB	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*)	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
levofloxacin ophthalmic solution 0.5 %	G	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	NPB	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	NPB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	G	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (*ofloxacin*)	NPB	
ofloxacin ophthalmic solution 0.3 %	G	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (*polymyxin b-trimethoprim*)	NPB	
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	NPB	
TOBREX OPHTHALMIC SOLUTION 0.3 % (*tobramycin*)	NPB	
trifluridine ophthalmic solution 1 %	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	NPB	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NPB	#
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (*gatifloxacin*)	NPB	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (*ketorolac tromethamine*)	NPB	
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	NPB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	PB	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NPB	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
diclofenac sodium ophthalmic solution 0.1 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	PB	#
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NPB	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NPB	
FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*)	NPB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	NPB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NPB	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	PB	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	PB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NPB	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	PB	#
loteprednol etabonate ophthalmic gel 0.5 %	G	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NPB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	NPB	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NPB	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NPB	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NPB	#
DRY EYE DISEASE		
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	PB	
MISCELLANEOUS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NPB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETINAL DISORDERS		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	NPSP	PA; NPL; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	NPSP	PA; NPL; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	NPSP	PA; NPL; SP
OTHER		
IRRIGATION SOLUTIONS		
water for irrigation, sterile (Argyle Sterile Water Irrigation Solution)	G	
lactated ringers irrigation solution	G	
irrigation solns physiological (Physiolyte Irrigation Solution)	G	
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	G	
ringers irrigation irrigation solution	G	
sterile water for irrigation irrigation solution	G	
ringers irrigation (Tis-U-Sol Irrigation Solution)	G	
MUSCULOSKELETAL THERAPY AGENTS		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	NPSP	PA; SP
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*)	NPB	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	NPB	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	NPB	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*)	PB	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
acetylcysteine inhalation solution 10 %	G	
PATANASE NASAL SOLUTION 0.6 % (*olopatadine hcl*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NPB	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NPB	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NPB	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (*umeclidinium-vilanterol*)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PB	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NPB	#
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	G	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	PB	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (*fluticasone-umeclidin-vilant*)	PB	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	NPB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (*umeclidinium bromide*)	PB	
ipratropium bromide inhalation solution 0.02 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NPB	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NPB	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NPB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NPB	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (*fexofenadine hcl*)	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (*fexofenadine hcl*)	G	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (*fexofenadine hcl*)	G	Select OTC
allergy 24hour indoor/outdoor oral tablet 10 mg	G	Select OTC
allergy relief oral tablet dispersible 10 mg	G	Select OTC
azelastine hcl nasal solution 0.1 %, 0.15 %	G	
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NPB	
cetirizine hcl oral tablet 10 mg, 5 mg	G	Select OTC
cetirizine hcl oral tablet chewable 10 mg, 5 mg	G	Select OTC
childrens loratadine oral solution 5 mg/5ml	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
childrens loratadine oral syrup 5 mg/5ml	G	Select OTC
CLARINEX ORAL TABLET 5 MG (*desloratadine*)	NPB	
CLARITIN ORAL CAPSULE 10 MG (*loratadine*)	G	Select OTC
CLARITIN ORAL SYRUP 5 MG/5ML (*loratadine*)	G	Select OTC
CLARITIN ORAL TABLET 10 MG (*loratadine*)	G	Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (*loratadine*)	G	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*loratadine*)	G	Select OTC
clemastine fumarate oral syrup 0.67 mg/5ml	NPB	
clemastine fumarate oral tablet 2.68 mg	G	
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet 4 mg	G	
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
dexchlorpheniramine maleate oral solution 2 mg/5ml	G	
eq allergy relief oral tablet 10 mg	G	
fexofenadine hcl oral tablet 180 mg, 60 mg	G	Select OTC
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	
hydroxyzine pamoate powder	NPB	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NPB	
KLS ALLERCLEAR ORAL TABLET 10 MG (*loratadine*)	G	
loradamed oral tablet 10 mg	G	
loratadine childrens oral syrup 5 mg/5ml	G	Select OTC
loratadine oral tablet 10 mg	G	Select OTC
olopatadine hcl nasal solution 0.6 %	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	G	
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	NPB	
sm loratadine oral tablet 10 mg	G	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (*hydroxyzine pamoate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-ITIN ORAL TABLET 10 MG (*loratadine*)	G	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (*levocetirizine dihydrochloride*)	G	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*)	G	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (*cetirizine hcl*)	G	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	G	Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	G	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	NPB	#
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	G	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	#
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (*salmeterol xinafoate*)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PB	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (*levalbuterol hcl*)	NPB	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NPB	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (*levalbuterol hcl*)	NPB	
BIOLOGIC RESPONSE MODIFIERS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	PA; NPL; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PSP	PA; NPL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	PSP	PA; NPL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	PSP	PA; NPL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*omalizumab*)	PSP	PA; NPL; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	PA; NPL; SP
COLD/COUGH		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (*fexofenadine-pseudoephedrine*)	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (*fexofenadine-pseudoephedrine*)	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benzonatate oral capsule 100 mg, 150 mg, 200 mg	G	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	G	Select OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	NPB	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	G	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	G	Select OTC
coditussin ac oral liquid 200-10 mg/5ml	G	PA; QL (60 ml per day for 7 days per 30 days)
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	G	Select OTC
HYCODAN ORAL SYRUP 5-1.5 MG/5ML (*hydrocodone-homatropine*)	NPB	PA; QL (30 ml per day for 7 days per 30 days)
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	G	PA; QL (10 ml per day for 7 days per 30 days)
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	G	PA; QL (30 ml per day for 7 days per 30 days)
hydrocodone-homatropine oral tablet 5-1.5 mg	G	PA; QL (6 tablets per day for 7 days per 30 days)
hydromet oral syrup 5-1.5 mg/5ml	G	PA; QL (30 ml per day for 7 days per 30 days)
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	G	Select OTC
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	G	Select OTC
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	G	PA; QL (30 ml per day for 7 days per 30 days)
promethazine-codeine oral solution 6.25-10 mg/5ml	G	PA; QL (30 ml per day for 7 days per 30 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	G	PA; QL (30 ml per day for 7 days per 30 days)
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	G	PA; QL (30 ml per day for 7 days per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SSKI ORAL SOLUTION 1 GM/ML (*potassium iodide (expectorant)*)	NPB	
TESSALON PERLES ORAL CAPSULE 100 MG (*benzonatate*)	NPB	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (*hydrocod polst-chlorphen polst*)	NPB	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*)	NPB	PA; QL (2 tablets per day for 7 days per 30 days)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (*codeine polst-chlorphen polst*)	NPB	PA; QL (20 ml per day for 7 days per 30 days)
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	G	Select OTC
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	G	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NPB	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
ACCOLATE ORAL TABLET 10 MG, 20 MG (*zafirlukast*)	NPB	
montelukast sodium oral packet 4 mg	G	
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NPB	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NPB	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NPB	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	
MISCELLANEOUS		
acetylcysteine inhalation solution 20 %	G	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NPB	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	NPSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NPSP	PA; SP
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*)	NPSP	PA; NPL; SP
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	PB	#
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	NPSP	PA; SP; UF9 (PSP)
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	NPSP	PA; SP; UF9 (PSP)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	NPSP	PA; NPL; SP
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*)	NPB	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	NPSP	PA; SP; UF9 (PSP)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	NPSP	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	NPSP	PA
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 %, 7 %	G	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	NPSP	PA; SP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	NPSP	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	NPSP	PA; NPL; SP
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*)	NPB	
budesonide nasal suspension 32 mcg/act	G	Select OTC
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*)	G	Select OTC
flunisolide nasal solution 25 mcg/act (0.025%)	G	
mometasone furoate nasal suspension 50 mcg/act	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	G	Select OTC
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	G	Select OTC
NASONEX NASAL SUSPENSION 50 MCG/ACT (*mometasone furoate*)	NPB	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NPB	#
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NPB	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NPB	
triamcinolone acetonide nasal aerosol 55 mcg/act	G	Select OTC
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NPB	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	NPB	
PULMONARY FIBROSIS AGENTS		
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	NPSP	PA; SP
SEVERE ASTHMA AGENTS		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	PSP	PA; SP
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (*dupilumab*)	PSP	PA; NPL; SP
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	PSP	PA; NPL; SP
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (*dupilumab*)	PSP	PA; NPL; SP
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NPB	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate (inhal)*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NPB	#
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NPB	#
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (*mometasone furoate*)	NPB	#
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NPB	#
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (*mometasone furoate*)	NPB	#
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NPB	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (*fluticasone propionate (inhal)*)	PB	#
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	PB	#
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	PB	#
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NPB	
PULMOZYME INHALATION SOLUTION 1 MG/ML (*dornase alfa*)	PSP	PA; SP
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (*fluticasone-salmeterol*)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	PB	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol*)	NPB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	G	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NPB	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	G	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	PB	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	G	
XANTHINES - DRUGS TO TREAT COPD		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (*theophylline*)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NPB	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral solution 80 mg/15ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NPB	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NPB	PA
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NPB	
ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*)	NPB	
adapalene external cream 0.1 %	G	PA; AL
adapalene external gel 0.3 %	G	PA; AL
adapalene external pad 0.1 %	G	PA; AL
adapalene external solution 0.1 %	NPB	PA; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	PA; AL
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	NPB	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NPB	PA; #; AL
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	PA
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NPB	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NPB	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NPB	AL
tretinoin (Avita External Cream 0.025 %)	G	AL
tretinoin (Avita External Gel 0.025 %)	G	AL
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NPB	
BENZACLIN EXTERNAL GEL 1-5 % (*clindamycin phos-benzoyl perox*)	NPB	
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 % (*clindamycin phos-benzoyl perox*)	NPB	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	NPB	
benzoyl peroxide-erythromycin external gel 5-3 %	G	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate (Clindacin Etz External Swab 1 %)	G	
clindamycin phosphate (Clindacin-P External Swab 1 %)	G	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NPB	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	G	
clindamycin phosphate external foam 1 %	G	
clindamycin phosphate external gel 1 %	G	
clindamycin phosphate external lotion 1 %	G	
clindamycin phosphate external solution 1 %	G	
clindamycin phosphate external swab 1 %	G	
clindamycin-tretinoin external gel 1.2-0.025 %	G	PA; AL
dapsone external gel 5 %, 7.5 %	G	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	NPB	PA; AL
DIFFERIN EXTERNAL GEL 0.1 % (*adapalene*)	G	PA; Select OTC; AL
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NPB	PA; AL
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NPB	PA; AL
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	NPB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	#
ery external pad 2 %	G	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	NPB	
erythromycin external solution 2 %	G	
EVOCLIN EXTERNAL FOAM 1 % (*clindamycin phosphate*)	NPB	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NPB	PA; AL
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	G	PA
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	NPB	
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	G	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	NPB	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NPB	AL
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NPB	AL
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NPB	AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.1 % (*tretinoin microsphere*)	NPB	AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (*tretinoin microsphere*)	PB	AL
sulfacetamide sodium (acne) external lotion 10 %	G	
tazarotene external foam 0.1 %	NPB	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	AL
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	G	AL
tretinoin microsphere external gel 0.04 %, 0.1 %	G	AL
benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)	NPB	
VELTIN EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NPB	PA; AL
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	NPB	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NPB	PA; AL
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	NPB	
EFUDEX EXTERNAL CREAM 5 % (*fluorouracil*)	NPB	
FLUOROPLEX EXTERNAL CREAM 1 % (*fluorouracil*)	NPB	
fluorouracil external cream 0.5 %, 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	
imiquimod pump external cream 3.75 %	G	
KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NPB	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NPB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	NPB	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (*retapamulin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTANY EXTERNAL OINTMENT 2 % (*mupirocin*)	NPB	
gentamicin sulfate external cream 0.1 %	G	
gentamicin sulfate external ointment 0.1 %	G	
mupirocin calcium external cream 2 %	G	
mupirocin external ointment 2 %	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NPB	
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	NPB	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	NPB	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox (Ciclodan External Solution 8 %)	G	
ciclopirox external gel 0.77 %	G	
ciclopirox external shampoo 1 %	G	
ciclopirox external solution 8 %	G	
ciclopirox olamine external cream 0.77 %	G	
ciclopirox olamine external suspension 0.77 %	G	
clotrimazole-betamethasone external cream 1-0.05 %	G	
clotrimazole-betamethasone external lotion 1-0.05 %	G	
hydrocortisone-iodoquinol (Dermazene External Cream 1-1 %)	G	
econazole nitrate external cream 1 %	G	
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NPB	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NPB	
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NPB	
EXTINA EXTERNAL FOAM 2 % (*ketoconazole*)	NPB	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	PB	#
ketoconazole external cream 2 %	G	
ketoconazole external foam 2 %	G	
LOPROX EXTERNAL SHAMPOO 1 % (*ciclopirox*)	NPB	
luliconazole external cream 1 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NPB	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	G	
naftifine hcl external cream 1 %, 2 %	G	
NAFTIN EXTERNAL GEL 1 % (*naftifine hcl*)	NPB	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	NPB	#
nystatin (Nyamyc External Powder 100000 Unit/Gm)	G	
nystatin external cream 100000 unit/gm	G	
nystatin external ointment 100000 unit/gm	G	
nystatin external powder 100000 unit/gm	G	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	
nystatin (Nystop External Powder 100000 Unit/Gm)	G	
oxiconazole nitrate external cream 1 %	G	
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	NPB	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NPB	
sulconazole nitrate external cream 1 %	G	
sulconazole nitrate external solution 1 %	G	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NPB	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	NPB	
XOLEGEL EXTERNAL GEL 2 % (*ketoconazole*)	NPB	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	G	QL (45 grams per 1 month)
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NPB	QL (45 grams per 1 month)
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NPB	QL (45 grams per 1 month)
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	G	
calcipotriene external ointment 0.005 %	G	
calcipotriene external solution 0.005 %	G	
calcipotriene (Calcitrene External Ointment 0.005 %)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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); SP
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); SP
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
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
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
DOVONEX EXTERNAL CREAM 0.005 % (*calcipotriene*)	NPB	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NPSP	PA; NPL; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NPSP	PA; NPL; SP
SORIATANE ORAL CAPSULE 10 MG, 25 MG (*acitretin*)	NPB	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NPB	
tazarotene external cream 0.1 %	G	AL
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	PB	AL
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	PB	AL
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NPB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	G	
selenium sulfide external lotion 2.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (*dupilumab*)	PSP	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (*dupilumab*)	PSP	PA; NPL; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	PA; NPL; SP
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	G	
alclometasone dipropionate external cream 0.05 %	G	
alclometasone dipropionate external ointment 0.05 %	G	
amcinonide external cream 0.1 %	G	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NPB	
betamethasone dipropionate aug external cream 0.05 %	G	
betamethasone dipropionate aug external gel 0.05 %	G	
betamethasone dipropionate aug external lotion 0.05 %	G	
betamethasone dipropionate aug external ointment 0.05 %	G	
betamethasone dipropionate external cream 0.05 %	G	
betamethasone dipropionate external lotion 0.05 %	G	
betamethasone dipropionate external ointment 0.05 %	G	
betamethasone valerate external cream 0.1 %	G	
betamethasone valerate external foam 0.12 %	G	
betamethasone valerate external lotion 0.1 %	G	
betamethasone valerate external ointment 0.1 %	G	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	NPB	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	G	
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	NPB	
clobetasol propionate e external cream 0.05 %	G	
clobetasol propionate emulsion external foam 0.05 %	G	
clobetasol propionate external cream 0.05 %	G	
clobetasol propionate external foam 0.05 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate external gel 0.05 %	G	
clobetasol propionate external lotion 0.05 %	G	
clobetasol propionate external ointment 0.05 %	G	
clobetasol propionate external shampoo 0.05 %	G	
clobetasol propionate external solution 0.05 %	G	
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NPB	
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NPB	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NPB	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NPB	
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (*flurandrenolide*)	NPB	
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NPB	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NPB	#
CUTIVATE EXTERNAL LOTION 0.05 % (*fluticasone propionate*)	NPB	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NPB	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NPB	
DESONATE EXTERNAL GEL 0.05 % (*desonide*)	NPB	
desonide external cream 0.05 %	G	
desonide external gel 0.05 %	G	
desonide external lotion 0.05 %	G	
desonide external ointment 0.05 %	G	
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	NPB	
desoximetasone external cream 0.25 %	G	
desoximetasone external gel 0.05 %	G	
desoximetasone external liquid 0.25 %	G	
desoximetasone external ointment 0.05 %, 0.25 %	G	
diflorasone diacetate external ointment 0.05 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE AF EXTERNAL CREAM 0.05 % (*betamethasone dipropionate aug*)	NPB	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NPB	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NPB	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
fluocinolone acetonide body external oil 0.01 %	G	
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	
fluocinolone acetonide external ointment 0.025 %	G	
fluocinolone acetonide external solution 0.01 %	G	
fluocinolone acetonide scalp external oil 0.01 %	G	
fluocinonide external cream 0.05 %	G	
fluocinonide external gel 0.05 %	G	
fluocinonide external ointment 0.05 %	G	
fluocinonide external solution 0.05 %	G	
flurandrenolide external cream 0.05 %	G	
flurandrenolide external lotion 0.05 %	G	
flurandrenolide external ointment 0.05 %	G	
fluticasone propionate external cream 0.05 %	G	
fluticasone propionate external lotion 0.05 %	G	
fluticasone propionate external ointment 0.005 %	G	
halcinonide external cream 0.1 %	G	
halobetasol propionate external cream 0.05 %	G	
halobetasol propionate external foam 0.05 %	NPB	
halobetasol propionate external ointment 0.05 %	G	
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NPB	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NPB	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NPB	
hydrocortisone butyr lipo base external cream 0.1 %	G	
hydrocortisone butyrate external cream 0.1 %	G	
hydrocortisone butyrate external lotion 0.1 %	G	
hydrocortisone butyrate external ointment 0.1 %	G	
hydrocortisone butyrate external solution 0.1 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone external cream 2.5 %	G	
hydrocortisone external lotion 2.5 %	G	
hydrocortisone external ointment 2.5 %	G	
hydrocortisone valerate external cream 0.2 %	G	
hydrocortisone valerate external ointment 0.2 %	G	
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (*clobetasol propionate*)	NPB	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NPB	#
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NPB	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NPB	
LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*)	NPB	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NPB	
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NPB	
mometasone furoate external cream 0.1 %	G	
mometasone furoate external ointment 0.1 %	G	
mometasone furoate external solution 0.1 %	G	
flurandrenolide (Nolix External Cream 0.05 %)	G	
flurandrenolide (Nolix External Lotion 0.05 %)	G	
OLUX EXTERNAL FOAM 0.05 % (*clobetasol propionate*)	NPB	
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NPB	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NPB	
prednicarbate external ointment 0.1 %	G	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NPB	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NPB	
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NPB	
SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
TEMOVATE EXTERNAL CREAM 0.05 % (*clobetasol propionate*)	NPB	
TEMOVATE EXTERNAL OINTMENT 0.05 % (*clobetasol propionate*)	NPB	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NPB	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NPB	
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NPB	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NPB	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NPB	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	G	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide (Triderm External Cream 0.1 %, 0.5 %)	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NPB	#
VERDESO EXTERNAL FOAM 0.05 % (*desonide*)	NPB	
DERMATOLOGY, LOCAL ANESTHETICS		
ANACAINE EXTERNAL OINTMENT 10 % (*benzocaine*)	NPB	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	NPB	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	NPB	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (*pentafluoroprop-tetrafluoroeth*)	NPB	
lidocaine external ointment 5 %	G	PA; QL (50 grams per 30 days)
lidocaine external patch 5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl external solution 4 %	G	PA; QL (50 ml per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	G	PA; QL (30 grams per 30 days)
lidocaine-tetracaine external cream 7-7 %	NPB	PA; QL (30 grams per 30 days)
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NPB	
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NPB	PA; QL (30 grams per 30 days)
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	NPB	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	NPB	
premium lidocaine external ointment 5 %	G	PA; QL (50 grams per 30 days)
SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*)	NPB	PA; QL (10 patches per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	G	Select OTC
acyclovir external cream 5 %	G	
acyclovir external ointment 5 %	G	
aif #2 drug preparation kit external cream	NPB	
ALDARA EXTERNAL CREAM 5 % (*imiquimod*)	NPB	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NPB	#
chlorhexidine gluconate solution 20 %	NPB	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NPB	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NPB	#
diclofenac epolamine external patch 1.3 %	G	
diclofenac sodium external solution 1.5 %	G	
docosanol external cream 10 %	G	Select OTC
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NPB	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	NPB	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NPB	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERR TRIPLE DYE SWABS EXTERNAL SWAB (*triple dye*)	NPB	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPB	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NPB	
lugols strong iodine external solution 5-10 %	NPB	
NUVAIL EXTERNAL SOLUTION (*dermatological products, misc.*)	NPB	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	PB	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NPB	
pimecrolimus external cream 1 %	G	
podofilox external solution 0.5 %	G	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (*tacrolimus*)	NPB	
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NPB	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	NPB	
SULFAMYLON EXTERNAL PACKET 5 % (*mafenide acetate*)	NPB	
tacrolimus external ointment 0.03 %, 0.1 %	G	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	PSP	SP
silver sulfadiazine (Thermazene External Cream 1 %)	G	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPSP	PA; #; SP
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NPB	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	PB	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NPB	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NPB	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	NPB	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline oral capsule delayed release 40 mg	G	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NPB	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	NPB	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NPB	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	NPB	
metronidazole external cream 0.75 %	G	
metronidazole external gel 0.75 %, 1 %	G	
metronidazole external lotion 0.75 %	G	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NPB	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NPB	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	PB	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NPB	
metronidazole (Rosadan External Cream 0.75 %)	G	
metronidazole (Rosadan External Gel 0.75 %)	G	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	NPB	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NPB	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
ivermectin external lotion 0.5 %	G	
lindane external shampoo 1 %	G	
malathion external lotion 0.5 %	G	
NATROBA EXTERNAL SUSPENSION 0.9 % (*spinosad*)	NPB	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	NPB	
permethrin external cream 5 %	G	
DERMATOLOGY, WOUND CARE AGENTS		
lavare wound wash external gel	NPB	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	NPB	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat troche 10 mg	G	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	NPB	
lidocaine hcl mouth/throat solution 4 %	G	
nystatin mouth/throat suspension 100000 unit/ml	G	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	G	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (*oral wound care products*)	NPB	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NPB	#
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	NPB	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	NPB	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
hydrocortisone-acetic acid (Acetasol Hc Otic Solution 2-1 %)	G	
acetic acid otic solution 2 %	G	
antibiotic ear otic solution 3.5-10000-1	G	
CETRAXAL OTIC SOLUTION 0.2 % (*ciprofloxacin hcl*)	NPB	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NPB	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*)	NPB	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	G	
DERMOTIC OTIC OIL 0.01 % (*fluocinolone acetonide*)	NPB	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (*ciprofloxacin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NPB	

1st tier unifine pentips 159
1st tier unifine pentips plus 159
abacavir sulfate 30
abacavir sulfate-lamivudine 33
abacavir-lamivudine-zidovudine 33
ABILIFY 78
ABILIFY MAINTENA 78
abiraterone acetate 42
ABREVA 219
ABSORICA 208
ABSORICA LD 208
acamprosate calcium 95
ACANYA 208
acarbose 97
ACCOLATE 203
ACCRUFER 183
ACCU-CHEK AVIVA 159
ACCU-CHEK AVIVA PLUS 159
ACCU-CHEK COMPACT PLUS 159
ACCU-CHEK COMPACT PLUS CONTROL 159
ACCU-CHEK FASTCLIX LANCET 159
ACCU-CHEK FASTCLIX LANCETS 159
ACCU-CHEK GUIDE 159
ACCU-CHEK MULTICLIX LANCETS 159
ACCU-CHEK SAFE-T PRO LANCETS 159
ACCU-CHEK SMARTVIEW 159
ACCU-CHEK SMARTVIEW CONTROL .. 159
ACCU-CHEK SOFTCLIX LANCET DEV 159
ACCU-CHEK SOFTCLIX LANCETS 160
ACCUPRIL 50
ACCURETIC 49
ACCUTREND GLUCOSE .. 160
ACCUTREND GLUCOSE CONTROL 160
acd formula a 139
ACD-A NOCLOT-50 139
acebutolol hcl 58
acetaminophen-codeine 19
acetaminophen-codeine #2 19
acetaminophen-codeine #3 19
acetaminophen-codeine #4 19
Acetasol Hc 222
acetazolamide 61
acetazolamide er 61
acetic acid 137, 222
acetylcysteine 196, 203
ACIPHEX 134
ACIPHEX SPRINKLE 134
acitretin 212
ACTEMRA 150
ACTEMRA ACTPEN 149
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