Plan for your best health

2021 Aetna Pharmacy Drug Guide

Aetna Small Group ACA Formulary: CT, MD

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).

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)

ᏩᎩᏍᏗ ᏕᏬᏂᎯᏍᏗ ᎢᏳᎾᏓᏛᏁᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏣᎬᏩᏔᏁᏗ ᏱᎩ, ᏫᏥᎯᏏᏔᏛᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᎦᎪᏪᎵ ᏅᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᎵᎢ. (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)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပှ့ၤလၢနကဘၣ်ဟ့ၣ်အီၤဘၣ်နူၣ်,ကိးဘၣ်လီတဲစိနီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂ့ၤခိၣ် (ID) အခးလီၤန့ၣ်တက့ၢ် (Karen)

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

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

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

ເພື່ອເຂົ້າໃຊ້ການບໍ່ວິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
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)

ܐܢ ܚܣܝܟܐ ܒܥܝܘܢ ܒܠ ܡܝܠܡܕܐ ܕܡܫܡܫܢܘܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ، ܡܨܝܬܘܢ ܩܪܝܢܐ ܒܠ ܡܢܝܢܐ ܕܡܟܬܒܐ ܕܟܪܬܐ ܕܝܕܥܬܢܘܬܐ. (Assyrian Syriac-)

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 نمبرپر 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 שײַן 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 **NC** = Not Covered **NPB** = Non Preferred Brand **NPSP** = Non Preferred Specialty **PB** = Preferred Brand **PSP** = Preferred Specialty	**OTC** = Covered OTC **PA** = Prior Authorization **QL** = Quantity Limit **SP Pharmacy** = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply. **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINES		
QUINZYME ORAL TABLET DISPERSIBLE 90 MG (*coenzyme q10*)	NC	
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NC	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	G	
celecoxib oral capsule 400 mg	G	ST; QL (2 capsules per 1 day)
GOUT - DRUGS TO TREAT GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	LGC
colchicine oral capsule 0.6 mg	NC	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
COLCRYS ORAL TABLET 0.6 MG (*colchicine*)	NC	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (*lesinurad-allopurinol*)	NC	
febuxostat oral tablet 40 mg, 80 mg	G	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NC	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NC	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NC	
ZURAMPIC ORAL TABLET 200 MG (*lesinurad*)	NC	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (*allopurinol*)	NC	
MISCELLANEOUS		
duraxin oral capsule 300-200-20 mg	NPB	
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	NPB	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NC	
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	G	QL (48 tablets per 25 days)
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-acetaminophen oral capsule 50-300 mg	NC	
butalbital-acetaminophen oral tablet 25-325 mg	NC	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	G	QL (48 capsules per 1 month)
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	QL (48 tablets per 1 month)
butalbital-asa-caffeine oral capsule 50-325-40 mg	G	QL (48 capsules per 1 month)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	NPB	
capacet oral capsule 50-325-40 mg	G	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	G	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NC	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NC	
FIORINAL ORAL CAPSULE 50-325-40 MG (*butalbital-aspirin-caffeine*)	NC	
marten-tab oral tablet 50-325 mg	G	
tencon oral tablet 50-325 mg	NC	
butalbital-apap-caffeine (Vanatol Lq Oral Solution 50-325-40 Mg/15Ml)	G	QL (90 ML per 1 day)
butalbital-apap-caffeine (Vanatol S Oral Solution 50-325-40 Mg/15Ml)	G	QL (90 ML per 1 day)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (*butalbital-apap-caffeine*)	NC	
zebutal oral capsule 50-325-40 mg	G	
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	NC	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NC	
DAYPRO ORAL TABLET 600 MG (*oxaprozin*)	NC	
diclofenac oral capsule 35 mg	NC	
diclofenac potassium oral tablet 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	G	
diclofenac sodium oral tablet delayed release 75 mg	G	LGC
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (*naproxen*)	NC	
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	
FELDENE ORAL CAPSULE 10 MG, 20 MG (*piroxicam*)	NC	
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, 400 MG (*fenoprofen calcium*)	NC	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen (Ibu Oral Tablet 600 Mg)	G	LGC
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	LGC
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	NC	
indomethacin oral capsule 25 mg, 50 mg	G	QL (3 capsules per 1 day)
ketoprofen er oral capsule extended release 24 hour 200 mg	NC	
ketoprofen oral capsule 50 mg, 75 mg	G	
ketorolac tromethamine nasal solution 15.75 mg/spray	NC	
ketorolac tromethamine oral tablet 10 mg	G	QL (20 tablets per 5 days)
LODINE ORAL TABLET 400 MG (*etodolac*)	NC	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	NPB	
meloxicam oral capsule 10 mg, 5 mg	NC	
meloxicam oral tablet 15 mg, 7.5 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOBIC ORAL TABLET 15 MG, 7.5 MG (*meloxicam*)	NC	
nabumetone oral tablet 500 mg, 750 mg	G	
NALFON ORAL CAPSULE 400 MG (*fenoprofen calcium*)	NC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NC	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	NC	
NAPROSYN ORAL TABLET 500 MG (*naproxen*)	NC	
naproxen dr oral tablet delayed release 375 mg, 500 mg	G	
naproxen oral suspension 125 mg/5ml	NC	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	LGC
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	NC	
naproxen sodium oral tablet 275 mg	G	
naproxen sodium oral tablet 550 mg	G	LGC
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	
PONSTEL ORAL CAPSULE 250 MG (*mefenamic acid*)	NC	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (*meloxicam*)	NC	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NC	
nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	NC	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NC	
sulindac oral tablet 150 mg, 200 mg	G	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (*indomethacin*)	NC	
tolmetin sodium oral capsule 400 mg	G	
tolmetin sodium oral tablet 200 mg, 600 mg	G	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (*meloxicam*)	NC	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NC	#
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NC	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	NC	#
ibuprofen-famotidine oral tablet 800-26.6 mg	NC	
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	NC	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	NC	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG (*buprenorphine hcl-naloxone hcl*)	NPB	ST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (*buprenorphine hcl-naloxone hcl*)	NPB	ST; QL (2 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, 8-2 mg	G	QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	G	QL (3 tabs 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	QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NPB	QL (3 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (3 TABLETS per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (1 TABLET per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (2 TABLETS per 1 day)
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NC	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ml per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	G	PA; QL (13 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*)	NC	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NC	
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	NC	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (*morphine sulfate*)	NC	
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 tablets per 1 month)
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*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEMEROL ORAL TABLET 100 MG (*meperidine hcl*)	NC	
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NC	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	NC	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (*methadone hcl*)	NC	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (*fentanyl*)	NC	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (*fentanyl*)	NC	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (*fentanyl*)	NC	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (*fentanyl*)	NC	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (*fentanyl*)	NC	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (*morphine-naltrexone*)	PB	PA; ST; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (*morphine-naltrexone*)	PB	PA; ST; QL (2 capsules per 1 day)
endocet oral tablet 10-325 mg	G	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	G	PA; QL (12 tablets per 1 day)
endocet oral tablet 5-325 mg	G	PA; QL (12 tablets per 1 day)
endocet oral tablet 7.5-325 mg	G	PA; QL (8 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG (*hydromorphone hcl*)	NC	
EXALGO ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG (*hydromorphone hcl*)	NC	
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; ST; QL (10 patches per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NC	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	NC	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (*butalbital-asa-caff-codeine*)	NC	
HYCET ORAL SOLUTION 7.5-325 MG/15ML (*hydrocodone-acetaminophen*)	NC	
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	G	PA; QL (2 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	PA; ST; QL (2 capsules per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	G	PA; ST; QL (1 tablet per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	NPB	QL (90 ml 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	NPB	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)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	G	PA; QL (12 tablets per 1 day)
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 er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg	G	PA; QL (1 tablet per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	G	PA; ST; QL (1 tablet per 1 day)
hydromorphone hcl oral liquid 1 mg/ml	NC	
hydromorphone hcl oral tablet 2 mg	G	PA; QL (11 tablets per 1 day)
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*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBUDONE ORAL TABLET 10-200 MG (*hydrocodone-ibuprofen*)	NC	
ibudone oral tablet 5-200 mg	G	PA; QL (5 tablets per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (*morphine sulfate*)	NC	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (*morphine sulfate*)	NPB	PA; ST; QL (1 capsule per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*morphine sulfate*)	NPB	PA; ST; QL (2 capsules per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (*fentanyl citrate*)	NC	
levorphanol tartrate oral tablet 2 mg	NC	
levorphanol tartrate oral tablet 3 mg	G	PA; QL (2 tablets per 1 day)
lorcet hd oral tablet 10-325 mg	G	PA; QL (6 tablets per 1 day)
lorcet oral tablet 5-325 mg	G	PA; QL (8 tablets per 1 day)
hydrocodone-acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	G	PA; QL (6 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (*hydrocodone-acetaminophen*)	NC	
meperidine hcl oral solution 50 mg/5ml	G	QL (90 ml per 1 month)
meperidine hcl oral tablet 100 mg, 50 mg	G	PA; QL (18 tablets per 1 month)
methadone hcl intensol oral concentrate 10 mg/ml	G	PA; QL (3 MLS per 1 day)
methadone hcl oral concentrate 10 mg/ml	G	PA; ST; QL (1 ml per 1 day)
methadone hcl oral solution 10 mg/5ml	G	PA; ST; QL (10 ml per 1 day)
methadone hcl oral solution 5 mg/5ml	G	PA; ST; QL (15 ml per 1 day)
methadone hcl oral tablet 10 mg	G	PA; ST; QL (2 tablets per 1 day)
methadone hcl oral tablet 5 mg	G	PA; ST; QL (6 tablets per 1 day)
methadone hcl oral tablet soluble 40 mg	G	QL (9 tablets per 1 month)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	G	PA; QL (9 tablets per 1 month)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NC	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (*morphine sulfate*)	NC	
morphine sulfate (concentrate) oral solution 100 mg/5ml	G	PA; QL (4.5 MLS per 1 day)
morphine sulfate (concentrate) oral solution 20 mg/ml	G	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	PA; ST; QL (1 capsule per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	G	PA; ST; QL (2 capsules per 1 day)
morphine sulfate er oral capsule extended release 24 hour 100 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; ST; QL (1 capsule per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	G	PA; ST; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	G	PA; ST; 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, 15 MG, 200 MG, 30 MG, 60 MG (*morphine sulfate*)	NC	
nalocet oral tablet 2.5-300 mg	G	QL (12 tablets per 1 day)
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (*hydrocodone-acetaminophen*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NPB	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (*tapentadol hcl*)	NPB	QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (*tapentadol hcl*)	NPB	QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (*tapentadol hcl*)	NPB	QL (3 tablets per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG (*oxymorphone hcl*)	NPB	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG (*oxymorphone hcl*)	NC	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (*oxycodone hcl*)	NPB	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG (*oxycodone hcl*)	NPB	MPG; QL (6 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; ST; QL (2 tablets per 1 day)
oxycodone hcl oral capsule 5 mg	G	PA; QL (6 capsules per 1 day)
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, 5-325 mg/5ml	NC	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg	NC	
oxycodone-acetaminophen oral tablet 10-325 mg	G	PA; QL (6 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)
oxycodone-aspirin oral tablet 4.8355-325 mg	G	PA; QL (12 tablets per 1 day)
oxycodone-ibuprofen oral tablet 5-400 mg	G	PA; QL (4 tablets per day for 7 days per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	NPB	PA; ST; 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; ST; QL (2 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg	G	QL (3 tablets per 1 day)
oxymorphone hcl oral tablet 5 mg	G	QL (6 tablets per 1 day)
panlor oral tablet 325-30-16 mg	NC	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NC	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NC	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NC	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NC	
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	NC	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NC	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)	NC	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG (*dihydrocodeine compound*)	NC	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	PA; ST; QL (1 tablet per 1 day)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg	NC	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	PA; ST; QL (1 tablet per 1 day)
tramadol hcl oral tablet 100 mg	NC	
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*)	NC	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (*acetaminophen-codeine*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (*acetaminophen-codeine*)	NC	
ULTRACET ORAL TABLET 37.5-325 MG (*tramadol-acetaminophen*)	NPB	PA; QL (40 tablets per 1 month)
ULTRAM ORAL TABLET 50 MG (*tramadol hcl*)	NC	
VERDROCET ORAL TABLET 2.5-325 MG (*hydrocodone-acetaminophen*)	NPB	PA; QL (12 tablets per 1 day)
vicodin es oral tablet 7.5-300 mg	G	PA; QL (6 tablets per 1 day)
vicodin hp oral tablet 10-300 mg	G	PA; QL (6 tablets per 1 day)
vicodin oral tablet 5-300 mg	G	PA; QL (8 tablets per 1 day)
XODOL ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*hydrocodone-acetaminophen*)	NC	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	PB	PA; ST; QL (2 tablets per 1 day)
hydrocodone-ibuprofen (Xylon Oral Tablet 10-200 Mg)	G	PA; QL (5 tablets per 1 day)
ZAMICET ORAL SOLUTION 10-325 MG/15ML (*hydrocodone-acetaminophen*)	NC	
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (*hydrocodone bitartrate*)	NC	
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (*hydrocodone bitartrate*)	NC	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	NC	
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	G	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; ST; QL (4 patches per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NC	
icatibant acetate (Sajazir Subcutaneous Solution 30 Mg/3Ml)	PSP	PA; NPL; SP Pharmacy; QL (15 syringes per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	PSP	
SALICYLATES		
aspirin low dose oral tablet chewable 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
aspirin rectal suppository 120 mg, 200 mg	CE	N2 (Not Covered); AL
bayer low dose oral tablet chewable 81 mg	CE	N2 (Not Covered); AL
bayer low dose oral tablet delayed release 81 mg	CE	N2 (Not Covered); AL
childrens aspirin oral tablet chewable 81 mg	CE	N2 (Not Covered); AL
choline-mag trisalicylate oral liquid 500 mg/5ml	G	
diflunisal oral tablet 500 mg	G	
ecotrin low strength oral tablet delayed release 81 mg	CE	N2 (Not Covered); AL
st joseph aspirin oral tablet delayed release 81 mg	CE	N2 (Not Covered); AL
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*)	NC	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	NC	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NC	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NC	
MONUROL ORAL PACKET 3 GM (*fosfomycin tromethamine*)	NC	
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	
sulfadiazine oral tablet 500 mg	NPB	
TINDAMAX ORAL TABLET 500 MG (*tinidazole*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tinidazole oral tablet 250 mg, 500 mg	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NC	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NC	
tobramycin inhalation nebulization solution 300 mg/4ml	PSP	SP Pharmacy; QL (224 ML per 1 month)
tobramycin inhalation nebulization solution 300 mg/5ml	PSP	PA; SP Pharmacy; QL (56 vials per 1 fill)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (*flucytosine*)	NC	
bio-statin oral capsule 1000000 unit, 500000 unit	PB	
bio-statin oral powder	G	
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NC	
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	NPB	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (*fluconazole*)	NC	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*fluconazole*)	NC	
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	PA
itraconazole oral solution 10 mg/ml	G	PA
KERYDIN EXTERNAL SOLUTION 5 % (*tavaborole*)	NPB	
ketoconazole oral tablet 200 mg	G	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG (*terbinafine hcl*)	NC	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NC	
nystatin oral tablet 500000 unit	G	
ONMEL ORAL TABLET 200 MG (*itraconazole*)	NC	
posaconazole oral tablet delayed release 100 mg	NPB	PA
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NC	
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	NC	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (*itraconazole*)	NC	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NC	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	NC	
VFEND ORAL TABLET 200 MG, 50 MG (*voriconazole*)	NC	
voriconazole oral suspension reconstituted 40 mg/ml	NPB	PA
voriconazole oral tablet 200 mg, 50 mg	G	PA
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (*rifamycin sodium*)	NPB	QL (12 tablets per 1 fill)
albendazole oral tablet 200 mg	NPB	QL (336 tablets per 365 days)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NPB	#; QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NC	
atovaquone oral suspension 750 mg/5ml	G	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	NC	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	NC	
benznidazole oral tablet 100 mg, 12.5 mg	NPB	
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NPB	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	PSP	PA; #; SP Pharmacy; QL (84 vials per 28 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	NC	
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*)	NC	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	G	QL (6 tablets per 3 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NPB	
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	NC	
FLAGYL ORAL TABLET 250 MG, 500 MG (*metronidazole*)	NC	
FURADANTIN ORAL SUSPENSION 25 MG/5ML (*nitrofurantoin*)	NC	
HIPREX ORAL TABLET 1 GM (*methenamine hippurate*)	NC	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	NPB	PA; #; QL (3 capsules per 1 day)
ivermectin oral tablet 3 mg	G	
KETEK ORAL TABLET 300 MG (*telithromycin*)	NPB	
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*)	NC	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NC	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	NC	
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 250 mg, 500 mg	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	NPB	
nitazoxanide oral tablet 500 mg	G	QL (6 tablets per 3 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	G	PA; AL
nitrofurantoin monohyd macro oral capsule 100 mg	G	PA; AL
nitrofurantoin oral suspension 25 mg/5ml	NC	
pentamidine isethionate inhalation solution reconstituted 300 mg	G	
praziquantel oral tablet 600 mg	G	QL (24 tablets per 365 days)
PRIMSOL ORAL SOLUTION 50 MG/5ML (*trimethoprim hcl*)	PB	
pyrimethamine oral tablet 25 mg	G	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NPB	ST; QL (6 tabs per 1 fill)
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NC	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	LGC
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	G	LGC
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	G	
sulfatrim pediatric oral suspension 200-40 mg/5ml	G	
trimethoprim oral tablet 100 mg	G	
trimpex oral solution 50 mg/5ml	NPB	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	NC	
vancomycin hcl oral capsule 125 mg, 250 mg	G	QL (80 capsules per 10 days)
XENLETA ORAL TABLET 600 MG (*lefamulin acetate*)	NC	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	PB	QL (9 tablets per 25 days)
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NC	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NC	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NPB	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	NC	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg	NPB	
QUALAQUIN ORAL CAPSULE 324 MG (*quinine sulfate*)	NC	
quinine sulfate oral capsule 324 mg	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	QL (4 bottles per 30 days)
abacavir sulfate oral tablet 300 mg	G	QL (2 tablets per 1 day)
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	PB	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (*tipranavir*)	PB	#; QL (4 bottles per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	G	QL (1 capsule per 1 day)
atazanavir sulfate oral capsule 200 mg	G	QL (2 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (*indinavir sulfate*)	PB	#; QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (*indinavir sulfate*)	PB	#; QL (6 capsules per 1 day)
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	G	QL (1 capsule per 1 day)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	PB	QL (2 tablets per 1 day)
efavirenz oral capsule 200 mg, 50 mg	G	QL (3 capsules per 1 day)
efavirenz oral tablet 600 mg	G	QL (1 tablet per 1 day)
emtricitabine oral capsule 200 mg	G	QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	NC	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PB	#; QL (4 bottles per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	NC	
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	NC	
etravirine oral tablet 100 mg	G	QL (4 tablets per 1 day)
etravirine oral tablet 200 mg	G	QL (2 tablets per 1 day)
fosamprenavir calcium oral tablet 700 mg	G	QL (4 tablets per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	PSP	#; SP Pharmacy; QL (2 vials per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG (*etravirine*)	PB	#; QL (4 tabs per 1 day)
INTELENCE ORAL TABLET 200 MG (*etravirine*)	PB	#; QL (2 tabs per 1 day)
INVIRASE ORAL CAPSULE 200 MG (*saquinavir mesylate*)	NPB	QL (10 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVIRASE ORAL TABLET 500 MG (*saquinavir mesylate*)	PB	QL (4 tablets per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	QL (2 tabs per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	QL (6 tablets per 1 day)
lamivudine oral solution 10 mg/ml	G	QL (4 bottles per 30 days)
lamivudine oral tablet 150 mg	G	QL (2 tablets per 1 day)
lamivudine oral tablet 300 mg	G	QL (1 tablet per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*)	PB	#; QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG (*fosamprenavir calcium*)	NC	
nevirapine er oral tablet extended release 24 hour 100 mg	G	QL (3 tablets per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	G	QL (1 tab per 1 day)
nevirapine oral suspension 50 mg/5ml	G	QL (5 bottles per 30 days)
nevirapine oral tablet 200 mg	G	QL (2 tablets per 1 day)
NORVIR ORAL CAPSULE 100 MG (*ritonavir*)	NPB	#; QL (12 capsules per 1 day)
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PB	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (*ritonavir*)	PB	#; QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NC	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NPB	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir ethanolate*)	PB	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (*darunavir ethanolate*)	PB	#; QL (2 tabs per 1 day)
PREZISTA ORAL TABLET 800 MG (*darunavir ethanolate*)	PB	#; QL (1 tab per 1 day)
RESCRIPTOR ORAL TABLET 100 MG (*delavirdine mesylate*)	NPB	QL (30 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG (*delavirdine mesylate*)	NPB	QL (15 tablets per 1 day)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NC	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (*atazanavir sulfate*)	NC	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	PB	#; QL (6 packets per 1 day)
ritonavir oral tablet 100 mg	G	QL (12 tablets per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NC	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	PB	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG (*maraviroc*)	PB	#; QL (2 tabs per 1 day)
SELZENTRY ORAL TABLET 25 MG (*maraviroc*)	PB	#; QL (8 tablets per 1 Day)
SELZENTRY ORAL TABLET 300 MG (*maraviroc*)	PB	#; QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (*maraviroc*)	PB	#; QL (2 tablets per 1 Day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	G	QL (2 capsules per 1 day)
stavudine oral solution reconstituted 1 mg/ml	G	QL (12 bottles per 30 days)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (*efavirenz*)	NC	
SUSTIVA ORAL TABLET 600 MG (*efavirenz*)	NC	
tenofovir disoproxil fumarate oral tablet 300 mg	G	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG (*dolutegravir sodium*)	PB	QL (8 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG (*dolutegravir sodium*)	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	PB	QL (2 tabs per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PB	QL (12 tablets per 1 day)
TYBOST ORAL TABLET 150 MG (*cobicistat*)	PB	QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG (*didanosine*)	PB	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG (*didanosine*)	NC	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM (*didanosine*)	PB	QL (12 bottles per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM (*didanosine*)	PB	QL (6 bottles per 30 days)
VIRACEPT ORAL TABLET 250 MG (*nelfinavir mesylate*)	PB	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (*nelfinavir mesylate*)	PB	QL (4 tablets per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (*nevirapine*)	NC	
VIRAMUNE ORAL TABLET 200 MG (*nevirapine*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG (*nevirapine*)	NC	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	PB	#; QL (4 bottles per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	PB	#; QL (1 tab per 1 day)
VIREAD ORAL TABLET 300 MG (*tenofovir disoproxil fumarate*)	NC	
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG (*stavudine*)	NC	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML (*stavudine*)	NC	
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	NC	
ZIAGEN ORAL TABLET 300 MG (*abacavir sulfate*)	NC	
zidovudine oral capsule 100 mg	G	QL (6 capsules per 1 day)
zidovudine oral syrup 50 mg/5ml	G	QL (8 bottles per 30 days)
zidovudine oral tablet 300 mg	G	QL (2 tablets per 1 day)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	QL (1 tablet per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	G	QL (2 tablets per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofovir*)	NPB	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PB	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG (*lamivudine-zidovudine*)	NC	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	NPB	QL (1 tab per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NPB	PA; ST; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PB	QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PB	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	G	QL (1 tablet per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	G	QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	G	QL (1 TABLET per 1 Day)
emtricitabine-tenofovir df oral tablet 200-300 mg	G	QL (1 tablet per 1 day)
EPZICOM ORAL TABLET 600-300 MG (*abacavir sulfate-lamivudine*)	NC	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PB	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PB	PA; QL (1 tablet per 1 Day)
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPB	ST; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	NC	
KALETRA ORAL TABLET 100-25 MG (*lopinavir-ritonavir*)	PB	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (*lopinavir-ritonavir*)	PB	#; QL (4 tablets per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	G	QL (2 tablets per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	QL (3 bottles per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	G	QL (8 tablets per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	G	QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PB	QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PB	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NPSP	PA; ST; QL (1 tab per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NC	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NC	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	NPB	PA; QL (1 tablet per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (*abacavir-lamivudine-zidovudine*)	NC	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	NC	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral syrup 50 mg/5ml	G	
isoniazid oral tablet 100 mg, 300 mg	G	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG (*ethambutol hcl*)	NC	
MYCOBUTIN ORAL CAPSULE 150 MG (*rifabutin*)	NC	
PASER ORAL PACKET 4 GM (*aminosalicylic acid*)	NPB	
pretomanid oral tablet 200 mg	NPB	QL (1 tablet per 1 day)
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	PB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (*rifampin*)	NC	
RIFAMATE ORAL CAPSULE 150-300 MG (*isoniazid-rifampin*)	PB	
rifampin oral capsule 150 mg, 300 mg	G	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML (*rifampin*)	NC	
RIFATER ORAL TABLET 50-120-300 MG (*isoniazid-rifamp-pyrazinamide*)	PB	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPSP	PA; SP Pharmacy
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	PB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	LGC
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg	G	LGC
acyclovir oral tablet 800 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adefovir dipivoxil oral tablet 10 mg	PSP	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	NPB	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NC	
diclofenac sodium external gel 3 %	NC	
entecavir oral tablet 0.5 mg, 1 mg	PSP	SP Pharmacy; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (*lamivudine*)	PB	#; SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG (*lamivudine*)	NC	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
favipiravir oral tablet 200 mg	NPB	
FLUMADINE ORAL TABLET 100 MG (*rimantadine hcl*)	NC	
HEPSERA ORAL TABLET 10 MG (*adefovir dipivoxil*)	NC	
lamivudine oral tablet 100 mg	G	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	G	QL (20 capsules per 365 Days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	QL (480 MLS per 365 Days)
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NC	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (*zanamivir*)	PB	QL (2 inhalers per 90 days)
ribavirin inhalation solution reconstituted 6 gm	G	
rimantadine hcl oral tablet 100 mg	G	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	NC	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	PSP	PA; SP Pharmacy
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (*oseltamivir phosphate*)	NC	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	NC	
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NC	
valganciclovir hcl oral solution reconstituted 50 mg/ml	PSP	PA; SP Pharmacy; QL (1000 milliliters per 30 days)
valganciclovir hcl oral tablet 450 mg	PSP	PA; SP Pharmacy; QL (120 tablets per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NC	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	NPB	PA; QL (1 tablet per 1 day)
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NC	#
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NC	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (*baloxavir marboxil*)	NPB	QL (4 tablets per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NC	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (*baloxavir marboxil*)	NPB	QL (4 tablets per 365 days)
ZOVIRAX ORAL CAPSULE 200 MG (*acyclovir*)	NC	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (*acyclovir*)	NC	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (*acyclovir*)	NC	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEDAX ORAL CAPSULE 400 MG (*ceftibuten*)	NC	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML (*ceftibuten*)	NC	
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	
cefditoren pivoxil oral tablet 200 mg, 400 mg	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ceftibuten oral capsule 400 mg	G	
ceftibuten oral suspension reconstituted 180 mg/5ml	G	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML (*cefuroxime axetil*)	NC	
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	
DAXBIA ORAL CAPSULE 333 MG (*cephalexin*)	NC	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (*cephalexin*)	NC	
SPECTRACEF ORAL TABLET 400 MG (*cefditoren pivoxil*)	NC	
SUPRAX ORAL CAPSULE 400 MG (*cefixime*)	NPB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*cefixime*)	NC	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (*cefixime*)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (*cefixime*)	PB	#
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	
BIAXIN ORAL TABLET 250 MG, 500 MG (*clarithromycin*)	NC	
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	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	PA
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	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (*erythromycin base*)	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	NC	
erythromycin base oral capsule delayed release particles 250 mg	G	
erythromycin base oral tablet 250 mg, 500 mg	G	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	
erythromycin ethylsuccinate oral tablet 400 mg	G	
erythromycin stearate oral tablet 250 mg	G	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG (*erythromycin base coated*)	NPB	
ZITHROMAX ORAL PACKET 1 GM (*azithromycin*)	NC	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	NC	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (*azithromycin*)	NC	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	NC	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	NC	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM (*azithromycin*)	NPB	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
AVELOX ORAL TABLET 400 MG (*moxifloxacin hcl*)	NC	
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (*ciprofloxacin*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) (*ciprofloxacin*)	NPB	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	NC	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*ciprofloxacin-ciproflox hcl*)	NC	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	G	
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	G	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	G	
FACTIVE ORAL TABLET 320 MG (*gemifloxacin mesylate*)	NPB	#
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (*levofloxacin*)	NC	
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		
COPEGUS ORAL TABLET 200 MG (*ribavirin*)	NC	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG (*daclatasvir dihydrochloride*)	NPSP	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	PSP	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	PSP	PA; NPL; SP Pharmacy; QL (1 packet per 1 day)
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	PSP	NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	PSP	PA; NPL; SP Pharmacy
ledipasvir-sofosbuvir oral tablet 90-400 mg	NC	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NC	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG (*ribavirin*)	NPB	SP Pharmacy
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG (*ribavirin*)	NPB	SP Pharmacy
moderiba oral tablet 200 mg	G	SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLYSIO ORAL CAPSULE 150 MG (*simeprevir sodium*)	NPSP	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML (*peginterferon alfa-2a*)	PB	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (*peginterferon alfa-2a*)	PSP	PA; SP Pharmacy
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (*peginterferon alfa-2b*)	NPSP	
REBETOL ORAL CAPSULE 200 MG (*ribavirin*)	NC	
REBETOL ORAL SOLUTION 40 MG/ML (*ribavirin*)	PB	SP Pharmacy
ribasphere oral capsule 200 mg	G	SP Pharmacy
ribasphere oral tablet 200 mg, 400 mg, 600 mg	G	SP Pharmacy
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG (*ribavirin*)	G	SP Pharmacy
ribavirin oral capsule 200 mg	G	PA; SP Pharmacy
ribavirin oral tablet 200 mg	G	PA; SP Pharmacy
sofosbuvir-velpatasvir oral tablet 400-100 mg	NC	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NPSP	PA; ST; NPL; SP Pharmacy; QL (1 packet per 1 day)
SOVALDI ORAL TABLET 200 MG (*sofosbuvir*)	NPSP	ST; NPL; SP Pharmacy; QL (1 tablet per 1 day)
SOVALDI ORAL TABLET 400 MG (*sofosbuvir*)	NPSP	PA; ST; SP Pharmacy; QL (1 tab per 1 day)
TECHNIVIE ORAL TABLET 12.5-75-50 MG (*ombitasvir-paritaprev-ritonav*)	NPSP	PA; ST; QL (2 tablets per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (*ombitas-paritapre-ritona-dasab*)	NPSP	PA; ST; SP Pharmacy; QL (1 Pak per 28 days)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG (*ombitas-paritapre-ritona-dasab*)	NPSP	PA; ST; QL (3 tablets per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PSP	PA; SP Pharmacy; QL (1 tablet per 1 Day)
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	NPSP	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral tablet chewable 125 mg, 250 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*)	NC	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML (*amoxicillin-pot clavulanate*)	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (*amoxicillin-pot clavulanate*)	NC	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG (*amoxicillin-pot clavulanate*)	NC	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG (*amoxicillin*)	NC	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (*doxycycline hyclate*)	NC	
ADOXA ORAL CAPSULE 150 MG (*doxycycline monohydrate*)	NC	
avidoxy oral tablet 100 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NC	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (*doxycycline hyclate*)	NC	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (*doxycycline hyclate*)	NC	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg	G	LGC
doxycycline hyclate oral tablet 150 mg, 75 mg	NC	
doxycycline hyclate oral tablet 20 mg, 50 mg	G	
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg, 80 mg	NC	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	G	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NC	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	
doxycycline monohydrate oral tablet 100 mg	NC	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	G	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (*minocycline hcl*)	NC	
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	NC	
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	NC	
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*)	NC	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg, 50 Mg)	G	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	NC	
MONODOX ORAL CAPSULE 100 MG, 75 MG (*doxycycline monohydrate*)	NC	
doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	NC	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NC	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	NC	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NC	
tetracycline hcl oral capsule 250 mg, 500 mg	G	LGC
VIBRAMYCIN ORAL CAPSULE 100 MG (*doxycycline hyclate*)	NC	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	NC	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (*doxycycline calcium*)	NPB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*)	NC	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS - CHEMOTHERAPY DRUGS		
ALKERAN ORAL TABLET 2 MG (*melphalan*)	CE	N2 (Not Covered)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	PSP	
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N2 (G)
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	CE	N2 (PSP)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	CE	N2 (PSP)
GLEOSTINE ORAL CAPSULE 5 MG (*lomustine*)	PB	PA
HEXALEN ORAL CAPSULE 50 MG (*altretamine*)	NPSP	
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 (NPB)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (*temozolomide*)	CE	N2 (Not Covered)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	CE	PA; SP Pharmacy; N2 (PSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMETABOLITES - CHEMOTHERAPY DRUGS		
capecitabine oral tablet 150 mg	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tablets per 1 day)
capecitabine oral tablet 500 mg	CE	PA; SP Pharmacy; N2 (PSP); QL (10 tablets per 1 day)
floxuridine injection solution reconstituted 0.5 gm	G	
mercaptopurine oral tablet 50 mg	CE	N2 (G)
methotrexate oral tablet 2.5 mg	CE	N2 (G)
methotrexate sodium (pf) injection solution 200 mg/8ml	NC	
methotrexate sodium injection solution reconstituted 1 gm	G	
methotrexate sodium oral tablet 2.5 mg	CE	N2 (G)
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	NC	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	CE	PA; ST; #; SP Pharmacy; N2 (NPSP)
TABLOID ORAL TABLET 40 MG (*thioguanine*)	CE	N2 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	CE	N2 (NPB)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	PA; N2 (NPB)
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	CE	N2 (Not Covered)
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	CE	N2 (Not Covered)
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 cap per 1 day)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (*panobinostat lactate*)	CE	PA; N2 (PSP); QL (6 capsules per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	SP Pharmacy; N2 (PSP); QL (21 tablets per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	PA; SP Pharmacy; QL (21 tablets per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	PA; SP Pharmacy; QL (42 tablets per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	PA; SP Pharmacy; QL (63 tablets per 28 days)
KISQALI 200 DOSE ORAL TABLET 200 MG (*ribociclib succinate*)	CE	N2 (Not Covered)
KISQALI 400 DOSE ORAL TABLET 200 MG (*ribociclib succinate*)	CE	N2 (Not Covered)
KISQALI 600 DOSE ORAL TABLET 200 MG (*ribociclib succinate*)	CE	N2 (Not Covered)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	N2 (Not Covered)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	N2 (Not Covered)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	N2 (Not Covered)
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; N2 (PSP)
RUBRACA ORAL TABLET 200 MG, 300 MG (*rucaparib camsylate*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (*rucaparib camsylate*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 tablets per 1 Day)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; N2 (NPSP); QL (8 capsules per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (*talazoparib tosylate*)	CE	N2 (Not Covered)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG (*niraparib tosylate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 capsules per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	CE	SP Pharmacy; N2 (Not Covered)
abiraterone acetate oral tablet 500 mg	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
anastrozole oral tablet 1 mg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	CE	N2 (Not Covered)
AROMASIN ORAL TABLET 25 MG (*exemestane*)	CE	N2 (Not Covered)
bicalutamide oral tablet 50 mg	CE	N2 (G)
CASODEX ORAL TABLET 50 MG (*bicalutamide*)	CE	N2 (Not Covered)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML (*medroxyprogesterone acetate*)	NPB	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PSP	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	PSP	PA; SP Pharmacy
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	CE	PA; N2 (PSP)
exemestane oral tablet 25 mg	CE	N2 (G)
FARESTON ORAL TABLET 60 MG (*toremifene citrate*)	CE	N2 (Not Covered)
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	CE	N2 (Not Covered)
FENSOLVI SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	NC	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	NPSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (*degarelix acetate*)	NPSP	PA; SP Pharmacy
flutamide oral capsule 125 mg	CE	N2 (G)
fulvestrant intramuscular solution 250 mg/5ml	PSP	PA
letrozole oral tablet 2.5 mg	CE	N2 (G)
leuprolide acetate injection kit 1 mg/0.2ml	PSP	PA; SP Pharmacy
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (*leuprolide acetate*)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (*leuprolide acetate (3 month)*)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NPSP	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NPSP	PA; #; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	PSP	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (*leuprolide acetate (3 month)*)	PSP	PA; #; SP Pharmacy
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	N2 (PB)
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 (Not Covered)
nilutamide oral tablet 150 mg	CE	N2 (G)
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	CE	PA; N2 (PSP)
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	CE	N2 (Not Covered)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	CE	#; N2 (Not Covered)
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	N2 (G); AL
toremifene citrate oral tablet 60 mg	CE	N2 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NPSP	PA; #; SP Pharmacy
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tablets per 1 day)
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
YONSA ORAL TABLET 125 MG (*abiraterone acetate*)	CE	#; N2 (PSP); QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	CE	N2 (Not Covered)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (*everolimus*)	CE	PA; #; N2 (PSP); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (*everolimus*)	CE	PA; #; N2 (PSP); QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR ORAL TABLET 10 MG (*everolimus*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	CE	SP Pharmacy; N2 (Not Covered)
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	CE	PA; N2 (PSP)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	CE	N2 (Not Covered)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	NC	
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG (*bosutinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 500 MG (*bosutinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	CE	N2 (Not Covered)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
CALQUENCE ORAL CAPSULE 100 MG (*acalabrutinib*)	CE	PA; N2 (NPSP)
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (2 tabs per 1 day)
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	CE	PA; SP Pharmacy; N2 (PSP); 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 Pharmacy; N2 (PSP); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 capsules per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	CE	N2 (Not Covered)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	N2 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erlotinib hcl oral tablet 100 mg, 150 mg	CE	PA; N2 (PSP); QL (1 tablet per 1 day)
erlotinib hcl oral tablet 25 mg	CE	PA; N2 (PSP); QL (2 tablets per 1 day)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	CE	SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	CE	N2 (Not Covered)
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	CE	N2 (Not Covered)
ICLUSIG ORAL TABLET 10 MG, 30 MG (*ponatinib hcl*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 TABLET per 1 Day)
ICLUSIG ORAL TABLET 15 MG (*ponatinib hcl*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 45 MG (*ponatinib hcl*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	CE	PA; N2 (PSP); QL (1 tablet per 1 day)
imatinib mesylate oral tablet 100 mg	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
imatinib mesylate oral tablet 400 mg	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	CE	PA; N2 (PSP); QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	CE	PA; N2 (PSP)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	CE	PA; N2 (PSP)
INLYTA ORAL TABLET 1 MG (*axitinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (*axitinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tabs per 1 day)
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 day)
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	#; N2 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAKAFI ORAL TABLET 10 MG (*ruxolitinib phosphate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tabs per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	CE	SP Pharmacy; N2 (NPSP); QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	CE	SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	N2 (PSP); QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	N2 (PSP)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	N2 (PSP); QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	CE	N2 (PSP); QL (3 capsules per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	N2 (PSP); QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	N2 (PSP); QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	N2 (PSP)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	N2 (PSP); QL (2 capsules per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	CE	PA; N2 (NPSP)
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	CE	N2 (Not Covered)
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tabs per 1 day)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	N2 (Not Covered)
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tabs per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	N2 (Not Covered); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	N2 (Not Covered); QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	N2 (Not Covered); QL (2 tablets per 1 day)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*)	CE	N2 (Not Covered)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	NC	
SPRYCEL ORAL TABLET 100 MG, 140 MG (*dasatinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tab per 1 day)
SPRYCEL ORAL TABLET 20 MG (*dasatinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (1 tablet per 1 day)
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	CE	PA; SP Pharmacy; N2 (PSP); QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG (*sunitinib malate*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (*sunitinib malate*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 cap per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	N2 (Not Covered)
TARCEVA ORAL TABLET 100 MG, 150 MG (*erlotinib hcl*)	CE	SP Pharmacy; N2 (Not Covered); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (*erlotinib hcl*)	CE	SP Pharmacy; N2 (Not Covered); QL (2 tablets per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (*nilotinib hcl*)	CE	PA; ST; SP Pharmacy; N2 (NPSP); QL (4 caps per 1 day)
TASIGNA ORAL CAPSULE 50 MG (*nilotinib hcl*)	CE	PA; ST; SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 Day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	CE	N2 (Not Covered)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (*infigratinib phosphate*)	CE	N2 (Not Covered)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (*infigratinib phosphate*)	CE	N2 (Not Covered)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	N2 (Not Covered)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	N2 (Not Covered)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	SP Pharmacy; N2 (NPSP); QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE 200 MG (*pexidartinib hcl*)	NC	
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (6 tablets per 1 day)
UKONIQ ORAL TABLET 200 MG (*umbralisib tosylate*)	CE	N2 (Not Covered)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	CE	PA; N2 (NPSP)
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	CE	PA; N2 (NPSP)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	CE	N2 (Not Covered)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tabs per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 CAPSULES per 1 day)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	N2 (Not Covered)
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (8 tabs per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	PA; SP Pharmacy; N2 (PSP); QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	PSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	CE	SP Pharmacy; N2 (Not Covered); QL (1 tablet per 1 day)
bexarotene oral capsule 75 mg	CE	PA; SP Pharmacy; N2 (G)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (*encorafenib*)	CE	N2 (Not Covered)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (*cabozantinib s-malate*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (*cabozantinib s-malate*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (4 capsules per 1 day)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	PB	
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	N2 (Not Covered)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (1 tab per 1 day)
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	CE	N2 (Not Covered)
hydroxyurea oral capsule 500 mg	CE	N2 (G)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	NC	
LONSURF ORAL TABLET 15-6.14 MG (*trifluridine-tipiracil*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG (*trifluridine-tipiracil*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (80 tablets per 28 days)
LYNPARZA ORAL CAPSULE 50 MG (*olaparib*)	NC	
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	SP Pharmacy; N2 (PSP)
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	CE	N2 (Not Covered)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; N2 (PSP); QL (1 capsule per 1 day)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (*pegaspargase*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	N2 (Not Covered)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	N2 (Not Covered)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (*peginterferon alfa-2b*)	NPSP	PA; SP Pharmacy; QL (4 injections per 1 month)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N2 (Not Covered)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	N2 (Not Covered)
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	SP Pharmacy; N2 (Not Covered); QL (8 tablets per 1 day)
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	CE	N2 (Not Covered)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	PB	
tretinoin oral capsule 10 mg	CE	SP Pharmacy; N2 (G)
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PSP	QL (20 packets per 1 prescription)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	CE	N2 (Not Covered)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG (*selinexor*)	CE	N2 (Not Covered)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG (*selinexor*)	CE	N2 (Not Covered)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	CE	N2 (Not Covered)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N2 (Not Covered)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	N2 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
ZYKADIA ORAL CAPSULE 150 MG (*ceritinib*)	CE	PA; SP Pharmacy; N2 (NPSP); QL (3 capsules per 1 day)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	N2 (Not Covered)
PROTECTIVE AGENTS		
leucovorin calcium injection solution reconstituted 500 mg	G	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N2 (G)
MESNEX ORAL TABLET 400 MG (*mesna*)	CE	N2 (PSP)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N2 (G)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	PA; SP Pharmacy; N2 (NPSP)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (*venetoclax*)	CE	PA; N2 (PSP); QL (4 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	CE	PA; N2 (PSP)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	CE	PA; N2 (PSP); QL (1 pack per 1 month)
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*)	NC	
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	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	G	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	G	
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	
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*)	NC	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	NC	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	G	
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	
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG (*trandolapril-verapamil hcl*)	NC	
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*)	NC	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NC	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*quinapril hcl*)	NC	
ACEON ORAL TABLET 4 MG, 8 MG (*perindopril erbumine*)	NC	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (*ramipril*)	NC	
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	
enalapril maleate oral solution 1 mg/ml	G	QL (5 ml per 1 day)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NPB	#; QL (5 ml per 1 day)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lisinopril oral tablet 30 mg, 40 mg	G	
LOTENSIN ORAL TABLET 20 MG, 40 MG (*benazepril hcl*)	NC	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (*lisinopril*)	NC	
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	NC	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*)	NC	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	NC	
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*)	NC	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	NC	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	NC	
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	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NC	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	NC	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	NC	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NC	
BYVALSON ORAL TABLET 5-80 MG (*nebivolol-valsartan*)	NC	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG (*clonidine-chlorthalidone*)	NPB	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	NC	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NPB	ST; QL (1 tab per 1 day)
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*)	NC	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	NC	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NC	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	
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*)	NC	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	
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	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NC	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (*telmisartan-amlodipine*)	NC	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NC	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (*irbesartan*)	NC	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NC	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NC	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NC	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NPB	ST
eprosartan mesylate oral tablet 600 mg	G	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	NC	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	
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	PA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	NPB	PA
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NC	
pacerone oral tablet 100 mg, 200 mg, 400 mg	G	
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*)	NC	
sorine oral tablet 120 mg, 80 mg	G	LGC
sorine oral tablet 160 mg, 240 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*)	NC	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	NC	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	NC	
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 GRANULES 5 GM (*colestipol hcl*)	NC	
COLESTID FLAVORED ORAL PACKET 5 GM (*colestipol hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID ORAL GRANULES 5 GM (*colestipol hcl*)	NC	
COLESTID ORAL PACKET 5 GM (*colestipol hcl*)	NC	
COLESTID ORAL TABLET 1 GM (*colestipol hcl*)	NC	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
prevalite oral packet 4 gm	G	
prevalite oral powder 4 gm/dose	G	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (*cholestyramine light*)	NC	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	NC	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	NC	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	NC	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	NC	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NC	
ANTILIPEMICS, FIBRATES		
ANTARA ORAL CAPSULE 30 MG, 90 MG (*fenofibrate micronized*)	NC	#
fenofibrate micronized oral capsule 130 mg	NC	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	G	QL (1 cap per 1 day)
fenofibrate micronized oral capsule 43 mg	G	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 67 mg	G	
fenofibrate oral capsule 50 mg	NC	
fenofibrate oral tablet 120 mg, 40 mg	NC	
fenofibrate oral tablet 145 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*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*)	NC	
gemfibrozil oral tablet 600 mg	G	LGC
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	NC	
LOFIBRA ORAL CAPSULE 134 MG, 67 MG (*fenofibrate micronized*)	NC	
LOFIBRA ORAL TABLET 54 MG (*fenofibrate*)	NC	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	NC	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NC	
TRIGLIDE ORAL TABLET 160 MG (*fenofibrate*)	NC	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (*choline fenofibrate*)	NC	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NPB	ST; #; QL (2 tabs per 1 day)
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	N2 (Not Covered); AL
atorvastatin calcium oral tablet 40 mg, 80 mg	NC	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NC	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NC	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NC	
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*)	NC	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NC	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NPB	ST; QL (1 tab per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	LGC
MEVACOR ORAL TABLET 40 MG (*lovastatin*)	NC	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (*pravastatin sodium*)	NC	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
simvastatin oral suspension 20 mg/5ml	NC	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	LGC; N2 (G); AL
simvastatin oral tablet 80 mg	G	LGC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (*simvastatin*)	NC	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin magnesium*)	NC	
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*)	NC	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	NC	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 1 gm	G	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (*lomitapide mesylate*)	NPSP	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*mipomersen sodium*)	NC	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NC	
niacin (antihyperlipidemic) oral tablet 500 mg	G	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NC	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (*niacin (antihyperlipidemic)*)	NC	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	PSP	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	NC	
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/ML (*alirocumab*)	PSP	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	NC	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	NC	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	NC	PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	G	LGC
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	G	LGC
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG (*nadolol-bendroflumethiazide*)	NC	
LOPRESSOR HCT ORAL TABLET 50-25 MG (*metoprolol-hydrochlorothiazide*)	NC	
metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg	NC	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	G	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	G	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	G	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	NC	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	NC	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (*bisoprolol-hydrochlorothiazide*)	NC	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	G	LGC
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (*atenolol*)	NC	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NC	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NC	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	LGC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NPB	#
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	NPB	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NC	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	NC	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (*nadolol*)	NC	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	NPB	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NC	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NC	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NC	#
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	
LEVATOL ORAL TABLET 20 MG (*penbutolol sulfate*)	NPB	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	NC	

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*)	NC	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	NC	
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*)	NC	
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	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (*amlodipine-atorvastatin*)	NC	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	NC	
afeditab cr oral tablet extended release 24 hour 30 mg	G	QL (1 tab per 1 day)
afeditab cr oral tablet extended release 24 hour 60 mg	G	QL (2 tabs per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	NC	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	G	LGC
CALAN ORAL TABLET 120 MG, 80 MG (*verapamil hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (*verapamil hcl*)	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*diltiazem hcl coated beads*)	NC	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (*diltiazem hcl coated beads*)	NPB	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl coated beads*)	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NC	
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*)	NC	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (*amlodipine besylate-celecoxib*)	NC	
diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg	G	QL (1 capsule per 1 day)
diltiazem cd oral capsule extended release 24 hour 240 mg	G	QL (2 capsules per 1 day)
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, 300 mg, 360 mg	G	QL (1 tablet per 1 day)
diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg	G	QL (2 tablets per 1 day)
diltiazem hcl er coated beads oral tablet extended release 24 hour 420 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, 180 mg	G	
diltiazem hcl er oral capsule extended release 24 hour 240 mg	G	QL (2 cap per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NC	
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	NC	
nifediac cc oral tablet extended release 24 hour 30 mg	G	QL (1 tablet per 1 day)
nifedical xl oral tablet extended release 24 hour 60 mg	G	QL (2 tabs per 1 day)
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, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	G	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NC	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	NPB	
NYMALIZE ORAL SOLUTION 60 MG/20ML (*nimodipine*)	NC	#
PROCARDIA ORAL CAPSULE 10 MG (*nifedipine*)	NC	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	NC	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	NC	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er beads (Tiadylt Er 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*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NC	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	NC	
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 solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG (*digoxin*)	NC	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	PB	
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	ST; QL (1 tab per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NC	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
ALDACTAZIDE ORAL TABLET 25-25 MG (*spironolactone-hctz*)	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG (*spironolactone-hctz*)	PB	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	NC	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG (*bumetanide*)	NC	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NC	
chlorothiazide oral tablet 250 mg, 500 mg	G	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DEMADEX ORAL TABLET 10 MG, 20 MG (*torsemide*)	NC	
DIAMOX SEQUELS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG (*acetazolamide*)	NC	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	NPB	
DYAZIDE ORAL CAPSULE 37.5-25 MG (*triamterene-hctz*)	NC	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NPB	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	NC	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral solution 10 mg/ml, 8 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*)	NC	#
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	NC	
MAXZIDE ORAL TABLET 75-50 MG (*triamterene-hctz*)	NC	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (*triamterene-hctz*)	NC	
methazolamide oral tablet 25 mg, 50 mg	G	
methyclothiazide oral tablet 5 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
MICROZIDE ORAL CAPSULE 12.5 MG (*hydrochlorothiazide*)	NC	
NEPTAZANE ORAL TABLET 25 MG, 50 MG (*methazolamide*)	NC	
spironolactone oral tablet 100 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 capsule 50-25 mg	G	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	LGC
HEART FAILURE		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	NC	
MISCELLANEOUS		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	NPB	#
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (*clonidine hcl*)	NC	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	NC	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	NC	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	NC	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	LGC
clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	G	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NPSP	ST; SP Pharmacy
desmopressin ace rhinal tube nasal solution 0.01 %	NC	
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NC	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	NC	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
guanfacine hcl oral tablet 1 mg, 2 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 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, 200 MG, 300 MG (*droxidopa*)	NC	
phenoxybenzamine hcl oral capsule 10 mg	PSP	PA; QL (12 capsules per 1 day)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG (*ranolazine*)	NC	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	ST
reserpine oral tablet 0.1 mg, 0.25 mg	G	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NC	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NC	
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NC	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (*isosorbide dinitrate*)	NPB	
GONITRO SUBLINGUAL PACKET 400 MCG (*nitroglycerin*)	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG (*isosorbide dinitrate*)	NPB	
ISORDIL TITRADOSE ORAL TABLET 5 MG (*isosorbide dinitrate*)	NC	
isosorbide dinitrate er oral tablet extended release 40 mg	G	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NC	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*nitroglycerin*)	NC	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	PB	
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 aerosol solution 400 mcg/spray	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	NC	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (*nitroglycerin*)	NC	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	NC	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG (*ranolazine*)	NC	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NPSP	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	NPSP	PA; SP Pharmacy; QL (3 tabs per 1 day)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	PSP	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	PSP	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	PSP	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	NC	PA; NPL; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	PSP	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PSP	PA; SP Pharmacy
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (*treprostinil sodium*)	NC	#
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NPSP	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	NC	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NC	
sildenafil citrate oral tablet 20 mg	PSP	PA; SP Pharmacy; QL (3 tabs per 1 day)
tadalafil (pah) oral tablet 20 mg	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NC	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	PSP	QL (4 tablets per 1 day)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	G	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NC	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NC	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PSP	
UPTRAVI ORAL TABLET 200 MCG (*selexipag*)	PSP	QL (5 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PSP	QL (1 pack per 1 month)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NC	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	PSP	PA; SP Pharmacy; QL (9 ampules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (2 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	PB	QL (10 ml per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (5 tablets per 1 day)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (5 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	QL (2 tabs per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NC	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg	NC	
chlordiazepoxide hcl oral capsule 5 mg	G	QL (12 capsules per 1 day)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	NC	
lorazepam oral concentrate 2 mg/ml	G	QL (5 ml per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	QL (5 tablets per 1 day)
meprobamate oral tablet 200 mg, 400 mg	G	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	QL (4 capsules per 1 day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NC	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NC	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	NPB	PA; #
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NPB	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NPB	#; QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NPB	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NPB	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg	G	
carbamazepine er oral capsule extended release 12 hour 200 mg	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	LGC
carbamazepine oral tablet chewable 100 mg	G	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	NC	
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	NPB	
clobazam oral suspension 2.5 mg/ml	G	PA
clobazam oral tablet 10 mg, 20 mg	G	PA
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	QL (6 tablets per 1 day)
DEPAKENE ORAL CAPSULE 250 MG (*valproic acid*)	NC	
DEPAKENE ORAL SOLUTION 250 MG/5ML (*valproate sodium*)	NC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	NC	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	NC	
DIACOMIT ORAL CAPSULE 250 MG (*stiripentol*)	NPSP	PA; SP Pharmacy; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (*stiripentol*)	NPSP	PA; SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (*stiripentol*)	NPSP	PA; SP Pharmacy; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (*stiripentol*)	NPSP	PA; SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*)	NC	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*)	NC	
diazepam intensol oral concentrate 5 mg/ml	G	QL (8 ml per 1 day)
diazepam oral concentrate 5 mg/ml	G	
diazepam oral solution 1 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diazepam oral solution 5 mg/5ml	G	QL (40 ml per 1 day)
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	QL (4 tablets per 1 day)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NC	
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	NC	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	NPB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NC	
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*)	NC	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	PA; SP Pharmacy; QL (800 ML per 1 month)
epitol oral tablet 200 mg	G	LGC
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*)	NC	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	NC	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NPSP	PA; SP Pharmacy; QL (12 ML per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	PB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	G	
gabapentin oral tablet 600 mg, 800 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (*tiagabine hcl*)	NC	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NC	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NC	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NC	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NC	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NC	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NC	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NC	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NC	
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*)	NC	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NC	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NC	
MYSOLINE ORAL TABLET 250 MG, 50 MG (*primidone*)	NC	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	NC	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	NC	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NC	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	NC	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NC	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NC	
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 (*oxcarbazepine*)	NPB	ST; QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (*oxcarbazepine*)	NPB	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (*ethotoin*)	NPB	
phenobarbital oral elixir 20 mg/5ml	G	
phenobarbital oral solution 20 mg/5ml	G	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	G	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (*phenytoin sodium extended*)	NC	
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	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG (*ezogabine*)	NPB	QL (3 tablets per 1 Day)
POTIGA ORAL TABLET 50 MG (*ezogabine*)	NPB	QL (6 tablets per 1 Day)
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	G	ST
pregabalin oral solution 20 mg/ml	G	ST
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*)	NC	
levetiracetam (Roweepra Oral Tablet 500 Mg)	G	
rufinamide oral suspension 40 mg/ml	G	
rufinamide oral tablet 200 mg, 400 mg	G	QL (8 tablets per 1 day)
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NC	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NPSP	PA; SP Pharmacy; QL (6 tablets per 1 day)
SECONAL ORAL CAPSULE 100 MG (*secobarbital sodium*)	NPB	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NC	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NC	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	NC	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	NC	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NC	
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*)	NC	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	NC	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NC	
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*)	NC	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NC	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NC	#
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	NC	
valproate sodium oral solution 250 mg/5ml	G	
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*)	NC	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	NC	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	NC	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	NC	
vigabatrin oral packet 500 mg	PSP	PA; SP Pharmacy; QL (6 packets per 1 Day)
vigabatrin oral tablet 500 mg	PSP	PA; SP Pharmacy; QL (6 tablets per 1 day)
vigabatrin (Vigadrone Oral Packet 500 Mg)	PSP	PA; SP Pharmacy; QL (6 packets per 1 Day)
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	NPB	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	NPB	#
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG (*cenobamate*)	NC	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	NC	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	NC	
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*)	NC	
ZARONTIN ORAL CAPSULE 250 MG (*ethosuximide*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*)	NC	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NC	
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*)	NC	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
ergoloid mesylates oral tablet 1 mg	G	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	NC	
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	PA
memantine hcl oral solution 2 mg/ml	G	PA
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	G	PA
NAMENDA ORAL TABLET 10 MG, 5 MG (*memantine hcl*)	NC	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	NC	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (*memantine hcl*)	NC	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG (*memantine hcl*)	PB	#
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (*galantamine hydrobromide*)	NC	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (*galantamine hydrobromide*)	NC	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	PA
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg	G	LGC; QL (5 tablets per 1 day)
amitriptyline hcl oral tablet 100 mg, 75 mg	G	PA; LGC; AL
amitriptyline hcl oral tablet 150 mg	G	PA; AL
amitriptyline hcl oral tablet 25 mg	G	LGC; QL (2 tablets per 1 day)
amitriptyline hcl oral tablet 50 mg	G	LGC; QL (1 tablet per 1 day)
amoxapine oral tablet 100 mg, 25 mg, 50 mg	G	QL (3 tablets per 1 day)
amoxapine oral tablet 150 mg	G	QL (2 tablets per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	NC	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NC	
BRISDELLE ORAL CAPSULE 7.5 MG (*paroxetine mesylate*)	NC	
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	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NC	
bupropion hcl oral tablet 100 mg, 75 mg	G	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (*citalopram hydrobromide*)	NC	
citalopram hydrobromide oral solution 10 mg/5ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NC	
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	QL (3 tablets per 1 day)
desipramine hcl oral tablet 100 mg, 150 mg	G	QL (1 tablet per 1 day)
desipramine hcl oral tablet 75 mg	G	QL (2 tablets per 1 day)
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	NC	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	ST; QL (1 tablet per 1 Day)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg	G	QL (3 capsules per 1 day)
doxepin hcl oral capsule 100 mg, 150 mg	G	QL (1 capsule per 1 day)
doxepin hcl oral capsule 75 mg	G	QL (2 capsules per 1 day)
doxepin hcl oral concentrate 10 mg/ml	G	QL (15 ml per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (*duloxetine hcl*)	NC	
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*)	NC	
ELAVIL ORAL TABLET 25 MG (*amitriptyline hcl*)	NC	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	NPB	PA; #
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	ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NPB	ST; QL (1 capsule per 1 Day)
fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg	G	LGC
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoxetine hcl oral tablet 60 mg	NPB	QL (1 tablet per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	NC	
imipramine hcl oral tablet 10 mg, 25 mg	G	QL (4 tablets per 1 day)
imipramine hcl oral tablet 50 mg	G	QL (2 tablets per 1 day)
imipramine pamoate oral capsule 100 mg, 75 mg	G	QL (1 capsule per 1 day)
imipramine pamoate oral capsule 125 mg, 150 mg	G	PA
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (*desvenlafaxine*)	NC	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NC	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	G	
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*)	NC	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NC	
nortriptyline hcl oral capsule 10 mg	G	LGC; QL (5 capsules per 1 day)
nortriptyline hcl oral capsule 25 mg	G	LGC; QL (2 capsules per 1 day)
nortriptyline hcl oral capsule 50 mg	G	QL (1 capsule per 1 day)
nortriptyline hcl oral capsule 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	QL (750 ml per 1 month)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	NC	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	NC	
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	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NC	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NC	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NC	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine mesylate*)	NC	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NC	
protriptyline hcl oral tablet 10 mg	G	QL (2 tablets per 1 day)
protriptyline hcl oral tablet 5 mg	G	QL (3 tablets per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NC	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG (*mirtazapine*)	NC	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (*mirtazapine*)	NC	
SARAFEM ORAL TABLET 10 MG, 20 MG (*fluoxetine hcl (pmdd)*)	NC	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	LGC
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (*trimipramine maleate*)	NC	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (*imipramine hcl*)	NC	
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	G	QL (1 capsule per 1 day)
trimipramine maleate oral capsule 25 mg, 50 mg	G	QL (2 capsules per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	NPB	ST
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, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NPB	ST; #
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*)	NPB	ST; #
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (*bupropion hcl*)	NC	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NC	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	NC	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NC	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	
amantadine hcl oral syrup 50 mg/5ml	G	
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	PSP	PA; QL (20 cartridges per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	NC	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	LGC
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	
COMTAN ORAL TABLET 200 MG (*entacapone*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NC	
ELDEPRYL ORAL CAPSULE 5 MG (*selegiline hcl*)	NC	
entacapone oral tablet 200 mg	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NC	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	NC	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*apomorphine hcl*)	NC	
LODOSYN ORAL TABLET 25 MG (*carbidopa*)	NC	
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*)	NC	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (*pramipexole dihydrochloride*)	NC	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	#
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NC	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NC	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (*amantadine hcl*)	NC	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (*amantadine hcl*)	NC	
PARLODEL ORAL CAPSULE 5 MG (*bromocriptine mesylate*)	NC	
PARLODEL ORAL TABLET 2.5 MG (*bromocriptine mesylate*)	NC	
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	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG (*ropinirole hcl*)	NC	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*ropinirole hcl*)	NC	
ropinirole hcl er oral tablet extended release 24 hour 12 mg	G	QL (2 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg	G	QL (1 tab per 1 day)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	NC	#
selegiline hcl oral capsule 5 mg	G	
selegiline hcl oral tablet 5 mg	G	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (*carbidopa-levodopa*)	NC	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (*carbidopa-levodopa*)	NC	
STALEVO 100 ORAL TABLET 25-100-200 MG (*carbidopa-levodopa-entacapone*)	NC	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (*carbidopa-levodopa-entacapone*)	NC	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*)	NC	
STALEVO 200 ORAL TABLET 50-200-200 MG (*carbidopa-levodopa-entacapone*)	NC	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (*carbidopa-levodopa-entacapone*)	NC	
TASMAR ORAL TABLET 100 MG (*tolcapone*)	NC	
tolcapone oral tablet 100 mg	G	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	G	
trihexyphenidyl hcl oral tablet 2 mg	G	LGC
trihexyphenidyl hcl oral tablet 5 mg	G	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NC	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NPB	ST; QL (2 tabs per 1 day)
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	NPB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NC	
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	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	NPB	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	G	
CAPLYTA ORAL CAPSULE 42 MG (*lumateperone tosylate*)	NC	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	G	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NC	
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*)	NC	
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	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NPB	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG (*clozapine*)	NC	
fluphenazine decanoate injection solution 25 mg/ml	G	
fluphenazine hcl injection solution 2.5 mg/ml	G	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NC	
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 oral concentrate 2 mg/ml	G	
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*)	NC	
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*)	NC	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NPB	PA; #
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	NC	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	G	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NC	
NUPLAZID ORAL TABLET 10 MG, 17 MG (*pimavanserin tartrate*)	NC	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	NC	
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	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	NPB	#
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG (*risperidone*)	NC	
RISPERDAL ORAL SOLUTION 1 MG/ML (*risperidone*)	NC	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	NC	
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg	G	QL (2 tabs per 1 day)
risperidone m-tab oral tablet dispersible 3 mg	G	QL (3 tabs per 1 day)
risperidone m-tab oral tablet dispersible 4 mg	G	QL (4 tabs per 1 day)
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*)	NC	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NC	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NC	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NC	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NC	
VRAYLAR ORAL CAPSULE 1.5 MG (*cariprazine hcl*)	NPB	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (*cariprazine hcl*)	NPB	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (*cariprazine hcl*)	NPB	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	NPB	PA; ST
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*)	NC	
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*)	NC	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NC	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	NC	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (*methylphenidate hcl*)	NC	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (*amphetamine*)	NC	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NC	
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)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 tabs per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	NC	
methylphenidate hcl er oral tablet extended release 54 mg	G	QL (1 capsule 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, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	NC	#
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	NC	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	NC	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (*methylphenidate hcl*)	NPB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG (*methylphenidate hcl*)	NC	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*methylphenidate hcl*)	NPB	PA; ST; #; QL (1 bottle per 1 fill)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NPB	QL (20 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*)	NPB	QL (1 tablet per 1 Day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*methylphenidate hcl*)	NC	
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	NC	
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NPB	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (*carbidopa-levodopa-entacapone*)	NC	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 80 MG (*atomoxetine hcl*)	NC	
STRATTERA ORAL CAPSULE 60 MG (*atomoxetine hcl*)	NPB	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	NPB	ST; QL (2 capsules per 1 day)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	NPB	ST; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	NPB	ST; QL (2 tablets per 1 day)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	NPB	ST; QL (1 capsule per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	G	QL (4 tablets per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 20 Mg, 30 Mg)	NC	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	NC	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	NC	
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	NC	
BELSOMRA ORAL TABLET 10 MG (*suvorexant*)	NPB	PA; QL (1 tablet per 1 day)
BELSOMRA ORAL TABLET 15 MG, 20 MG, 5 MG (*suvorexant*)	NPB	PA; QL (1 tablet per 1 Day)
BUTISOL SODIUM ORAL TABLET 30 MG (*butabarbital sodium*)	NPB	
cvs ultra sleep oral tablet 25 mg	G	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NC	
DORAL ORAL TABLET 15 MG (*quazepam*)	NC	
doxepin hcl oral tablet 3 mg, 6 mg	NPB	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NC	
eql sleep aid oral tablet 25 mg	G	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	QL (15 tablets per 1 month)
flurazepam hcl oral capsule 15 mg, 30 mg	G	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NC	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NC	
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPSP	PA; SP Pharmacy; QL (1 capsule per 1 day)
hm sleep aid oral tablet 25 mg	G	
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (*zolpidem tartrate*)	NC	
kls sleep aid oral tablet 25 mg	G	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NC	
midazolam hcl oral syrup 2 mg/ml	G	
MIDAZOLAM+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (*midazolam*)	NC	
quazepam oral tablet 15 mg	G	
ra sleep aid oral tablet 25 mg	G	
ramelteon oral tablet 8 mg	G	QL (15 tablets per 1 month)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	NC	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NC	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NPB	ST; QL (1 tablet per 1 day)
sleep-aid oral tablet 25 mg	G	
sm sleep aid oral tablet 25 mg	G	
SONATA ORAL CAPSULE 10 MG, 5 MG (*zaleplon*)	NC	
temazepam oral capsule 15 mg, 30 mg	G	QL (15 capsules per 1 month)
temazepam oral capsule 22.5 mg, 7.5 mg	G	QL (1 cap per 1 day)
triazolam oral tablet 0.125 mg, 0.25 mg	G	QL (10 tablets per 30 days)
wal-som oral tablet 25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	PA; QL (15 tablets per 1 month)
zolpidem tartrate oral tablet 10 mg, 5 mg	G	QL (2 tabs per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NC	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (*zolpidem tartrate*)	NC	#
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (*erenumab-aooe*)	PB	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	ST
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (1 injection per 1 month)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	QL (12 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (*naratriptan hcl*)	NC	
AXERT ORAL TABLET 12.5 MG, 6.25 MG (*almotriptan malate*)	NC	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (*dihydroergotamine mesylate*)	NC	
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	G	ST; QL (8 vials per 1 fill)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	QL (12 tablets per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	ST
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (1 injection per 1 month)
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*)	NC	
frovatriptan succinate oral tablet 2.5 mg	G	QL (18 tablets per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (*sumatriptan*)	NC	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NC	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NC	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NC	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (*sumatriptan succinate*)	NC	
MAXALT ORAL TABLET 10 MG, 5 MG (*rizatriptan benzoate*)	NC	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*rizatriptan benzoate*)	NC	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NC	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NC	
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	QL (9 tablets per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	ST; QL (16 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NC	
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	NC	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	NC	
rizatriptan benzoate oral tablet 10 mg, 5 mg	G	QL (12 tablets per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	G	QL (9 tablets per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	G	QL (6 sprays per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	G	QL (9 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	G	QL (10 carts/30 days per 48 max in 365 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	G	QL (10 vials/30 days per 48 max in 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	G	QL (10 carts/30 days per 48 max in 365 days)
sumatriptan-naproxen sodium oral tablet 85-500 mg	NPB	ST
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	NC	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	NC	
TREXIMET ORAL TABLET 10-60 MG (*sumatriptan-naproxen sodium*)	NC	#
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NC	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	NC	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NC	
zolmitriptan nasal solution 2.5 mg, 5 mg	G	QL (12 SPRAYS per 1 month)
zolmitriptan oral tablet 2.5 mg, 5 mg	G	QL (12 tablets per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	QL (12 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	NC	
ZOMIG ORAL TABLET 2.5 MG, 5 MG (*zolmitriptan*)	NC	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (*zolmitriptan*)	NC	
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	NC	
BELVIQ ORAL TABLET 10 MG (*lorcaserin hcl*)	NPB	PA; ST; QL (2 tablets per 1 day)
buspirone hcl oral tablet 10 mg, 5 mg	G	LGC
buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	G	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	NC	
clomipramine hcl oral capsule 25 mg, 50 mg	G	QL (5 capsules per 1 day)
clomipramine hcl oral capsule 75 mg	G	QL (3 capsules per 1 day)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPSP	PA; NPL; SP Pharmacy; QL (200 ML per 1 month)
EXSERVAN ORAL FILM 50 MG (*riluzole*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPSP	PA; SP Pharmacy; QL (8 tablets per 1 day)
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	
guanidine hcl oral tablet 125 mg	NPB	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NC	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	NPSP	PA; SP Pharmacy; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	NC	
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	
lithium oral solution 8 meq/5ml	NPB	
MESTINON ORAL SYRUP 60 MG/5ML (*pyridostigmine bromide*)	NPB	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (*pyridostigmine bromide*)	NC	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	NPB	PA
ORAP ORAL TABLET 1 MG, 2 MG (*pimozide*)	NC	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NC	
phendimetrazine tartrate oral tablet 35 mg	G	QL (6 tablets per 1 day)
phentermine hcl oral capsule 15 mg	G	QL (2 tablets per 1 day)
phentermine hcl oral capsule 30 mg, 37.5 mg	G	QL (1 tablet per 1 day)
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	
RILUTEK ORAL TABLET 50 MG (*riluzole*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
riluzole oral tablet 50 mg	G	
RUZURGI ORAL TABLET 10 MG (*amifampridine*)	NC	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NPB	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	ST
tetrabenazine oral tablet 12.5 mg	PSP	PA; QL (8 tablets per 1 day)
tetrabenazine oral tablet 25 mg	PSP	PA; QL (4 tablets per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NC	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NC	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NC	
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PSP	PA; SP Pharmacy; QL (1 tab per 1 day)
AVONEX INTRAMUSCULAR KIT 30 MCG (*interferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	NC	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	PA; SP Pharmacy; QL (1 kit per 1 month)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	PSP	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	PSP	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	NPSP	SP Pharmacy; QL (2 tablets per 1 day)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	PSP	PA; NPL; SP Pharmacy; QL (2 capsules per 1 day)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NPSP	PA; ST; SP Pharmacy; QL (1 kit per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*)	PSP	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	G	PA; SP Pharmacy; QL (1 syringe per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	PB	PA; SP Pharmacy; QL (12 syringes per 28 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	PB	PA; SP Pharmacy; QL (1 syringe per 1 day)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	G	PA; SP Pharmacy; QL (12 syringes per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NC	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	NC	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG (*siponimod fumarate*)	NC	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; ST; NPL; SP Pharmacy; QL (2 SYRINGES per 1 month)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PONVORY ORAL TABLET 20 MG (*ponesimod*)	NC	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NC	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; SP Pharmacy; QL (1 titration pack per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; SP Pharmacy; QL (1 titration pack per 1 month)
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	NC	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NC	
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	NPSP	NPL; SP Pharmacy; QL (1 pack per 1 month)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	NPSP	NPL; SP Pharmacy; QL (4 capsules per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	NC	
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	NC	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (*ozanimod hcl*)	NC	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NC	
baclofen oral tablet 10 mg	G	LGC
baclofen oral tablet 20 mg, 5 mg	G	
carisoprodol oral tablet 250 mg	NC	
carisoprodol oral tablet 350 mg	G	PA; AL

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carisoprodol-aspirin oral tablet 200-325 mg	G	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	G	PA
chlorzoxazone oral tablet 250 mg, 500 mg	NC	
chlorzoxazone oral tablet 375 mg, 750 mg	G	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	G	
cyclobenzaprine hcl oral tablet 10 mg	NC	LGC
cyclobenzaprine hcl oral tablet 5 mg	G	PA; LGC; AL
cyclobenzaprine hcl oral tablet 7.5 mg	G	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (*dantrolene sodium*)	NC	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
FEXMID ORAL TABLET 7.5 MG (*cyclobenzaprine hcl*)	NC	
chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)	NC	
metaxalone (Metaxall Oral Tablet 800 Mg)	G	
metaxalone oral tablet 400 mg, 800 mg	G	PA; AL
methocarbamol oral tablet 500 mg, 750 mg	NC	
norgesic forte oral tablet 50-770-60 mg	NC	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	PA; AL
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	NC	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NC	
OZOBAX ORAL SOLUTION 5 MG/5ML (*baclofen*)	NC	
PARAFON FORTE DSC ORAL TABLET 500 MG (*chlorzoxazone*)	NC	
ROBAXIN ORAL TABLET 500 MG (*methocarbamol*)	NC	
ROBAXIN-750 ORAL TABLET 750 MG (*methocarbamol*)	NC	
SKELAXIN ORAL TABLET 800 MG (*metaxalone*)	NC	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NC	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	NC	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
carisoprodol (Vanadom Oral Tablet 350 Mg)	NC	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (*tizanidine hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	NC	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	G	PA; QL (1 tablet per 1 day)
armodafinil oral tablet 50 mg	G	PA; QL (2 tablets per 1 day)
modafinil oral tablet 100 mg, 200 mg	G	PA; QL (2 tablets per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NC	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NC	
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	NC	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	NC	
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NPSP	PA; SP Pharmacy; QL (540 ml per 1 month)
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	NC	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	NPSP	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG (*gabapentin (once-daily)*)	NPB	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG (*gabapentin (once-daily)*)	NPB	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (*gabapentin (once-daily)*)	NPB	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (*gabapentin enacarbil*)	NPB	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (*gabapentin enacarbil*)	NPB	ST; QL (1 tablet per 2 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (*pregabalin*)	NPB	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (*pregabalin*)	NPB	PA; ST; QL (2 tablets per 1 Day)
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium oral tablet delayed release 333 mg	G	PA
ADDYI ORAL TABLET 100 MG (*flibanserin*)	NPB	PA; QL (1 tablet per 1 day)
ANTABUSE ORAL TABLET 250 MG, 500 MG (*disulfiram*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N2 (G); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (*varenicline tartrate*)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (*varenicline tartrate*)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (*varenicline tartrate*)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	G	
disulfiram oral tablet 250 mg, 500 mg	G	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (*naloxone hcl*)	NPB	ST
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (*naloxone hcl*)	NPB	ST; #
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*)	NC	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NPB	QL (192 tablets per 3 courses in 1 years)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	G	
naloxone hcl injection solution auto-injector 2 mg/0.4ml	NC	
naloxone hcl injection solution cartridge 0.4 mg/ml	G	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	G	
naltrexone hcl oral tablet 50 mg	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	PB	#; QL (4 sprays per 180 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	N2 (Not Covered); QL (180 day supply per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	N2 (Not Covered); QL (180 day supply per 365 days)
nicotine transdermal kit 21-14-7 mg/24hr	NPB	N2 (Not Covered); QL (180 day supply per 365 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	N2 (NPB); QL (180 day supply per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N2 (NPB); QL (180 day supply per 365 days)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg	G	QL (1 capsule per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg	G	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	G	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (*olanzapine-fluoxetine hcl*)	NC	
THRIVE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	PSP	PA; QL (1 vial per 1 month)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NC	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANADROL-50 ORAL TABLET 50 MG (*oxymetholone*)	NPB	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	NC	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NC	
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*)	NC	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	NC	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*)	NC	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NPB	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NC	
METHITEST ORAL TABLET 10 MG	NPB	
methyltestosterone oral capsule 10 mg	G	PA
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXANDRIN ORAL TABLET 10 MG (*oxandrolone*)	NC	
oxandrolone oral tablet 10 mg, 2.5 mg	NPB	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NC	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	PA
testosterone enanthate intramuscular solution 200 mg/ml	G	PA
testosterone transdermal gel 10 mg/act (2%)	G	PA
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	G	PA; QL (10 grams per 1 day)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	G	QL (5 grams per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	G	
testosterone transdermal solution 30 mg/act	G	QL (6 milliliters per 1 Day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NC	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NC	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NC	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (*miglitol*)	NC	
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (*acarbose*)	NC	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	NPB	ST; #
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	NPB	ST; #
ANTIDIABETICS, BIGUANIDE		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (*metformin hcl*)	NC	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*metformin hcl*)	NC	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NC	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NC	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	G	ST; QL (2 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	G	ST; QL (3 tablets per 1 day)
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	NC	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	G	LGC
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML (*metformin hcl*)	NC	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NC	
ANTIDIABETICS, BIGUANIDE/ MEGLITINIDE COMBINATIONS		
repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg	G	QL (2 tablets per 1 day)
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG (*glyburide-metformin*)	NC	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	G	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	G	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	ST
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*)	NPB	ST; QL (1 tab per 1 day)
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NPB	ST; QL (1 tab per 1 day)
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	ST; QL (2 tablets per 1 day)
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	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NPB	ST; QL (2 tabs per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	NPB	ST
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*)	NC	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*saxagliptin-metformin*)	NPB	ST; QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (*saxagliptin-metformin*)	NPB	ST; QL (1 tab per 1 day)
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*)	NC	
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*)	NC	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (*lixisenatide*)	NC	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (*lixisenatide*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	NPB	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (*exenatide*)	NPB	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG (*exenatide*)	NPB	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	NPB	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	NPB	PA; ST; #; QL (1 pen per 1 fill)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML (*semaglutide*)	PB	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	NC	
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	ST
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	NPB	ST
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	NPB	ST
ANTIDIABETICS, INSULIN		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NC	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	NC	
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	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFREZZA INHALATION POWDER 30 X 4 UNIT & 60X8 UNIT, 60 X 4 UNIT & 30X8 UNIT, 60 X 8 UNIT & 30X12 UNIT (*insulin regular human*)	NC	
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NPB	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NPB	ST
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	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NPB	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NPB	ST
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	NPB	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NPB	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NPB	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NC	
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*)	NC	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NC	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NC	
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG (*albiglutide*)	NPB	PA; ST; QL (4 pens per 1 month)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	NC	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	NC	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	NPB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	NPB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NC	
AVANDIA ORAL TABLET 2 MG, 4 MG (*rosiglitazone maleate*)	NPB	QL (1 tab per 1 day)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (*pioglitazone hcl-metformin hcl*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG (*pioglitazone hcl-metformin hcl*)	NPB	ST; QL (1 tablet per 1 day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	
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	
PRANDIN ORAL TABLET 1 MG, 2 MG (*repaglinide*)	NC	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	
STARLIX ORAL TABLET 120 MG, 60 MG (*nateglinide*)	NC	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB		
QTERN ORAL TABLET 10-5 MG (*dapagliflozin-saxagliptin*)	NC	
QTERN ORAL TABLET 5-5 MG (*dapagliflozin-saxagliptin*)	PB	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NC	
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*)	NPB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	NPB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	PB	ST
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBO		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NPB	QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NPB	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NC	

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*)	NPB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NPB	QL (1 tab per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	NPB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NC	
ANTIDIABETICS, SULFONYLUREA		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (*glimepiride*)	NC	
chlorpropamide oral tablet 100 mg	G	LGC
chlorpropamide oral tablet 250 mg	G	
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	
glipizide oral tablet 10 mg, 5 mg	G	LGC
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (*glipizide*)	NC	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (*glipizide*)	NC	
glyburide micronized oral tablet 1.5 mg	G	
glyburide micronized oral tablet 3 mg, 6 mg	G	LGC
glyburide oral tablet 1.25 mg	G	
glyburide oral tablet 2.5 mg, 5 mg	G	LGC
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (*glyburide micronized*)	NC	
tolazamide oral tablet 250 mg, 500 mg	G	
tolbutamide oral tablet 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, SULFONYLUREA/ THIAZOLIDINEDIONE COMBINATIONS		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	NC	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG (*risedronate sodium*)	NC	
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	G	
alendronate sodium oral tablet 40 mg	G	QL (1 tab per 1 day)
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	NC	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NC	
BONIVA ORAL TABLET 150 MG (*ibandronate sodium*)	NC	
etidronate disodium oral tablet 200 mg, 400 mg	G	
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	NC	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NPB	ST
ibandronate sodium oral tablet 150 mg	G	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	
risedronate sodium oral tablet delayed release 35 mg	G	
CALCIUM RECEPTOR AGONISTS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
cinacalcet hcl oral tablet 30 mg, 60 mg	PSP	QL (2 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg	PSP	QL (4 tablets per 1 day)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	SP Pharmacy
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	SP Pharmacy
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	ST; QL (1 capsule per 1 day)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	NC	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	NC	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	NPB	PA; SP Pharmacy; QL (2 tablets per 1 day)

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*)	NC	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (*paricalcitol*)	NC	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NC	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NC	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NC	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NC	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	NC	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	NC	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	PSP	PA; SP Pharmacy
deferiprone oral tablet 500 mg	PSP	PA; SP Pharmacy
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NPSP	PA; SP Pharmacy
d-penamine oral tablet 125 mg	NPSP	PA; SP Pharmacy
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NPSP	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NC	
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	PSP	PA; #; SP Pharmacy
FERRIPROX ORAL TABLET 500 MG (*deferiprone*)	NC	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	PSP	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NC	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NC	
kionex oral powder	G	
kionex oral suspension 15 gm/60ml	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
penicillamine oral capsule 250 mg	PSP	PA; SP Pharmacy
penicillamine oral tablet 250 mg	G	
sodium polystyrene sulfonate oral powder	G	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	G	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	G	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NC	
trientine hcl oral capsule 250 mg	PSP	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	NPB	PA; ST; QL (1 packet per 1 day)
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
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)
amethia lo oral tablet 0.1-0.02 & 0.01 mg	CE	N2 (G)
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 (NPB); QL (1 ring per 365 days)
apri oral tablet 0.15-30 mg-mcg	CE	N2 (G)
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	CE	N2 (G)
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
aviane oral tablet 0.1-20 mg-mcg	CE	N2 (G)
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
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)
balziva oral tablet 0.4-35 mg-mcg	CE	N2 (G)
desogestrel-ethinyl estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NPB	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
briellyn oral tablet 0.4-35 mg-mcg	CE	N2 (G)
camila oral tablet 0.35 mg	CE	N2 (G)
camrese lo oral tablet 0.1-0.02 & 0.01 mg	CE	N2 (G)
camrese oral tablet 0.15-0.03 &0.01 mg	CE	N2 (G)
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	CE	N2 (G)
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)
chateal oral tablet 0.15-30 mg-mcg	CE	N2 (G)
cryselle-28 oral tablet 0.3-30 mg-mcg	CE	N2 (G)
cyclafem 1/35 oral tablet 1-35 mg-mcg	CE	N2 (G)
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N2 (G)
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
dasetta 1/35 oral tablet 1-35 mg-mcg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N2 (G)
daysee oral tablet 0.15-0.03 &0.01 mg	CE	N2 (G)
deblitane oral tablet 0.35 mg	CE	N2 (G)
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	#; N2 (NPB); QL (1 syringe per 90 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	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)
ECONTRA EZ ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
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)
emoquette oral tablet 0.15-30 mg-mcg	CE	N2 (G)
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	CE	N2 (G)
enskyce oral tablet 0.15-30 mg-mcg	CE	N2 (G)
errin oral tablet 0.35 mg	CE	N2 (G)
estarylla oral tablet 0.25-35 mg-mcg	CE	N2 (G)
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	CE	N2 (G)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (*levonorgestrel-eth estrad & fa*)	CE	N2 (NPB)
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)
norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N2 (G)
gianvi oral tablet 3-0.02 mg	CE	N2 (G)
gildagia oral tablet 0.4-35 mg-mcg	CE	N2 (G)
gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg	CE	N2 (G)
gildess fe 1/20 oral tablet 1-20 mg-mcg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
heather oral tablet 0.35 mg	CE	N2 (G)
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)
jencycla oral tablet 0.35 mg	CE	N2 (G)
jolessa oral tablet 0.15-0.03 mg	CE	N2 (G)
jolivette oral tablet 0.35 mg	CE	N2 (G)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
junel 1.5/30 oral tablet 1.5-30 mg-mcg	CE	N2 (G)
junel 1/20 oral tablet 1-20 mg-mcg	CE	N2 (G)
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	CE	N2 (G)
junel fe 1/20 oral tablet 1-20 mg-mcg	CE	N2 (G)
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (G)
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N2 (G)
kelnor 1/35 oral tablet 1-35 mg-mcg	CE	N2 (G)
desogestrel-ethinyl estradiol (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
kurvelo oral tablet 0.15-30 mg-mcg	CE	N2 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N2 (NPB)
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	CE	N2 (G)
larin fe 1/20 oral tablet 1-20 mg-mcg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (G)
leena oral tablet 0.5/1/0.5-35 mg-mcg	CE	N2 (G)
lessina oral tablet 0.1-20 mg-mcg	CE	N2 (G)
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 &0.01 mg, 0.15-0.03 mg	CE	N2 (G)
levonorgestrel oral tablet 1.5 mg	CE	N2 (Not Covered)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	CE	N2 (G)
levonorg-eth estrad triphasic oral tablet	CE	N2 (G)
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)
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)	NPB	
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	NPB	
lomedia 24 fe oral tablet 1-20 mg-mcg(24)	CE	N2 (G)
loryna oral tablet 3-0.02 mg	CE	N2 (G)
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)
lutera oral tablet 0.1-20 mg-mcg	CE	N2 (G)
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)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	N2 (G); QL (1 syringe per 90 days)
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (G)
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
microgestin 1/20 oral tablet 1-20 mg-mcg	CE	N2 (G)
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	CE	N2 (G)
microgestin fe 1/20 oral tablet 1-20 mg-mcg	CE	N2 (G)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NPB	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (*levonorgestrel*)	CE	#; N2 (NPB)
mono-linyah oral tablet 0.25-35 mg-mcg	CE	N2 (G)
mononessa oral tablet 0.25-35 mg-mcg	CE	N2 (G)
my way oral tablet 1.5 mg	CE	N2 (Not Covered)
myzilra oral tablet 50-30/75-40/ 125-30 mcg	CE	N2 (G)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	N2 (NPB)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	CE	N2 (G)
necon 1/35 (28) oral tablet 1-35 mg-mcg	CE	N2 (G)
necon 1/50 (28) oral tablet 1-50 mg-mcg	CE	N2 (G)
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N2 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	N2 (NPB)
next choice one dose oral tablet 1.5 mg	CE	N2 (Not Covered)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	NC	
nikki oral tablet 3-0.02 mg	CE	N2 (G)
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 1-20 mg-mcg, 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 acet-ethinyl est oral tablet 1-20 mg-mcg	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-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norlyroc oral tablet 0.35 mg	CE	N2 (G)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	CE	N2 (G)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	CE	N2 (G)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	CE	N2 (G)
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N2 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NPB	
ocella oral tablet 3-0.03 mg	CE	N2 (G)
ogestrel oral tablet 0.5-50 mg-mcg	CE	N2 (G)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
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	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (*norethin-eth estrad triphasic*)	NPB	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N2 (NPB)
philith oral tablet 0.4-35 mg-mcg	CE	N2 (G)
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N2 (G)
pirmella 1/35 oral tablet 1-35 mg-mcg	CE	N2 (G)
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N2 (G)
portia-28 oral tablet 0.15-30 mg-mcg	CE	N2 (G)
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	
quasense oral tablet 0.15-0.03 mg	CE	N2 (G)
drospiren-eth estrad-levomefol (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (G)
REACT ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N2 (Not Covered)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
sharobel oral tablet 0.35 mg	CE	N2 (G)
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 (NPB)
SLYND ORAL TABLET 4 MG (*drospirenone*)	CE	N2 (NPB)
solia oral tablet 0.15-30 mg-mcg	CE	N2 (G)
sprintec 28 oral tablet 0.25-35 mg-mcg	CE	N2 (G)
sronyx oral tablet 0.1-20 mg-mcg	CE	N2 (G)
syeda oral tablet 3-0.03 mg	CE	N2 (G)
take action oral tablet 1.5 mg	CE	N2 (Not Covered)
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NC	
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)
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	CE	N2 (G)
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (*norethin-eth estrad triphasic*)	NPB	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	CE	N2 (G)
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*)	NC	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (G)
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	CE	N2 (G)
vestura oral tablet 3-0.02 mg	CE	N2 (G)
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N2 (G)
vyfemla oral tablet 0.4-35 mg-mcg	CE	N2 (G)
wera oral tablet 0.5-35 mg-mcg	CE	N2 (G)
wymzya fe oral tablet chewable 0.4-35 mg-mcg	CE	N2 (G)
xulane transdermal patch weekly 150-35 mcg/24hr	CE	N2 (G)
zarah oral tablet 3-0.03 mg	CE	N2 (G)
zenchent oral tablet 0.4-35 mg-mcg	CE	N2 (G)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	CE	N2 (G)
zovia 1/50e (28) oral tablet 1-50 mg-mcg	CE	N2 (G)
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (G)
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
danazol oral capsule 100 mg, 200 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate (cpp)*)	NC	PA; SP Pharmacy
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPSP	PA; SP Pharmacy
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	NPSP	PA; SP Pharmacy
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML (*pegademase bovine*)	NPSP	PA; SP Pharmacy
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NC	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NC	
CARBAGLU ORAL TABLET 200 MG (*carglumic acid*)	PSP	PA; #; SP Pharmacy
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	PA; SP Pharmacy; QL (2 caps per 1 day)
CYSTADANE ORAL POWDER (*betaine*)	PSP	PA; SP Pharmacy
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NC	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NC	
KUVAN ORAL TABLET SOLUBLE 100 MG (*sapropterin dihydrochloride*)	NC	
miglustat oral capsule 100 mg	PSP	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	PSP	PA; QL (1 vial per 1 day)
nitisinone oral capsule 10 mg, 2 mg, 5 mg	PSP	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NC	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (*nitisinone*)	NPSP	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 20 MG (*nitisinone*)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	PA; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NC	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NPSP	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
sapropterin dihydrochloride oral packet 100 mg	PSP	PA
sapropterin dihydrochloride oral packet 500 mg	PSP	PA; SP Pharmacy
sapropterin dihydrochloride oral tablet 100 mg	PSP	PA
sapropterin dihydrochloride oral tablet soluble 100 mg	PSP	PA; SP Pharmacy
sodium phenylbutyrate oral powder 3 gm/tsp	PSP	PA; SP Pharmacy; QL (20 grams per 1 day)
sodium phenylbutyrate oral tablet 500 mg	PSP	PA; SP Pharmacy; QL (40 tablets per 1 day)
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPSP	PA; ST; SP Pharmacy; QL (3 caps per 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (*estradiol-norethindrone acet*)	NC	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NC	
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg)	G	QL (1 tablet per 1 day)
estradiol-norethindrone acet (Amabelz Oral Tablet 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NPB	
BIEST/PROGESTERONE TRANSDERMAL CREAM (*estradiol-estriol-progesterone*)	NC	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	NC	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	#
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NC	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	NPB	QL (8 patch per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (*estradiol valerate*)	NC	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	NPB	PA; AL
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NPB	PA; AL
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*estradiol*)	NC	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	PA; LGC; AL
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	PA; AL
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	PA; AL
estradiol vaginal cream 0.1 mg/gm	G	
estradiol vaginal tablet 10 mcg	G	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	G	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	G	
ESTRING VAGINAL RING 2 MG (*estradiol*)	NPB	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NPB	PA; AL
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	G	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NPB	PA; #; AL
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NPB	#; QL (1 ring per 90 days)
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (*estradiol*)	NC	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (*estradiol*)	NC	
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
jevantique lo oral tablet 0.5-2.5 mg-mcg	G	
jinteli oral tablet 1-5 mg-mcg	G	
estradiol-norethindrone acet (Lopreeza Oral Tablet 1-0.5 Mg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*)	NPB	PA; AL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NPB	#; QL (4 patches per 28 days)
estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	G	QL (1 tablet per 1 day)
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*)	NC	
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*)	NC	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (*estradiol-norgestimate*)	NPB	QL (1 tab per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	NPB	PA; AL
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	NPB	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NPB	
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*)	NPB	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	NC	
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*)	NC	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	G	
FERTILITY REGULATORS		
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT (*urofollitropin purified*)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	PSP	PA; SP Pharmacy
clomiphene citrate oral tablet 50 mg	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 3
FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML (*follitropin beta*)	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
ganirelix acetate subcutaneous solution 250 mcg/0.5ml	NC	#; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	PSP	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	PSP	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	PSP	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
novarel intramuscular solution reconstituted 10000 unit	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NC	
budesonide er oral tablet extended release 24 hour 9 mg	G	QL (1 tablet per 1 day)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	NC	
cortisone acetate oral tablet 25 mg	G	
prednisone (Deltasone Oral Tablet 20 Mg)	G	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	PB	
dexamethasone oral elixir 0.5 mg/5ml	G	
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
dexamethasone (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))	NC	
dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))	NC	
dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))	NC	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	NC	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NC	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NC	
fludrocortisone acetate oral tablet 0.1 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NC	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	G	
LOCORT 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (*dexamethasone*)	NC	
LOCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NC	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*methylprednisolone*)	NC	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	PB	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	NC	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (*prednisolone*)	NPB	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (*prednisolone*)	NPB	
MILLIPRED ORAL SOLUTION 10 MG/5ML (*prednisolone sodium phosphate*)	NC	
MILLIPRED ORAL TABLET 5 MG (*prednisolone*)	PB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	NC	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (*prednisolone sodium phosphate*)	NC	
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	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*)	PB	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
prednisone oral tablet 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NC	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	NC	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NC	
VERIPRED 20 ORAL SOLUTION 20 MG/5ML (*prednisolone sodium phosphate*)	NC	
zcort 7-day oral tablet therapy pack 1.5 mg (25)	NC	
ZODEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NC	
ZONACORT 11 DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (*dexamethasone*)	NC	
ZONACORT 7 DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NC	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	NC	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	NC	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (*dextrose (diabetic use)*)	NPB	
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (*dextrose (diabetic use)*)	NPB	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (*dextrose (diabetic use)*)	NPB	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (*dextrose (diabetic use)*)	NPB	
diazoxide oral suspension 50 mg/ml	G	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	PB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	NC	
glucagon emergency injection solution reconstituted 1 mg/ml	NPB	
GLUCO BURST ORAL GEL 40 % (*dextrose (diabetic use)*)	G	
glucose oral gel 40 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glucose oral liquid 15 gm/59ml	G	
glucose oral tablet chewable 4 gm, 4-6 gm-mg	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NC	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NC	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	NC	
INSTA-GLUCOSE ORAL GEL 77.4 % (*dextrose (diabetic use)*)	NPB	
leader quick dissolve glucose oral tablet chewable 4 gm	NPB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NPB	
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML (*dextrose (diabetic use)*)	G	
RELION GLUCOSE ORAL GEL 15 GM/38GM (*dextrose (diabetic use)*)	G	
value plus glucose oral gel 40 %	G	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	NC	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	NC	
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*)	NC	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (*somatropin*)	NC	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (*somatropin*)	PSP	PA; SP Pharmacy
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	NC	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (*somatropin*)	NC	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	NC	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (*somatropin*)	NC	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	NC	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (*somatropin*)	NC	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	NC	
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NC	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NC	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NC	
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NC	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (*somatropin (non-refrigerated)*)	NC	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NC	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	NPSP	PA; ST; SP Pharmacy
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (*somatropin*)	NC	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NC	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	PA; ST; SP Pharmacy
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDROID ORAL CAPSULE 10 MG (*methyltestosterone*)	NC	
ANDROXY ORAL TABLET 10 MG (*fluoxymesterone*)	NPB	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (*octreotide acetate*)	NC	
cabergoline oral tablet 0.5 mg	G	
calcitonin (salmon) nasal solution 200 unit/act	G	
CERVIDIL VAGINAL INSERT 10 MG (*dinoprostone*)	NC	
D-CARE DM2 COMBINATION KIT 500 MG (*metformin hcl-diagnostic test*)	NC	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NC	
EVISTA ORAL TABLET 60 MG (*raloxifene hcl*)	NC	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (*teriparatide (recombinant)*)	NPSP	PA; ST; #; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*)	NPSP	#
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML (*teriparatide (recombinant)*)	NPSP	
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	NPSP	PA; SP Pharmacy; QL (14 capsules per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	PSP	PA; SP Pharmacy
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*)	NC	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	PSP	PA; SP Pharmacy
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NPSP	PA; #; SP Pharmacy; QL (4 tabs per 1 day)
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	QL (28 tablets per 7 days)
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (*calcitonin (salmon)*)	NC	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NC	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (*parathyroid hormone (recomb)*)	NC	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	PSP	PA; SP Pharmacy; QL (90 ml per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
octreotide acetate injection solution 1000 mcg/ml	PSP	PA; SP Pharmacy; QL (45 ml per 30 days)
octreotide acetate injection solution 200 mcg/ml	PSP	PA; SP Pharmacy; QL (225 ml per 30 days)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	PB	
OXANDRIN ORAL TABLET 2.5 MG (*oxandrolone*)	NC	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	NPB	
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML (*denosumab*)	NPSP	PA; ST; SP Pharmacy
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	PSP	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (*dinoprostone*)	NPB	
raloxifene hcl oral tablet 60 mg	CE	N2 (G)
SAMSCA ORAL TABLET 15 MG (*tolvaptan*)	NC	
SAMSCA ORAL TABLET 30 MG (*tolvaptan*)	NPSP	PA; SP Pharmacy; QL (2 tabs per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NC	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NC	#
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NC	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPSP	PA; SP Pharmacy; QL (2 amps per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PSP	PA; #; SP Pharmacy; QL (1 injection per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	PSP	PA; #; SP Pharmacy; QL (1 vial per 1 day)
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	NC	
TESTRED ORAL CAPSULE 10 MG (*methyltestosterone*)	NC	
tolvaptan oral tablet 15 mg	PSP	PA; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolvaptan oral tablet 30 mg	PSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	PA; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	PA; ST; SP Pharmacy
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	PA; SP Pharmacy; QL (4 packets per 1 day)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NC	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	NC	
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate (phos binder) oral tablet 667 mg	G	
CALPHRON ORAL TABLET 667 MG (*calcium acetate (phos binder)*)	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NPB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NC	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	NC	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	G	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (*mirabegron*)	PB	ST; #; QL (1 tab per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG/5ML (*calcium acetate (phos binder)*)	PB	
RENAGEL ORAL TABLET 400 MG (*sevelamer hcl*)	NPB	#
RENAGEL ORAL TABLET 800 MG (*sevelamer hcl*)	NC	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NC	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	NC	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	NPB	#
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
AYGESTIN ORAL TABLET 5 MG (*norethindrone acetate*)	NC	
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	PSP	PA; SP Pharmacy; QL (5 vials per 1 year)
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (*leuprolide & norethindrone*)	NPSP	PA; SP Pharmacy
MAKENA INTRAMUSCULAR OIL 250 MG/ML (*hydroxyprogesterone caproate*)	NC	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (*hydroxyprogesterone caproate*)	NPSP	PA; ST; QL (21 syringes per 365 Days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	LGC
MEGACE ES ORAL SUSPENSION 625 MG/5ML (*megestrol acetate*)	CE	N2 (Not Covered)
norethindrone acetate oral tablet 5 mg	G	
progesterone intramuscular oil 50 mg/ml	NC	
progesterone micronized oral capsule 100 mg, 200 mg	G	
progesterone oral capsule 100 mg, 200 mg	NC	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NC	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (*medroxyprogesterone acetate*)	NC	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NC	
levothyroxine sodium (Euthyrox Oral Tablet 88 Mcg)	G	
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG (*doxercalciferol*)	NC	
levothyroxine sodium (Levo-T 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
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	NC	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	G	LGC
levothyroxine sodium oral tablet 300 mcg	G	
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	LGC
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 15 mg, 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*)	PB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (*methimazole*)	NC	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NC	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) (*liotrix (t3-t4)*)	NPB	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) (*liotrix (t3-t4)*)	NPB	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) (*liotrix (t3-t4)*)	NPB	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) (*liotrix (t3-t4)*)	NPB	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) (*liotrix (t3-t4)*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NC	
levothyroxine sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	G	LGC
levothyroxine sodium (Unithroid Oral Tablet 137 Mcg)	G	
unithroid oral tablet 300 mcg	G	
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, 81.25 MG, 97.5 MG (*thyroid*)	NPB	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP NASAL SOLUTION 0.01 % (*desmopressin acetate spray*)	NC	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NC	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (*desmopressin ace refrigerated*)	NC	
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	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML (*desmopressin acetate*)	NPB	QL (1 bottle per 30 Days); AL
STIMATE NASAL SOLUTION 1.5 MG/ML (*desmopressin acetate*)	NPB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	NPB	
BENTYL ORAL CAPSULE 10 MG (*dicyclomine hcl*)	NC	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	NC	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	PB	#
dicyclomine hcl oral capsule 10 mg	G	LGC
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	LGC
ed-spaz oral tablet dispersible 0.125 mg	G	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	NC	
hyoscyamine sulfate oral tablet 0.125 mg	G	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	G	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	G	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NC	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	PA; AL
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	G	
oscimin oral tablet 0.125 mg	G	
oscimin oral tablet dispersible 0.125 mg	G	
oscimin sr oral tablet extended release 12 hour 0.375 mg	NC	
oscimin sublingual tablet sublingual 0.125 mg	G	
PAMINE FORTE ORAL TABLET 5 MG (*methscopolamine bromide*)	NC	
PAMINE ORAL TABLET 2.5 MG (*methscopolamine bromide*)	NC	
propantheline bromide oral tablet 15 mg	G	
ROBINUL ORAL TABLET 1 MG (*glycopyrrolate*)	NC	
ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*)	NC	
hyoscyamine sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	NC	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NPB	QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (*dolasetron mesylate*)	NPB	QL (6 tablets per 1 month)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	G	QL (5 capsules per 30 days)
aprepitant oral capsule 80 & 125 mg	G	QL (9 capsules per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NC	#
CESAMET ORAL CAPSULE 1 MG (*nabilone*)	NPB	QL (2 caps per 1 day)
compro rectal suppository 25 mg	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	NC	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	NC	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (*meclizine hcl*)	G	OTC
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	QL (4 CAPSULES per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (*aprepitant*)	NC	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	PB	#
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	NC	
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NC	
granisetron hcl oral tablet 1 mg	G	QL (12 tablets per 21 days)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (*dronabinol*)	NC	
meclizine hcl oral tablet 12.5 mg, 25 mg	G	OTC
meclizine hcl oral tablet 50 mg	NC	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	G	LGC
metoclopramide hcl oral tablet 10 mg	G	LGC
metoclopramide hcl oral tablet 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral tablet dispersible 10 mg	NPB	
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	QL (200 ml per 21 days)
ondansetron hcl oral tablet 24 mg	G	QL (2 tablets per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg	G	QL (18 tablets per 21 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	G	QL (18 tablets per 21 days)
phenadoz rectal suppository 12.5 mg, 25 mg	G	
promethazine hcl (Phenergan Rectal Suppository 12.5 Mg, 25 Mg, 50 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	PA; AL
promethazine hcl oral syrup 6.25 mg/5ml	G	PA; AL
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	G	PA; AL
promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg	G	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	G	
REGLAN ORAL TABLET 10 MG, 5 MG (*metoclopramide hcl*)	NC	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	QL (2 patches per 21 days)
scopolamine transdermal patch 72 hour 1 mg/3days	G	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NC	#
TIGAN ORAL CAPSULE 300 MG (*trimethobenzamide hcl*)	NC	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NC	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PB	
VARUBI ORAL TABLET 90 MG (*rolapitant hcl*)	NC	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG (*ondansetron*)	NC	
ZOFRAN ORAL SOLUTION 4 MG/5ML (*ondansetron hcl*)	NC	
ZOFRAN ORAL TABLET 4 MG, 8 MG (*ondansetron hcl*)	NC	
ZUPLENZ ORAL FILM 4 MG, 8 MG (*ondansetron*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	G	
cimetidine oral tablet 200 mg, 300 mg, 400 mg	G	OTC
cimetidine oral tablet 800 mg	G	LGC; OTC
eq famotidine max st oral tablet 20 mg	G	
famotidine oral suspension reconstituted 40 mg/5ml	G	
famotidine oral tablet 20 mg	G	LGC; OTC
famotidine oral tablet 40 mg	G	LGC
nizatidine oral capsule 150 mg, 300 mg	G	
nizatidine oral solution 15 mg/ml	G	
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML (*famotidine*)	NC	
PEPCID ORAL TABLET 40 MG (*famotidine*)	NC	
ranitidine hcl oral capsule 150 mg, 300 mg	G	OTC
ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml	G	OTC
ranitidine hcl oral tablet 150 mg, 300 mg	G	LGC; OTC
ZANTAC ORAL TABLET 300 MG (*ranitidine hcl*)	NC	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	PB	QL (4 caps per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (*mesalamine*)	NC	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	NC	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	NC	
balsalazide disodium oral capsule 750 mg	G	
budesonide oral capsule delayed release particles 3 mg	G	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NPB	ST; QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NC	
colocort rectal enema 100 mg/60ml	G	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	NPB	
CORTIFOAM RECTAL FOAM 10 % (*hydrocortisone acetate*)	NPB	QL (30 grams per 30 days)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NC	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	PA
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (*budesonide*)	NC	
GIAZO ORAL TABLET 1.1 GM (*balsalazide disodium*)	NPB	ST; #; QL (6 tabs per 1 day)
hydrocortisone rectal enema 100 mg/60ml	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NC	
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*)	NC	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (*mesalamine*)	NPB	ST; QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (*mesalamine*)	NPB	ST; QL (8 caps per 1 day)
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NC	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
sulfazine oral tablet 500 mg	G	QL (8 tabs per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	NC	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NC	#
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NC	
ZELNORM ORAL TABLET 6 MG (*tegaserod maleate*)	NC	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NC	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	NC	
LAXATIVES - DRUGS FOR CONSTIPATION		
bisacodyl powder	NPB	N2 (Not Covered); AL
bisacodyl rectal suppository 10 mg	CE	N2 (Not Covered); AL
citrate of magnesia oral solution , 1.745 gm/30ml	CE	N2 (Not Covered); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*)	CE	N2 (NPB); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NPB	
constulose oral solution 10 gm/15ml	G	LGC
DULCOLAX BOWEL PREP KIT COMBINATION KIT (*bisacodyl*)	CE	N2 (Not Covered); AL
enulose oral solution 10 gm/15ml	G	LGC
FLEET LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (*bisacodyl*)	CE	N2 (Not Covered); AL
gavilyte-c oral solution reconstituted 240 gm	G	
gavilyte-g oral solution reconstituted 236 gm	G	
bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (G); AL
gavilyte-n with flavor pack oral solution reconstituted 420 gm	G	
generlac oral solution 10 gm/15ml	G	LGC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	PB	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NPB	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	NPB	QL (60 packets per 30 days)
lactulose encephalopathy oral solution 10 gm/15ml	G	LGC
lactulose oral packet 10 gm	NPB	QL (2 packets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactulose oral solution 10 gm/15ml, 20 gm/30ml	G	LGC
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NC	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (*peg 3350-kcl-na bicarb-nacl*)	NPB	
OSMOPREP ORAL TABLET 1.102-0.398 GM (*sod phos mono-sod phos dibasic*)	NPB	#
peg 3350 oral powder 17 gm/scoop	G	
peg 3350/electrolytes oral solution reconstituted 240 gm	G	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	G	
peg-3350/electrolytes oral solution reconstituted 236 gm	G	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	G	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	N2 (Not Covered); 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
polyethylene glycol 3350 oral powder 17 gm/scoop	G	
POLY-PREP COMBINATION KIT (*bisacodyl-peg 3350-lido-hc*)	NPB	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (*sod picosulfate-mag ox-cit acd*)	CE	#; N2 (NPB); AL
saline laxative oral solution 0.9-2.4 gm/5ml	CE	N2 (Not Covered); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	CE	#; N2 (NPB); AL
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	N2 (NPB); AL
trilyte oral solution reconstituted 420 gm	G	
MISCELLANEOUS		
ACTIGALL ORAL CAPSULE 300 MG (*ursodiol*)	NC	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NPB	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NC	
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NC	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cromolyn sodium oral concentrate 100 mg/5ml	G	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	NC	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
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*)	NC	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	PA; SP Pharmacy; QL (1 box per 30 fillss)
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	NC	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	NC	
loperamide hcl oral capsule 2 mg	G	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NC	
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	PA; ST; QL (2 tablets per 1 Day)
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NC	
paregoric oral tincture 2 mg/5ml	G	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	NPB	#
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NC	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	NPB	PA; QL (0.6 ml per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (*methylnaltrexone bromide*)	NPB	PA; QL (0.4 ml per 1 day)
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NC	
sucralfate oral suspension 1 gm/10ml	G	
sucralfate oral tablet 1 gm	G	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (*bethanechol chloride*)	NC	
URSO 250 ORAL TABLET 250 MG (*ursodiol*)	NC	
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	NC	
ursodiol oral capsule 200 mg, 400 mg	NC	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
VSL#3 JUNIOR ORAL PACKET (*probiotic product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 ORAL PACKET (*probiotic product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; Tier 3
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NC	
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	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	NPB	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-6200 UNIT (*pancrelipase (lip-prot-amyl)*)	NPB	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT, 37000-97300 UNIT (*pancrelipase (lip-prot-amyl)*)	NC	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	NPB	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPB	PA; QL (354 ml per 1 month)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 20000-68000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000-136000 UNIT, 5000 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	PA
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer oral capsule delayed release 20.6 (20 base) mg	G	PA; QL (1 capsule per day and 90 capsules per 365 days)
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*rabeprazole sodium*)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (*rabeprazole sodium*)	NC	#
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NPB	ST; #; QL (1 capsule per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg	G	
esomeprazole magnesium oral capsule delayed release 40 mg	G	QL (1 capsule per 1 day)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	G	PA; QL (1 packet per day, 90 day supply per 365 days)
esomeprazole strontium oral capsule delayed release 24.65 mg	NC	
esomeprazole strontium oral capsule delayed release 49.3 mg	NPB	
lansoprazole oral capsule delayed release 15 mg, 30 mg	G	PA; QL (1 capsule per 1 day)
lansoprazole oral tablet dispersible 15 mg, 30 mg	G	QL (1 tablet per 1 Day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	G	PA; OTC; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (*esomeprazole magnesium*)	NPB	PA; ST; QL (1 packet per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (*esomeprazole magnesium*)	NPB	PA; #; QL (1 packet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	G	PA; LGC; OTC; QL (1 capsule per day, 90 day supply per 365 days)
omeprazole oral capsule delayed release 10 mg, 40 mg	G	PA; OTC; QL (1 capsule per day, 90 day supply per 365 days)
omeprazole oral capsule delayed release 20 mg	G	QL (90 capsules per 365 days)
omeprazole oral tablet delayed release 20 mg	G	PA; OTC; QL (1 tablet per day, 90 day supply per 365 days)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	G	PA; QL (1 capsule per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NC	
pantoprazole sodium oral packet 40 mg	G	QL (1 packet per day, 90 day supply per 365 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	NC	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (*lansoprazole*)	G	PA; OTC; QL (2 capsules per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NC	
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	NC	
PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 40 MG (*omeprazole*)	NC	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NC	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*)	G	LGC; OTC
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NC	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NC	
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	PA; QL (1 capsule per day, 90 day supply per 365 days)
rabeprazole sodium oral tablet delayed release 20 mg	G	PA; QL (1 tablet per day, 90 day supply per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG (*omeprazole-sodium bicarbonate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NC	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (*omeprazole-sodium bicarbonate*)	G	PA; OTC; QL (1 cap per 1 day)
RECTAL,CORTICOSTEROIDS		
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	NC	
ANALPRAM-HC RECTAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	NC	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	NC	
ANUSOL-HC RECTAL CREAM 2.5 % (*hydrocortisone*)	NC	
hydrocortisone (perianal) external cream 1 %, 2.5 %	G	
hydrocortisone rectal cream 1 %, 2.5 %	G	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NC	
PROCTOCORT RECTAL CREAM 1 % (*hydrocortisone*)	NC	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	NPB	
PROCTOFOAM HC RECTAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	NPB	QL (20 grams per 30 days)
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	G	
hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)	G	
hydrocortisone (Procto-Pak External Cream 1 %)	G	
procto-pak rectal cream 1 %	G	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	G	
proctosol hc rectal cream 2.5 %	G	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
proctozone-hc rectal cream 2.5 %	G	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	NPB	
ULCER THERAPY COMBINATIONS		
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	NC	
PREVPAC ORAL (*amoxicill-clarithro-lansopraz*)	NC	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	NC	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NPB	ST
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
finasteride oral tablet 5 mg	G	
FLOMAX ORAL CAPSULE 0.4 MG (*tamsulosin hcl*)	NC	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NC	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NC	
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*)	NC	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	N2 (Not Covered)
OPTIONS CONCEPTROL VAGINAL GEL 4 % (*nonoxynol-9*)	CE	N2 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	N2 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	NC	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (*nonoxynol-9*)	CE	N2 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (*nonoxynol-9*)	CE	N2 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	N2 (Not Covered)
ERECTILE DYSFUNCTION		
tadalafil oral tablet 2.5 mg, 5 mg	G	PA; QL (1 tablet per 1 day)
MISCELLANEOUS		
acetic acid irrigation solution 0.25 %	G	
sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	G	
azo tabs oral tablet 95 mg	G	
azo-standard oral tablet 95 mg	G	
sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	G	
cytra k crystals oral packet 3300-1002 mg	G	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NPB	
gnp urinary pain relief oral tablet 95 mg	G	
K-PHOS NO 2 ORAL TABLET 305-700 MG (*pot & sod ac phosphates*)	NPB	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NPB	
neomycin-polymyxin b gu irrigation solution 40-200000	G	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	NPB	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	G	
potassium citrate-citric acid oral packet 3300-1002 mg	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NC	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NC	
qc azo oral tablet 95 mg	G	
qc urinary pain relief oral tablet 95 mg	G	
ra urinary pain relief oral tablet 95 mg	G	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NPB	
sodium chloride irrigation solution 0.9 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	NPB	
taron-crystals oral packet 3300-1002 mg	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NPSP	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NPSP	PA
tiopronin oral tablet 100 mg	NC	
tricitrates oral solution 550-500-334 mg/5ml	G	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	NC	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	NC	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (*potassium citrate*)	NC	
virtrate-3 oral solution 550-500-334 mg/5ml	G	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	NPB	PA; #
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*)	NC	
DETROL ORAL TABLET 1 MG, 2 MG (*tolterodine tartrate*)	NC	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (*oxybutynin chloride*)	NC	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (*darifenacin hydrobromide*)	NC	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NPB	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NPB	ST; #
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	NC	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (*mirabegron*)	PB	ST; #; QL (1 tab per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	
oxybutynin chloride oral syrup 5 mg/5ml	G	
oxybutynin chloride oral tablet 5 mg	G	LGC
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	G	#; OTC; QL (8 patches per 1 month)
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	NPB	ST; #
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (*solifenacin succinate*)	NC	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	NC	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
AVC VAGINAL VAGINAL CREAM 15 % (*sulfanilamide*)	NPB	
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	NC	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	PB	
clindamycin phosphate vaginal cream 2 %	G	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	NC	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NPB	
METROGEL-VAGINAL VAGINAL GEL 0.75 % (*metronidazole*)	NC	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NC	
TERAZOL 7 VAGINAL CREAM 0.4 % (*terconazole*)	NC	
terconazole vaginal cream 0.4 %, 0.8 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terconazole vaginal suppository 80 mg	G	
vandazole vaginal gel 0.75 %	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (*anticoag cit phos dex soln*)	NPB	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	NC	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (*betrixaban maleate*)	NC	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (*warfarin sodium*)	NC	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (*apixaban*)	PB	QL (1 pack per 365 Days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	QL (1 pack per 365 days)
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	NC	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (*desirudin*)	NC	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*)	NC	
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*)	NC	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NPB	#
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NC	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (*anticoagulant sodium citrate*)	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 Pharmacy; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
BLEEDING DISORDERS AGENTS		
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	NC	
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; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PSP	PA; SP Pharmacy
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	NPSP	PA; SP Pharmacy; QL (3 /day for 5 days per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NPSP	PA; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PSP	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	NC	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NC	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NPSP	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML (*methoxy peg-epoetin beta*)	NPSP	PA; SP Pharmacy
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	NPSP	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	PSP	PA; QL (2 injections per 1 month)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PSP	PA; QL (2 injections per 1 month)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NPSP	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NPSP	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PSP	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PSP	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (*romiplostim*)	NC	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (*romiplostim*)	NPSP	PA; SP Pharmacy
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	NC	
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; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	NPSP	PA; SP Pharmacy; QL (4 packets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	NPSP	SP Pharmacy; QL (180 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG (*eltrombopag olamine*)	NPSP	PA; SP Pharmacy; QL (4 tablets per 1 day)
PROMACTA ORAL TABLET 25 MG (*eltrombopag olamine*)	NPSP	PA; SP Pharmacy; QL (1 tab per 1 day)
PROMACTA ORAL TABLET 50 MG, 75 MG (*eltrombopag olamine*)	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 day)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PSP	PA; SP Pharmacy
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PSP	PA; NPL; SP Pharmacy; QL (2 injections per 1 month)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	PSP	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	NC	
HEMOPHILIA A AGENTS		
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	NC	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NC	
alaway ophthalmic solution 0.025 %	G	LGC; OTC
altafrin ophthalmic solution 10 %, 2.5 %	G	
AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*)	NC	
AMICAR ORAL TABLET 1000 MG (*aminocaproic acid*)	PB	
AMICAR ORAL TABLET 500 MG (*aminocaproic acid*)	NC	
aminocaproic acid oral solution 0.25 gm/ml	NC	
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg, 1 mg	G	
atropine sulfate ophthalmic solution 1 %	NC	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (*brolucizumab-dbll*)	NC	
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cilostazol oral tablet 100 mg, 50 mg	G	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	OTC
CORVITE 150 ORAL TABLET (*iron combinations*)	NC	
corvite fe oral tablet	NC	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (*cyclopentolate hcl*)	NC	
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*)	NC	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPSP	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (*aspirin*)	NC	
ELESTAT OPHTHALMIC SOLUTION 0.05 % (*epinastine hcl*)	NC	
EMADINE OPHTHALMIC SOLUTION 0.05 % (*emedastine difumarate*)	NPB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	NC	
EVITHROM EXTERNAL SOLUTION 800-1200 UNIT/ML (*thrombin (human)*)	NC	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (*icatibant acetate*)	NC	
FOLVITE-FE ORAL TABLET 90-120-0.012-1 MG (*iron-vit c-vit b12-folic acid*)	NC	
GELFILM OPHTHALMIC FILM (*gelatin adsorbable*)	NC	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	PSP	PA; ST; SP Pharmacy; QL (20 vials per 1 month)
HEMOCYTE-F ORAL ELIXIR (*iron combinations*)	NC	
icatibant acetate subcutaneous solution 30 mg/3ml	PSP	PA; NPL; SP Pharmacy; QL (15 syringes per 1 month)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	NC	
ketotifen fumarate ophthalmic solution 0.025 %	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	NPB	
LYSTEDA ORAL TABLET 650 MG (*tranexamic acid*)	NC	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (*plerixafor*)	NPSP	PA
MYDRIACYL OPHTHALMIC SOLUTION 1 % (*tropicamide*)	NC	
NIFEREX ORAL TABLET (*iron combinations*)	NC	
NUFERA ORAL TABLET (*iron combinations*)	NC	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	NC	
OXBRYTA ORAL TABLET 500 MG (*voxelotor*)	NC	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	NPSP	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (*hydroxyamphetamine-tropicamide*)	NPB	
PATADAY OPHTHALMIC SOLUTION 0.2 % (*olopatadine hcl*)	NC	
PATANOL OPHTHALMIC SOLUTION 0.1 % (*olopatadine hcl*)	NC	
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*)	NC	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NPB	#
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NPB	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NPB	PA; #; QL (2 single use vials per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	NPSP	SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	NPB	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NC	
tranexamic acid oral tablet 650 mg	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NC	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	LGC; OTC
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (*aspirin-dipyridamole*)	NC	
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	NC	
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	PA; AL
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	NC	
PLAVIX ORAL TABLET 300 MG, 75 MG (*clopidogrel bisulfate*)	NC	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
ticlopidine hcl oral tablet 250 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*)	NPB	PA; ST
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NC	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NC	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NC	
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; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NPSP	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NC	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (*certolizumab pegol*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (*certolizumab pegol*)	NC	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	NC	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP Pharmacy; QL (4 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); SP Pharmacy; QL (4 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; QL (1 kit per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	NPSP	PA; SP Pharmacy
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents))
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)); QL (2 injections per 1 month)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NC	
OLUMIANT ORAL TABLET 1 MG, 2 MG (*baricitinib*)	NC	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	NC	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	NC	

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 Pharmacy; QL (1 tablet per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NPSP	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NPSP	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (*risankizumab-rzaa*)	PSP	IBC (Preferred agent for Psoriasis)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PSP	PA; SP Pharmacy; QL (1 syringe per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	PSP	PA; SP Pharmacy; QL (1 syringe per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 syringes per 60 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
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 Pharmacy; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG (*tofacitinib citrate*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 tablets per 1 Day)
XELJANZ ORAL TABLET 5 MG (*tofacitinib citrate*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP Pharmacy; QL (1 tablet per 1 day)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	NC	
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); SP Pharmacy; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); SP Pharmacy; QL (1 pack per 1 year)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (*methotrexate (anti-rheumatic)*)	NC	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)*)	NC	
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)*)	NC	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NC	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (*immune globulin (human)*)	NC	
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*)	NC	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NPSP	PA; ST; SP Pharmacy
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (*immune globulin (human)*)	NC	
GAMASTAN INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	NC	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	NC	
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)*)	NC	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	NC	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NC	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	PSP	PA; SP Pharmacy
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NC	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (*rabies immune globulin*)	NC	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	PSP	PA; SP Pharmacy
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (*immune globulin (human)*)	PSP	PA; NPL
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*)	NC	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	NC	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	PSP	PA; SP Pharmacy
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	PSP	PA; SP Pharmacy; QL (8 vials per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (*interferon alfa-2b*)	PSP	PA; SP Pharmacy
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	PSP	PA; SP Pharmacy
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (21 capsules per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (1 cap per 1 day)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	CE	PA; #; SP Pharmacy; N2 (PSP); QL (21 capsules per 1 month)
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	PSP	PA; #; SP Pharmacy; QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG (*thalidomide*)	PSP	PA; #; SP Pharmacy; QL (2 capsules per 1 day)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NC	#
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	NPB	
azathioprine oral tablet 50 mg	G	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	NPSP	PA; ST; NPL; SP Pharmacy; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	NPSP	PA; ST; NPL; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NC	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NC	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	SP Pharmacy
cyclosporine oral capsule 100 mg, 25 mg	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	NC	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NC	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
gengraf oral capsule 100 mg, 25 mg	G	SP Pharmacy
cyclosporine modified (Gengraf Oral Capsule 50 Mg)	G	SP Pharmacy
gengraf oral solution 100 mg/ml	G	SP Pharmacy
IMURAN ORAL TABLET 50 MG (*azathioprine*)	NC	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	NC	
mycophenolate mofetil oral capsule 250 mg	G	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	
mycophenolate mofetil oral tablet 500 mg	G	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	SP Pharmacy
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	NC	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	NC	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NC	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NPB	
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	NPSP	SP Pharmacy
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	NC	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	NPB	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (*everolimus*)	NPSP	
ZORTRESS ORAL TABLET 1 MG (*everolimus*)	PB	
MISCELLANEOUS		
equapax/ibuprofen/minrex oral therapy pack 800 mg	NC	
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG (*canakinumab*)	NPSP	PA; SP Pharmacy
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
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)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
DIABETES THERAPY		
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (*insulin pen needle*)	PB	
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	PB	
NOVOTWIST PEN NEEDLE 32G X 5 MM (*insulin pen needle*)	PB	
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	PB	
1st tier unifine pentips plus 31g x 8 mm	PB	
1ST TIER UNILET COMFORTOUCH	PB	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (300 strips per 30 days)
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PB	QL (300 strips per 30 days)
ACCU-CHEK MULTICLIX LANCETS (*lancets*)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	QL (300 strips per 30 days)
ACCU-CHEK SOFT TOUCH LANCETS (*lancets*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION (*blood glucose calibration*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ACTI-LANCE 28G	PB	
ACTI-LANCE LITE LANCETS 28G	PB	
ACTI-LANCE SPECIAL LANCETS 17G	PB	
ACTI-LANCE UNIVERSAL 23G	PB	
adjustable lancing device	NPB	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
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 LANCETS (*lancets*)	NPB	
ADVOCATE RAPID-SAFE LANCING (*lancet devices*)	PB	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE SAFETY LANCETS (*lancets*)	PB	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (*lancets*)	PB	
alcohol swabs pad	NPB	
alternate site lancing device	NPB	
anti-stick insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ASSURE COMFORT LANCETS 28G	PB	
ASSURE COMFORT LANCETS 30G	NPB	
ASSURE HAEMOLANCE PLUS HIGH (*lancets*)	PB	
ASSURE HAEMOLANCE PLUS LOW (*lancets*)	PB	
ASSURE HAEMOLANCE PLUS MICRO (*lancets*)	PB	
ASSURE HAEMOLANCE PLUS NORMAL (*lancets*)	PB	
ASSURE HAEMOLANCE PLUS PED (*lancets*)	PB	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
ASSURE LANCE LANCETS (*lancets*)	PB	
ASSURE LANCETS (*lancets*)	PB	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
AURORA LANCET SUPER THIN 30G	PB	
AURORA LANCET THIN 23G	PB	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NPB	
aurora unifine pentips 31g x 5 mm	PB	
AURORA UNIFINE PENTIPS 32G X 4 MM	NPB	
BAYER BREEZE 2 TEST IN VITRO DISK (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
BAYER CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
BAYER CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
BAYER MICROLET LANCETS (*lancets*)	PB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (*insulin pen needle*)	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 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, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE 30G X 1/2" 0.5 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 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, 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PB	
BD LANCET ULTRAFINE 30G (*lancets*)	PB	
BD LANCET ULTRAFINE 33G (*lancets*)	PB	
BD MICROTAINER LANCETS (*lancets*)	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*)	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PB	
blood glucose test in vitro strip	NC	
BULLSEYE MINI SAFETY LANCETS	PB	
CAREFINE PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	PB	
CAREONE LANCET SUPER THIN 30G (*lancets*)	PB	
CAREONE LANCET THIN 23G	PB	
CAREONE LANCET ULTRA THIN 28G	PB	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
CHEK-STIX CONTROL IN VITRO STRIP (*acetone (urine) test*)	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 UGK IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHEK LANCETS (*lancets*)	PB	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
CLICKFINE PEN NEEDLES 31G X 6 MM	NPB	
clickfine pen needles 31g x 8 mm	PB	
COMBISTIX IN VITRO STRIP (*multiple urine tests*)	NPB	
COMFORT ASSURED LANCETS 28G	PB	
COMFORT ASSURED LANCETS 33G	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" 0.5 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 (*insulin syringe-needle u-100*)	NPB	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM (*insulin pen needle*)	PB	
COMFORT EZ PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NPB	
COMFORT LANCETS	PB	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
DROPLET LANCETS ULTRA THIN 30G (*lancets*)	PB	
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NPB	
EASY COMFORT LANCETS	PB	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 1 month)
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
EASY TOUCH INSULIN SYRINGE 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" 0.5 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 LANCETS 21G (*lancets*)	PB	
EASY TOUCH LANCETS 23G (*lancets*)	PB	
EASY TOUCH LANCETS 26G (*lancets*)	PB	
EASY TOUCH LANCETS 28G (*lancets*)	PB	
EASY TOUCH LANCETS 28G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 30G (*lancets*)	PB	
EASY TOUCH LANCETS 30G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 32G (*lancets*)	PB	
EASY TOUCH LANCETS 32G/TWIST (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LANCETS 33G/TWIST (*lancets*)	PB	
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*)	PB	
EASY TOUCH SAFETY LANCETS 21G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 23G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 26G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 28G (*lancets*)	NPB	
EASY TOUCH TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
EASY TWIST & CAP LANCETS (*lancets*)	NPB	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml	NPB	
elite-thin insulin syringe 29g x 5/16" 0.5 ml	PB	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ENLITE GLUCOSE SENSOR (*continuous blood gluc sensor*)	NC	
eq blood glucose test in vitro strip	NC	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G2 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EVERSENSE SENSOR (*continuous blood gluc sensor*)	NC	
EVERSENSE SENSOR/HOLDER (*continuous blood gluc sensor*)	NC	
EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*)	NC	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PB	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NC	
E-Z JECT LANCET MICRO-THIN 33G (*lancets*)	PB	
E-Z JECT LANCET SUPER THIN 30G (*lancets*)	PB	
E-Z JECT LANCETS (*lancets*)	PB	
E-Z JECT LANCETS 21G (*lancets*)	PB	
E-Z JECT LANCETS THIN 26G (*lancets*)	PB	
EZ SMART BLOOD GLUCOSE LANCETS (*lancets*)	PB	
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FIFTY50 PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	PB	
FIFTY50 SAFETY SEAL LANCETS (*lancets*)	PB	
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	
FINE 30 (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FINGERSTIX LANCETS (*lancets*)	PB	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA LANCETS (*lancets*)	PB	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
FREESTYLE LANCETS (*lancets*)	NPB	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous blood gluc receiver*)	NC	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	NC	
FREESTYLE LIBRE 2 READER DEVICE (*continuous blood gluc receiver*)	NC	
FREESTYLE LIBRE 2 SENSOR (*continuous blood gluc sensor*)	NC	
FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE SENSOR SYSTEM (*continuous blood gluc sensor*)	NC	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
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	QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
FREESTYLE UNISTICK II LANCETS (*lancets*)	PB	
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM	NPB	
GLOBAL INJECT EASE INSULIN SYR 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" 0.5 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	
GLOBAL INJECT EASE LANCETS 28G	PB	
GLOBAL INJECT EASE LANCETS 30G	PB	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl rdna (diagnostic)*)	NPB	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
GLUCOCOM LANCETS 28G (*lancets*)	PB	
GLUCOCOM LANCETS 30G (*lancets*)	PB	
GLUCOCOM LANCETS 33G (*lancets*)	PB	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 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	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NC	
GUARDIAN CONNECT TRANSMITTER (*continuous blood gluc transmit*)	NC	
GUARDIAN LINK 3 TRANSMITTER (*continuous blood gluc transmit*)	NC	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous blood gluc receiver*)	NC	
GUARDIAN REAL-TIME REPLACEMENT DEVICE (*continuous blood gluc receiver*)	NC	
GUARDIAN SENSOR (3) (*continuous blood gluc sensor*)	NC	
guardian sensor 3	NC	
GUARDIAN TRANSMITTER (*continuous blood gluc transmit*)	NC	
HAEMOLANCE (*lancets*)	PB	
HAEMOLANCE LOW FLOW LANCETS (*lancets*)	PB	
HAEMOLANCE PLUS (*lancets*)	PB	
HAEMOLANCE PLUS HIGH FLOW (*lancets*)	PB	
HAEMOLANCE PLUS LOW FLOW (*lancets*)	PB	
HAEMOLANCE PLUS MAX FLOW (*lancets*)	PB	
HAEMOLANCE PLUS PEDIATRIC FLOW (*lancets*)	PB	
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 UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	NPB	
HEALTHY ACCENTS UNILET LANCETS	PB	
HEMA-COMBISTIX IN VITRO STRIP (*multiple urine tests*)	NPB	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
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" 0.3 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" 0.5 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	
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	PB	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	PB	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	PB	
KETOCARE IN VITRO STRIP (*acetone (urine) test*)	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	
KINNEY LANCETS	PB	
KINNEY THIN LANCETS	PB	
kinray 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	NPB	
kroger blood glucose test in vitro strip	NC	
LABSTIX IN VITRO STRIP (*multiple urine tests*)	NPB	
lancet device	NPB	
lancet transporter case	NPB	
lancets	NPB	
lancets 28g	G	
lancets 30g	NPB	
lancets thin	NPB	
LANCETS ULTRA FINE (*lancets*)	PB	
LANCETS ULTRA THIN (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS ULTRA THIN 30G	PB	
lancing device	NPB	
LEADER 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" 1 ML	NPB	
leader insulin syringe 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NPB	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
LITE TOUCH LANCETS	PB	
LITE TOUCH PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	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 8 MM (*insulin pen needle*)	PB	
LIVE BETTER LANCET SUPER THIN	NPB	
LIVE BETTER LANCET ULTRA THIN	PB	
longs insulin syringe 31g x 5/16" 0.5 ml	NPB	
LONGS LANCETS STANDARD	PB	
LONGS LANCETS THIN	PB	
LONGS LANCETS ULTRA THIN	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 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*)	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 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	
MEDISENSE THIN LANCETS (*lancets*)	PB	
MEDLANCE EXTRA 21G (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE LITE 25G (*lancets*)	PB	
MEDLANCE PLUS EXTRA 21G (*lancets*)	PB	
MEDLANCE PLUS LANCETS (*lancets*)	PB	
MEDLANCE PLUS LITE 25G (*lancets*)	PB	
MEDLANCE PLUS SUPERLITE 30G (*lancets*)	PB	
MEDLANCE PLUS UNIVERSAL 21G (*lancets*)	PB	
MEDLANCE UNIVERSAL 21G (*lancets*)	PB	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
MICROLET LANCETS (*lancets*)	PB	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
MONOJECT 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" 1 ML (*insulin syringe-needle u-100*)	NPB	
MONOJECT INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	PB	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
MONOJECT ULTRA COMFORT 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, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
MONOLET LANCETS (*lancets*)	PB	
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NPB	
multi-lancet device	NPB	
MULTISTIX 10 SG IN VITRO STRIP (*multiple urine tests*)	NPB	
MULTISTIX 5 IN VITRO STRIP (*multiple urine tests*)	NPB	
MULTISTIX 7 IN VITRO STRIP (*multiple urine tests*)	NPB	
MULTISTIX 8 IN VITRO STRIP (*multiple urine tests*)	NPB	
MULTISTIX 9 IN VITRO STRIP (*multiple urine tests*)	NPB	
MULTISTIX 9 SG IN VITRO STRIP (*multiple urine tests*)	NPB	
MULTISTIX IN VITRO STRIP (*multiple urine tests*)	NPB	
MYGLUCOHEALTH LANCETS 30G (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
NOVA SAFETY LANCETS 23G (*lancets*)	PB	
NOVA SAFETY LANCETS 28G (*lancets*)	PB	
NOVA SUREFLEX LANCETS (*lancets*)	PB	
NOVOFINE 32G X 6 MM (*insulin pen needle*)	PB	
NOVOFINE AUTOCOVER 30G X 8 MM (*insulin pen needle*)	PB	
NOVOTWIST 32G X 5 MM (*insulin pen needle*)	PB	
OMNIPOD 10 PACK (*insulin disposable pump*)	PB	
OMNIPOD DASH 5 PACK PODS (*insulin disposable pump*)	PB	
OMNIPOD DASH SYSTEM KIT (*insulin disposable pump*)	PB	
OMNIPOD STARTER KIT (*insulin disposable pump*)	PB	
ON CALL LANCETS (*lancets*)	PB	
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ON CALL PLUS LANCETS (*lancets*)	PB	
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ONETOUCH CLUB LANCETS FINE PT (*lancets*)	PB	
ONETOUCH DELICA LANCETS 30G (*lancets*)	PB	
ONETOUCH DELICA LANCETS 33G (*lancets*)	PB	
ONETOUCH DELICA LANCETS FINE (*lancets*)	NPB	
ONETOUCH DELICA LANCING DEV (*lancet devices*)	PB	
ONETOUCH DELICA SAFETY LANCING (*lancet devices*)	PB	
ONETOUCH FINEPOINT LANCETS (*lancets*)	NPB	
ONETOUCH LANCETS (*lancets*)	NPB	
ONETOUCH SURESOFT LANCING DEV (*lancets misc.*)	PB	
ONETOUCH ULTRA BLUE IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT LANCETS (*lancets*)	PB	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
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 3/16" 31g x 5 mm	NPB	
pen needles 5/16" 30g x 8 mm , 31g x 8 mm	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
PHARMACIST CHOICE LANCETS (*lancets*)	PB	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NC	
PRECISION PCX IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
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 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NPB	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML (*insulin syringe-needle u-100*)	PB	
PRECISION THIN LANCETS (*lancets*)	NPB	
PRECISION ULTRA LANCET (*lancets*)	NPB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREFERRED PLUS 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	NPB	
PREFERRED PLUS LANCETS COLORED	PB	
PREFERRED PLUS LANCETS THIN	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	
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 LANCETS 28G (*lancets*)	PB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G (*lancets*)	NPB	
reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (300 strips per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML (*insulin syringe-needle u-100*)	PB	
RELION 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	
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
RELION KETONE IN VITRO STRIP (*acetone (urine) test*)	NPB	
RELION LANCETS STANDARD 21G (*lancets*)	PB	
RELION LANCETS THIN 26G (*lancets*)	PB	
RELION LANCETS ULTRA-THIN 30G (*lancets*)	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*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NPB	
RELION ULTRA THIN LANCETS 30G (*lancets*)	PB	
RELION ULTRA THIN PLUS LANCETS (*lancets*)	PB	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
RIGHTEST GL300 LANCETS (*lancets*)	PB	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 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 (*insulin syringe-needle u-100*)	NPB	
safety lancet 21g|pressure act	NPB	
safety lancet 28g|pressure act	NPB	
SAFETY LANCETS (*lancets*)	PB	
SAFETY LANCETS 21G (*lancets*)	NPB	
safety lancets 28g	NPB	
SAFETY LET LANCETS (*lancets*)	PB	
SAFETY SEAL LANCETS (*lancets*)	PB	
SAFETY-GLIDE SYRINGE 29G X 1/2" 0.3 ML (*insulin syringe-needle u-100*)	PB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
SHOPKO UNILET LANCETS 28G (*lancets*)	NPB	
SHOPKO UNILET LANCETS 30G (*lancets*)	NPB	
SINGLE-LET (*lancets*)	PB	
SMART SENSE COLOR LANCETS 33G (*lancets*)	PB	
SMART SENSE STANDARD LANCETS (*lancets*)	PB	
SMART SENSE SUPER THIN LANCETS (*lancets*)	PB	
SMART SENSE THIN LANCETS 26G (*lancets*)	PB	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST LANCETS 28G (*lancets*)	PB	
SOLUS V2 LANCETS 28G (*lancets*)	PB	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
SOLUS V2 TWIST LANCETS 30G (*lancets*)	PB	
STERILANCE PA (*lancets misc.*)	PB	
STERILANCE TL (*lancets*)	PB	
SUPER THIN LANCETS	NPB	
SURE COMFORT 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" 0.5 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	
SURE COMFORT LANCETS 28G	NPB	
SURE COMFORT LANCETS 30G	PB	
sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm	PB	
SURE EDGE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (*insulin pen needle*)	PB	
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 (*insulin syringe-needle u-100*)	NPB	
SURE-LANCE FLAT LANCETS (*lancets*)	PB	
SURE-LANCE THIN LANCETS 28G (*lancets*)	NPB	
SURE-LANCE ULTRA THIN LANCETS (*lancets*)	NPB	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
SURE-TOUCH LANCETS UNIVERSAL (*lancets*)	PB	
TECHLITE AST LANCETS (*lancets*)	PB	
TECHLITE LANCETS (*lancets*)	PB	
TECHLITE LANCETS 30G (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
THINLETS LANCET (*lancets*)	NPB	
topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm	PB	
TOPCARE ULTRA COMFORT INS 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, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
TRUEPLUS 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	
TRUEPLUS LANCETS 28G (*lancets*)	PB	
TRUEPLUS LANCETS 30G (*lancets*)	PB	
TRUEPLUS LANCETS 33G (*lancets*)	PB	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	PB	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
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" 0.5 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*)	PB	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	PB	
ULTICARE PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	PB	
ULTICARE PEN NEEDLES 29G X 12MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	PB	
ULTILET CLASSIC LANCETS (*lancets*)	PB	
ULTILET LANCETS (*lancets*)	PB	
ULTILET SAFETY LANCETS 23G (*lancets*)	PB	
ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	NPB	
ULTRA-COMFORT 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	NPB	
ULTRALANCE (*lancets misc.*)	PB	
ULTRA-THIN II AUTO LANCET (*lancets*)	PB	
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" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTRA-THIN II LANCETS (*lancets*)	PB	
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	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	PB	
ULTRATRAK PRO TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
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	
UNILET COMFORTOUCH LANCET (*lancets*)	PB	
UNILET EXCELITE (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET EXCELITE II (*lancets*)	PB	
UNILET G.P. LANCET (*lancets*)	PB	
UNILET G.P. SUPERLITE LANCET (*lancets*)	PB	
UNILET GP 28 ULTRA THIN (*lancets*)	PB	
UNILET LANCET (*lancets*)	PB	
UNILET SUPERLITE LANCET (*lancets*)	PB	
UNISTIK 3 COMFORT (*lancets misc.*)	PB	
UNISTIK 3 EXTRA (*lancets misc.*)	PB	
UNISTIK 3 NORMAL (*lancets misc.*)	PB	
UNISTIK CZT COMFORT (*lancets misc.*)	PB	
UNISTIK CZT NORMAL (*lancets misc.*)	PB	
UNIVERSAL 1 LANCETS THIN 26G (*lancets*)	PB	
UNIVERSAL 1 LANCETS ULTRA THIN (*lancets*)	PB	
URISTIX 4 IN VITRO STRIP (*multiple urine tests*)	NPB	
URISTIX IN VITRO STRIP (*multiple urine tests*)	NPB	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	NPB	
VALUE PLUS LANCET STANDARD 21G	PB	
VALUE PLUS LANCETS SUPER THIN	NPB	
VALUE PLUS LANCETS THIN 26G	NPB	
VALUMARK LANCET SUPER THIN 30G	PB	
VALUMARK LANCET ULTRA THIN 28G	PB	
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 1/2" 0.5 ML (*insulin syringe-needle u-100*)	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	
VICTORY AGM-4000 TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
VIDA MIA UNILET LANCETS 28G (*lancets*)	NPB	
VIDA MIA UNILET LANCETS 30G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (*glucose blood*)	NPB	PA; QL (300 strips per 1 month)
MISCELLANEOUS		
AEROCHAMBER PLUS FLO-VU (*spacer/aero-holding chambers*)	PB	
FLEXICHAMBER ADULT MASK/SMALL (*spacer/aero-hold chamber mask*)	PB	
OPTICHAMBER FACE MASK-LARGE (*spacer/aero-holding chambers*)	PB	
PEDIATRIC PANDA MASK (*spacer/aero-hold chamber mask*)	PB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
av-phos 250 neutral oral tablet 155-852-130 mg	G	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	NPB	
effer-k oral tablet effervescent 25 meq	G	
effervescent pot chloride oral tablet effervescent 25 meq	G	
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	NPB	
iodine strong oral solution 5 %	NC	
k-effervescent oral tablet effervescent 25 meq	G	
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	
klor-con m20 oral tablet extended release 20 meq	G	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
potassium chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	NPB	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	NC	
k-prime oral tablet effervescent 25 meq	G	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ (*potassium chloride*)	NC	
k-vescent oral tablet effervescent 25 meq	G	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (*magnesium-calcium-folic acid*)	NC	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ (*potassium chloride*)	NC	
phospha 250 neutral oral tablet 155-852-130 mg	G	
pot bicarb-pot chloride oral tablet effervescent 25 meq	G	
potassium bicarbonate oral tablet effervescent 25 meq	G	
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, 20 meq, 8 meq	G	
potassium chloride oral packet 20 meq	G	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
virt-phos 250 neutral oral tablet 155-852-130 mg	G	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	NC	
APPTRIM ORAL CAPSULE (*dietary manage prod - diet aid*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
APPTRIM-D ORAL CAPSULE (*dietary manage prod - diet aid*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVAILNEX ORAL TABLET CHEWABLE 750 MG (*carbocysteine*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AXONA ORAL PACKET (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
azeschew prenatal/postnatal oral tablet chewable 13-1 mg	NC	
azesco oral tablet 13-1 mg	NC	
b-6 oral tablet 50 mg	G	
BAL-CARE DHA ORAL 27-1 & 430 MG (*prenat-fepoly-fered-fa-omega 3*)	NPB	
bp folinatal plus b oral tablet 1 mg	G	
bp multinatal plus oral tablet chewable 40-1 mg	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	NC	
calcium pnv oral capsule 28-1-250 mg	NPB	
calcium-folic acid plus d oral wafer 1342-1 mg	NC	
CARDIOTEK RX ORAL TABLET (*fa-b6-b12-arginine-blackpepper*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CARDIOVID PLUS ORAL CAPSULE (*dha-epa-vit b6-b12-folic acid*)	NC	
CEREFOLIN NAC ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN ORAL TABLET 6-1-50-5 MG (*l-methylfolate-b12-b6-b2*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL ASSURE ORAL 35-1 & 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 ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (*prenat w/o a-fecbgl-fa-dha*)	NC	
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	
complete natal dha oral 29-1-200 & 250 mg	NPB	
completenate oral tablet chewable 29-1 mg	NPB	
co-natal fa oral tablet	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	
cyanocobalamin injection solution 1000 mcg/ml	G	
DECARA K ORAL CAPSULE 1250-200 MCG (*vitamin d-vitamin k*)	NC	
DECARA ORAL CAPSULE 625 MCG (25000 UT) (*cholecalciferol*)	CE	N2 (Not Covered)
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (*l-methylfolate-algae*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (*l-methylfolate-algae*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	NC	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	NC	
DIALYVITE SUPREME D ORAL TABLET 3 MG (*multiple vitamins-minerals-fa*)	NC	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUET DHA BALANCED ORAL 25-1 & 267 MG (*prenat-fepoly-fered-fa-omega 3*)	NPB	
elite-ob oral tablet 50-1.25 mg	G	
ENLYTE ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENTERAGAM ORAL PACKET 5 GM (*sbil/protein isolate*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ergocal oral capsule 62.5 mcg (2500 ut)	NPB	
ergocalciferol oral capsule 1.25 mg (50000 ut)	G	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	NPB	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (*sodium fluoride*)	CE	N2 (NPB); AL
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG (*sodium fluoride-xylitol*)	NPB	
fluoritab oral solution 0.275 (0.125 f) mg/drop	CE	N2 (G); AL
fluoritab oral tablet chewable 0.55 (0.25 f) mg	CE	LGC; N2 (G); AL
fluoritab oral tablet chewable 1.1 (0.5 f) mg	CE	N2 (G); AL
fluoritab oral tablet chewable 2.2 (1 f) mg	G	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (*sodium fluoride*)	CE	N2 (NPB); AL
folate oral tablet 400 mcg	CE	N2 (Not Covered)
FOLBEE PLUS CZ ORAL TABLET 5 MG (*b-complex-c-biotin-minerals-fa*)	G	
FOLBIC RF ORAL TABLET 1.13-25-2 MG (*l-methylfolate-b6-b12*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLCAL DHA ORAL CAPSULE 27-1.25-300 MG	NPB	
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG (*prenatal-fecbn-feaspgl-fa-omeg*)	NPB	
folic acid oral capsule 0.8 mg	CE	N2 (Not Covered)
folic acid oral tablet 1 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
folic acid oral tablet 400 mcg, 800 mcg	CE	N2 (Not Covered)
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NPB	
FOLTANX ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTX ORAL TABLET 1.13-25-2 MG (*l-methylfolate-b6-b12*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM PLUS ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOVEX ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
GABADONE ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
GENICIN VITA-Q ORAL TABLET 1 MG (*multiple vitamins with fa*)	NC	
g-levocarnitine s/f oral solution 1 gm/10ml	G	
hemenatal ob + dha oral 28-6-1 & 203 mg	NPB	
hemenatal ob oral tablet 28-6-1 mg	NPB	
hm biotin oral tablet dispersible 10000 mcg	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERTENSA ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
inatal advance oral tablet 90-1 mg	G	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
inatal ultra oral tablet	G	
infanate balance oral capsule 29-1-265 mg	NPB	
jenliva prenatal/postnatal oral capsule 1 mg	NC	
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (*nutritional supplements*)	NC	
levocarnitine (dietary) oral solution 1 gm/10ml	NPB	
levocarnitine (dietary) oral tablet 330 mg	NPB	
levocarnitine l-tartrate oral tablet 330 mg	NPB	
levocarnitine-b5-taurine oral liquid 1000-10-150 mg/15ml	NC	
LEVOMEFOLATE DHA ORAL CAPSULE 27-1.13-0.4 MG	NPB	
LIMBREL ORAL CAPSULE 250 MG, 500 MG (*flavocoxid*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL250 ORAL CAPSULE 250-50 MG (*flavocoxid-cit zn bisglcinate*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL500 ORAL CAPSULE 500-50 MG (*flavocoxid-cit zn bisglcinate*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIPICHOL 540 ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LISTER-V ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
l-methylfolate calcium oral tablet 15 mg, 7.5 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
l-methylfolate formula 15 oral capsule 15-90.314 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
l-methylfolate formula 7.5 oral capsule 7.5-90.314 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
l-methylfolate oral tablet 15 mg, 7.5 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg, 3-35-2 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
l-methyl-mc nac oral tablet 6-2-600 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
l-methyl-mc oral tablet 6-1-50-5 mg	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG (*sodium fluoride*)	NPB	
ludent oral tablet chewable 0.55 (0.25 f) mg	CE	LGC; N2 (G); AL
ludent oral tablet chewable 1.1 (0.5 f) mg	CE	N2 (G); AL
ludent oral tablet chewable 2.2 (1 f) mg	G	
LUKAID GLA ORAL EMULSION (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
MACUTEK ORAL TABLET DISPERSIBLE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
MEPHYTON ORAL TABLET 5 MG (*phytonadione*)	NPB	QL (25 tablets per 30 days)
METAFOLBIC ORAL TABLET 6-1-50-5 MG (*l-methylfolate-b12-b6-b2*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METANX ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multi-vitamin/fluoride oral solution 0.25 mg/ml	G	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
pediatric multivitamins-fl (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)	G	
m-vit oral tablet	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mynatal advance oral tablet	G	
mynatal oral tablet 90-1 mg	G	
mynatal plus oral tablet	NPB	
mynatal-z oral tablet	NPB	
sodium fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	G	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NC	#
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (*prenatal vit-fe fum-fe bisg-fa*)	NPB	
NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (*prenat w/o a-fe fum-fa-omega 3*)	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NPB	
neonatal + dha oral 29-1 & 200 mg	NC	
neonatal 19 oral tablet 1 mg	NC	
neonatal fe oral tablet 90-1 mg	NC	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	NC	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NPB	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NPB	
NEWGEN ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NPB	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (*prenat-fefum-doc-fa-dha w/o a*)	NPB	
OB COMPLETE ADVANCED ORAL CAPSULE 27-1-385 MG (*prenat w/o a-fe-methf-fa-omega*)	NPB	
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NPB	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NPB	
O-CAL FA ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
O-CAL PRENATAL ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
OCUVEL ORAL CAPSULE 0.5 MG (*multiple vitamins-minerals-fa*)	NC	
ORGANIC NUTRITION SHAKE ORAL LIQUID (*nutritional supplements*)	NC	
PERCURA ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
phytonadione oral tablet 5 mg	G	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	NPB	
pnv prenatal plus multivitamin oral tablet 27-1 mg	NPB	
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	
PNV-TOTAL ORAL CAPSULE 35-5-1.2 MG	NPB	
pnv-vp-u oral capsule 106.5-1 mg	NPB	
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	
pr natal 400 oral 29-1-200 & 400 mg	G	
pr natal 430 ec oral 29-1-200 & 430 mg (dr)	G	
pr natal 430 oral 29-1-200 & 430 mg	G	
PREFERA OB ORAL TABLET 34-1 MG (*prenatal vit-fepoly-fehempo-fa*)	NPB	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG (*prenat fepoly-fehempo-fa-dha*)	NPB	
pregen dha oral capsule 28-1-35 mg	NC	
pregenna oral tablet 20-1 mg	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENAISSANCE BALANCE ORAL CAPSULE 30-1-260 MG	NPB	
PRENAISSANCE HARMONY DHA ORAL 27-1 & 380 MG	NPB	
PRENAISSANCE NEXT ORAL TABLET 1.2 MG	NPB	
prenaissance next-b oral tablet 1.22 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	NC	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (*prenatal w/o a vit-fe fum-fa*)	NPB	
prenatabs rx oral tablet 29-1 mg	G	
prenatal 19 oral tablet	NPB	
prenatal 19 oral tablet chewable	G	
prenatal low iron oral tablet 27-1 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 DHA ORAL CAPSULE 28-0.6-0.4-300 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG (*prenatal vit w/fe-methylfol-fa*)	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG (*pren-fe-meth-fa-omeg w/o a*)	NPB	
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NPB	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NPB	
prenatvite complete oral tablet 1 mg	NC	
prenatvite plus oral tablet 1 mg	NC	
prenatvite rx oral tablet 0.8 mg	NC	
pretab oral tablet 29-1 mg	NPB	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTEOLIN DS ORAL TABLET (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PROTEOLIN ORAL TABLET (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PULMONA ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
pyridoxine hcl oral tablet 25 mg, 50 mg	G	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NPB	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	NPB	
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	
SENTRA AM ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA PM ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
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	
SYNAGEX ORAL CAPSULE 1.25 MG (*multiple vitamins-minerals-fa*)	NPB	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (*prenatal w/o vit a-fecbn-fa-b6*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NPB	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (*prenat-fefum-dss-fa-dha w/o a*)	NPB	
THERAMINE ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE PLUS ORAL PACKET (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
tl-care dha oral capsule 27-1-500 mg	NPB	
TL-SELECT ORAL CAPSULE 29-1.25-325 MG	NPB	
TREPADONE ORAL CAPSULE (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
tricare oral tablet	NPB	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (*prenatal-fefum-fa-dss-fish oil*)	NPB	
trinatal rx 1 oral tablet 60-1 mg	NPB	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
trinaz oral tablet 12-1 mg	NC	
tristart dha oral capsule 31-0.6-0.4-200 mg	NPB	
TRISTART FREE ORAL CAPSULE 33-1 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NC	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NPB	
tri-tabs dha oral 32-1 mg	NPB	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (*prenat-febis-fepro-fa-ca-omega*)	NPB	
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	
ultimatecare one oral capsule 27-1 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCAZEN ORAL CAPSULE 1 GM (*omega-3-acid eth est (dietary)*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCULERA ORAL TABLET (*dietary management product*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYACOG ORAL CAPSULE 100-19.5-6.5 MG (*phosphatidylserine-dha-epa*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYARIN ORAL CAPSULE 75-21.5-8.5 MG (*phosphatidylserine-dha-epa*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYAROL ORAL CAPSULE 630-232.5-92.5 MG (*phytosterol esters-dha-epa*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VEMAVITE-PRX 2 ORAL CAPSULE 27-1.25-300 MG (*prenat-fefum-dss-fa-dha w/o a*)	NPB	
VENA-BAL DHA ORAL 27-1 & 430 MG	NPB	
vinate ii oral tablet 29-1 mg	NPB	
vinate one oral tablet 60-1 mg	NPB	
virt nate oral tablet 28-1 mg	NPB	
virt-advance oral tablet 90-1 mg	NPB	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	NPB	
VIRT-PN ORAL TABLET 27-0.6-0.4 MG	NPB	
virt-pn plus oral capsule 28-0.6-0.4-340 mg	NPB	
virtprex oral capsule 26-1.2-300 mg	NPB	
VIRT-SELECT ORAL CAPSULE 29-1.25-325 MG	NPB	
virt-vite forte oral tablet 2.5-25-2 mg	G	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
virt-vite gt oral tablet 90-1 mg	NPB	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
iron-vitamins (Vitafol Oral Tablet)	NC	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	NC	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NPB	
VITAL HP 1.0 CAL ORAL LIQUID (*nutritional supplements*)	NC	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	NC	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
vitamin b-6 oral tablet 25 mg, 50 mg	G	
vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)	NPB	N2 (Not Covered)
vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)	CE	N2 (Not Covered)
vitamin d3 oral liquid 400 unit/ml	CE	N2 (Not Covered)
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)	CE	N2 (Not Covered)
vitamin d3 oral tablet chewable 10 mcg (400 unit)	CE	N2 (Not Covered)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	NPB	
VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*)	NPB	
VOL-NATE ORAL TABLET 28-1 MG	NPB	
VOL-PLUS ORAL TABLET 27-1 MG	NPB	
VOL-TAB RX ORAL TABLET 29-1 MG	NPB	
VP-CH-PNV ORAL CAPSULE 30-1-260 MG	NPB	
VP-GGR-B6 PRENATAL ORAL TABLET 1.2 MG	NPB	
vp-gstn oral capsule 27-20-200 mg-mg-unit	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
vp-heme ob + dha oral 28-6-1 & 203 mg	NPB	
vp-heme ob oral tablet 28-6-1 mg	NPB	
vp-heme one oral capsule 22-6-1-200 mg	NPB	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
westab max oral tablet 2.5-25-2 mg	G	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (*prenat w/o a-fe-methf-fa-omega*)	NPB	
ZYTAZE ORAL CAPSULE 25-500 MG (*zinc citrate-phytase*)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
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	
azelastine hcl ophthalmic solution 0.05 %	G	
bepotastine besilate ophthalmic solution 1.5 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NPB	#
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	PB	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	
PAZEO OPHTHALMIC SOLUTION 0.7 % (*olopatadine hcl*)	PB	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	NC	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	NPB	
apraclonidine hcl ophthalmic solution 0.5 %	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NC	
BETAGAN OPHTHALMIC SOLUTION 0.5 % (*levobunolol hcl*)	NC	
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	PB	
bimatoprost ophthalmic solution 0.03 %	NC	
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*)	NC	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (*dorzolamide hcl-timolol mal*)	NPB	ST
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 22.3-6.8 mg/ml	G	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % (*apraclonidine hcl*)	NC	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	NPB	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (*pilocarpine hcl*)	NC	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NC	
latanoprost ophthalmic solution 0.005 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	PB	ST
metipranolol ophthalmic solution 0.3 %	G	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (*echothiophate iodide*)	NPB	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
RESCULA OPHTHALMIC SOLUTION 0.15 % (*unoprostone isopropyl*)	NPB	ST; #
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	G	
timolol maleate pf ophthalmic solution 0.5 %	NC	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NPB	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NC	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NC	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	PB	
travoprost (bak free) ophthalmic solution 0.004 %	G	
TRUSOPT OPHTHALMIC SOLUTION 2 % (*dorzolamide hcl*)	NC	
VEXOL OPHTHALMIC SUSPENSION 1 % (*rimexolone*)	NPB	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NC	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NC	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NPB	PA; ST
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	NPB	ST; #
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*)	PB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (*sulfacetamide-prednisolone*)	PB	
double pm ophthalmic solution reconstituted 1-0.5 %	NC	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NC	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NC	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	G	
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*)	PB	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (*tobramycin-dexamethasone*)	NC	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	PB	
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	#
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM (*bacitracin*)	NC	
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	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (*sulfacetamide sodium*)	NC	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NPB	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (*ciprofloxacin hcl*)	NC	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentak ophthalmic ointment 0.3 %	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	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	PB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
neo-polycin ophthalmic ointment 3.5-400-10000	G	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 (*neomycin-polymyxin-gramicidin*)	NC	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (*ofloxacin*)	NC	
ofloxacin ophthalmic solution 0.3 %	G	
polycin ophthalmic ointment 500-10000 unit/gm	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (*polymyxin b-trimethoprim*)	NC	
sulfacetamide sodium ophthalmic ointment 10 %	G	
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*)	NC	
trifluridine ophthalmic solution 1 %	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	NC	
VIROPTIC OPHTHALMIC SOLUTION 1 % (*trifluridine*)	NC	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NPB	#
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (*gatifloxacin*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (*ketorolac tromethamine*)	NC	
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	NC	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NPB	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NC	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
diclofenac sodium ophthalmic solution 0.1 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NPB	#
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NC	
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*)	PB	
FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*)	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NPB	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NPB	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NPB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NPB	#
loteprednol etabonate ophthalmic gel 0.5 %	NC	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PB	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	PB	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NC	#
DRY EYE DISEASE		
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	NPB	
MISCELLANEOUS		
naphazoline hcl ophthalmic solution 0.1 %	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NPB	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NPB	ST
OTHER		
IRRIGATION SOLUTIONS		
physiolyte irrigation solution	G	
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	G	
ringers irrigation irrigation solution	G	
ringers irrigation (Tis-U-Sol Irrigation Solution)	G	
PHARMACEUTICAL ADJUVANTS		
ORAL VEHICLES		
mouth wash-gp oral liquid	NC	
mouthwash-af oral liquid	NC	
mouthwash-om oral liquid	NC	
polyethylene glycol 3350 powder	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (*epinephrine*)	NC	
ADYPHREN AMP INJECTION KIT 1 MG/ML (*epinephrine*)	NC	
ADYPHREN II INJECTION KIT 1 MG/ML (*epinephrine*)	NC	
ADYPHREN INJECTION KIT 1 MG/ML (*epinephrine*)	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	NC	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	G	QL (1 pack per 1 fill)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML (*epinephrine*)	NC	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*)	NPB	QL (4 syringes per 30 days)
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
acetylcysteine inhalation solution 10 %	G	
PATANASE NASAL SOLUTION 0.6 % (*olopatadine hcl*)	NC	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NC	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NC	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NC	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (*umeclidinium-vilanterol*)	NPB	QL (1 kit per 1 fill)
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*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NPB	QL (2 inhalers per 1 month)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (*mometasone furo-formoterol fum*)	PB	#; QL (1 inhaler per 1 fill)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	PB	#; QL (1 inhaler per 1 month)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	G	QL (1 inhaler per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	QL (6 boxes per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	NPB	ST; QL (1 inhaler per 1 month)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (*fluticasone-umeclidin-vilant*)	PB	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH (*fluticasone-umeclidin-vilant*)	PB	QL (1 pack per 1 month)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (*indacaterol-glycopyrrolate*)	NC	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	NPB	QL (2 inhalers per 1 month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (*umeclidinium bromide*)	PB	QL (1 blister per 1 day)
ipratropium bromide inhalation solution 0.02 %	G	QL (5 boxes per 25 days)
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NC	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NC	
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (*glycopyrrolate*)	NC	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide monohydrate*)	PB	QL (1 inhaler per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	QL (1 inhaler per 1 month)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NPB	PA; ST; QL (1 inhaler per 1 month)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	NC	
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	G	QL (1 package per 1 month)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	PB	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
alavert oral tablet 10 mg	G	LGC; OTC
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	G	OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (*fexofenadine hcl*)	G	OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (*fexofenadine hcl*)	G	OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (*fexofenadine hcl*)	G	OTC
azelastine hcl nasal solution 0.1 %	G	
azelastine hcl nasal solution 0.15 %, 137 mcg/spray	G	QL (60 ml per 30 days)
brompheniramine tannate oral tablet chewable 12 mg	G	
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NC	
cetirizine hcl oral syrup 1 mg/ml	G	LGC; OTC
cetirizine hcl oral tablet 10 mg, 5 mg	G	LGC; OTC
cetirizine hcl oral tablet chewable 10 mg, 5 mg	G	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML (*desloratadine*)	NC	
CLARINEX ORAL TABLET 5 MG (*desloratadine*)	NC	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (*loratadine*)	G	OTC
CLARITIN ORAL SYRUP 5 MG/5ML (*loratadine*)	G	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN ORAL TABLET 10 MG (*loratadine*)	G	OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (*loratadine*)	G	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*loratadine*)	G	OTC
clemastine fumarate oral syrup 0.67 mg/5ml	NC	
clemastine fumarate oral tablet 2.68 mg	G	PA; OTC; AL
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	
diphenhydramine hcl oral elixir 12.5 mg/5ml	G	PA; AL
fexofenadine hcl childrens oral suspension 30 mg/5ml	G	OTC
fexofenadine hcl oral tablet 180 mg, 60 mg	G	OTC
hydroxyzine hcl oral syrup 10 mg/5ml	G	PA; LGC; AL
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	PA; AL
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	PA; AL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NC	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	G	
levocetirizine dihydrochloride oral tablet 5 mg	G	
loratadine allergy relief oral tablet dispersible 10 mg	G	LGC; OTC
loratadine childrens oral syrup 5 mg/5ml	G	LGC; OTC
loratadine oral tablet 10 mg	G	LGC; OTC
loratadine oral tablet chewable 5 mg	G	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG (*fexofenadine hcl*)	G	OTC
olopatadine hcl nasal solution 0.6 %	G	QL (1 container per 30 days)
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NC	
RYCLORA ORAL SYRUP 2 MG/5ML (*dexchlorpheniramine maleate*)	NC	
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	NC	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (*hydroxyzine pamoate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (*levocetirizine dihydrochloride*)	G	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*)	G	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (*cetirizine hcl*)	G	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	G	OTC
ZYRTEC CHILDRENS ALLERGY ORAL SYRUP 1 MG/ML (*cetirizine hcl*)	G	OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	G	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	G	QL (5 boxes per 1 month)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	NPB	
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	QL (2 ml per 1 day)
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (*indacaterol maleate*)	NC	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	NC	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	NPB	PA; ST; #; QL (60 vials per 1 fill)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	G	QL (30 vials per 1 month)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	G	QL (10 ml per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	G	QL (45 ml per 1 month)
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	QL (2 inhalers per 1 month)
metaproterenol sulfate oral syrup 10 mg/5ml	G	
metaproterenol sulfate oral tablet 10 mg, 20 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	NPB	#; QL (30 vials per 1 month)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT, 108 MCG/ACT (*albuterol sulfate*)	NC	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NC	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NC	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NC	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (*salmeterol xinafoate*)	NC	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	QL (1 inhaler per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PB	
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG (*albuterol sulfate*)	NC	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (*levalbuterol hcl*)	NC	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NC	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (*levalbuterol hcl*)	NC	
BIOLOGIC RESPONSE MODIFIERS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	NPL; SP Pharmacy; QL (1 pen per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	PSP	QL (8 syringes per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	PSP	QL (2 injections per 1 month)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	QL (8 vials per 28 days)
COLD/COUGH		
alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg	G	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (*fexofenadine-pseudoephedrine*)	G	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (*fexofenadine-pseudoephedrine*)	G	OTC
benzonatate oral capsule 100 mg, 200 mg	G	
benzonatate oral capsule 150 mg	NC	
bromfed dm oral syrup 30-2-10 mg/5ml	G	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML (*phenyleph-chlorphen-carbetapen*)	NC	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML (*phenyleph-chlorphen-carbetapen*)	NC	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	G	OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	NC	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	G	OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	G	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML (*chlorpheniramine-codeine*)	NC	
DECON-A ORAL ELIXIR 2-5 MG/5ML (*brompheniramine-phenylephrine*)	NC	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	G	OTC
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	G	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYCOFENIX ORAL SOLUTION 30-2.5-200 MG/5ML (*pseudoeph-hydrocodone-gg*)	NC	
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-guaifenesin oral solution 2.5-200 mg/5ml	G	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
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)
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	NC	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	G	OTC
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	G	OTC
nebusal inhalation nebulization solution 3 %	G	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (*sodium chloride*)	NC	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	NC	
NORTUSS-DE ORAL LIQUID 2.5-5-50 MG/ML (*phenylephrine-dm-gg*)	NC	
nortuss-ex oral liquid 20-200 mg/5ml	NC	
promethazine vc oral syrup 6.25-5 mg/5ml	NC	
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-dm oral syrup 6.25-15 mg/5ml	G	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	G	
pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml	G	
sodium chloride (Pulmosal Inhalation Nebulization Solution 7 %)	G	
RELHIST ORAL TABLET CHEWABLE 6-15 MG (*bromphen tann-phenyleph tann*)	NC	
SEMPREX-D ORAL CAPSULE 8-60 MG (*acrivastine-pseudoephedrine*)	NPB	

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*)	NC	
tgq 15dm/5peh/2cpm oral syrup 15-5-2 mg/5ml	NC	
tgq 30pse/150gfn/15dm oral syrup 30-150-15 mg/5ml	NC	
tgq 30pse/3brm/15dm oral syrup 30-3-15 mg/5ml	NC	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG (*hydrocod polst-chlorphen polst*)	NPB	PA; QL (2 capsules per day for 7 days per 30 days)
tussigon oral tablet 5-1.5 mg	G	PA; QL (6 tablets per day for 7 days per 30 days)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML (*hydrocod polst-chlorphen polst*)	NC	
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)
ZONATUSS ORAL CAPSULE 150 MG (*benzonatate*)	NC	
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML (*pseudoeph-chlorphen-hydrocod*)	NC	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	G	OTC
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	G	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NPB	QL (4 tablets per 1 day)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
ACCOLATE ORAL TABLET 10 MG, 20 MG (*zafirlukast*)	NC	
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*)	NC	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NC	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zafirlukast oral tablet 10 mg, 20 mg	G	
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*zileuton*)	NC	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	QL (2 boxes per 1 month)
MISCELLANEOUS		
acetylcysteine inhalation solution 20 %	G	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NPB	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NC	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	NPB	PA; #
dyphylline-guaifenesin (Difil-G Forte Oral Liquid 100-100 Mg/5Ml)	NC	
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	PSP	PA; SP Pharmacy; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (*pirfenidone*)	PSP	PA; SP Pharmacy; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (*pirfenidone*)	PSP	PA; SP Pharmacy; QL (3 tablets per 1 day)
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*)	NC	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	PSP	PA; SP Pharmacy; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	PSP	PA; SP Pharmacy; QL (2 tabs per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	NPSP	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG (*lumacaftor-ivacaftor*)	NPSP	PA; QL (4 tablets per 1 Day)
ORKAMBI ORAL TABLET 200-125 MG (*lumacaftor-ivacaftor*)	NPSP	PA; QL (4 tablets per 1 day)
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %	G	
sodium chloride inhalation nebulization solution 3 %	G	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (*tezacaftor-ivacaftor*)	NPSP	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (*tezacaftor-ivacaftor*)	NPSP	SP Pharmacy; QL (2 tablets per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	PSP	SP Pharmacy; QL (1 pack per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	PSP	PA; SP Pharmacy; QL (3 tablets per 1 day)
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*)	NPB	ST
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*)	G	OTC
flunisolide nasal solution 25 mcg/act (0.025%)	G	QL (75 ml per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	G	OTC; QL (1 16 gram bottle per 30 days)
mometasone furoate nasal suspension 50 mcg/act	G	QL (34 grams per 30 days)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	G	OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT (*mometasone furoate*)	NC	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NPB	ST; #; QL (1 inhaler per 30 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NPB	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NPB	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (*budesonide*)	G	OTC
triamcinolone acetonide nasal aerosol 55 mcg/act	G	OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NC	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	NPB	ST
PULMONARY FIBROSIS AGENTS		
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEVERE ASTHMA AGENTS		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	NC	
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	NC	
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (*dupilumab*)	NC	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT (*flunisolide hfa*)	NC	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NPB	ST; QL (1 inhaler per 1 month)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate (inhal)*)	NC	
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT (*fluticasone propionate (inhal)*)	NC	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT (*fluticasone propionate (inhal)*)	NC	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT (*fluticasone propionate (inhal)*)	NC	
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	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (*mometasone furoate*)	NPB	ST; #; QL (1 inhaler per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (*mometasone furoate*)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (*mometasone furoate*)	NPB	ST; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (*mometasone furoate*)	NC	
budesonide inhalation suspension 0.25 mg/2ml	G	QL (4 vials per 1 day)
budesonide inhalation suspension 0.5 mg/2ml	G	QL (4 ml per 1 day)
budesonide inhalation suspension 1 mg/2ml	G	QL (1 vial per 1 day); AL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (*fluticasone propionate (inhal)*)	NPB	ST; #; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	NPB	ST; #; QL (1 inhaler per 1 month)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	NPB	PA; ST; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NC	
PULMOZYME INHALATION SOLUTION 1 MG/ML (*dornase alfa*)	PSP	PA; SP Pharmacy; QL (60 units per 1 fill)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT (*beclomethasone dipropionate*)	PB	QL (1 inhaler per 1 month)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	QL (1 inhaler per 1 month)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE (*fluticasone-salmeterol*)	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE (*fluticasone-salmeterol*)	NPB	ST; QL (1 diskus per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE (*fluticasone-salmeterol*)	NPB	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	PB	QL (1 inhaler per 1 month)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol*)	NC	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (*fluticasone furoate-vilanterol*)	NPB	ST; QL (2 blisters per 1 day)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	G	QL (1 inhaler per 1 month)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NC	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	G	QL (2 inhalations per 1 day)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	NC	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	G	QL (2 inhalations per 1 day)
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*)	NC	
theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	G	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 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*)	NC	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NC	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NC	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	NPB	QL (60 grams per 30 days)
adapalene external cream 0.1 %	G	PA; AL
adapalene external gel 0.1 %, 0.3 %	G	PA; AL
adapalene external lotion 0.1 %	G	ST; AL
adapalene external solution 0.1 %	NPB	QL (2 ml per 1 day)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	AL
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	NC	
AKTIPAK EXTERNAL PACKET 5-3 % (*benzoyl peroxide-erythromycin*)	NPB	QL (2 packets per 1 day)
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NC	#
amnesteem oral capsule 10 mg, 20 mg, 40 mg	G	ST
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NC	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NC	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NC	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	NC	
AVAR-E LS EXTERNAL CREAM 10-2 % (*sulfacetamide sodium-sulfur*)	NC	
avita external cream 0.025 %	G	PA; AL
tretinoin (Avita External Gel 0.025 %)	G	PA
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NPB	
BENZAC AC WASH EXTERNAL LIQUID 5 % (*benzoyl peroxide*)	NC	
BENZACLIN EXTERNAL GEL 1-5 % (*clindamycin phos-benzoyl perox*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 % (*clindamycin phos-benzoyl perox*)	NC	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	NC	
BENZIQ EXTERNAL GEL 5.25 % (*benzoyl peroxide*)	PB	
BENZIQ LS EXTERNAL GEL 2.75 % (*benzoyl peroxide*)	PB	
benzoyl peroxide-erythromycin external gel 5-3 %	G	
bp wash external liquid 2.5 %	G	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	PA; ST
CLEOCIN-T EXTERNAL GEL 1 % (*clindamycin phosphate*)	NC	
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	NC	
CLEOCIN-T EXTERNAL SOLUTION 1 % (*clindamycin phosphate*)	NC	
CLEOCIN-T EXTERNAL SWAB 1 % (*clindamycin phosphate*)	NC	
clindacin etz external swab 1 %	G	
clindacin-p external swab 1 %	G	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NC	
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 %	NC	
clindamycin phosphate external lotion 1 %	G	QL (60 ml per 1 month)
clindamycin phosphate external solution 1 %	G	QL (2 ML per 1 day)
clindamycin phosphate external swab 1 %	G	
clindamycin-tretinoin external gel 1.2-0.025 %	G	AL
dapsone external gel 5 %	G	QL (60 grams per 30 Days)
dapsone external gel 7.5 %	G	QL (60 GM per 30 days)
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	NC	
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NC	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NC	
DUAC EXTERNAL GEL 1.2-5 % (*clindamycin-benzoyl per (refr)*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	NC	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	NPB	#
ery external pad 2 %	G	
erythromycin external gel 2 %	G	QL (60 grams per 1 month)
erythromycin external pad 2 %	G	
erythromycin external solution 2 %	G	QL (60 ml per 1 month)
EVOCLIN EXTERNAL FOAM 1 % (*clindamycin phosphate*)	NC	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NC	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
isotretinoin oral capsule 25 mg, 35 mg	NC	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	NC	
myorisan oral capsule 10 mg, 20 mg, 40 mg	G	ST
isotretinoin (Myorisan Oral Capsule 30 Mg)	G	ST
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	G	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	NC	#
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	NC	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	NC	
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	NC	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	NC	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NC	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NC	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NC	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NC	
sss 10-5 external foam 10-5 %	NC	
sulfacetamide sodium (acne) external lotion 10 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium external suspension 10 %	G	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	NC	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	NC	
tazarotene external foam 0.1 %	NC	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	PA; AL
tretinoin external gel 0.01 %, 0.05 %	G	PA; AL
tretinoin external gel 0.025 %	G	PA
tretinoin microsphere external gel 0.04 %, 0.1 %	G	PA; AL
tretinoin microsphere pump external gel 0.04 %, 0.1 %	G	PA; AL
TRETIN-X EXTERNAL CREAM 0.075 % (*tretinoin*)	NC	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	NC	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	ST
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	NC	
EFUDEX EXTERNAL CREAM 5 % (*fluorouracil*)	NC	
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	QL (1 pump per 1 month)
KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NC	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (*ingenol mebutate*)	NPB	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	PB	#
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NC	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	NC	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (*retapamulin*)	NPB	
BACTROBAN EXTERNAL CREAM 2 % (*mupirocin calcium*)	NC	
BACTROBAN NASAL NASAL OINTMENT 2 % (*mupirocin calcium*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTANY EXTERNAL OINTMENT 2 % (*mupirocin*)	NC	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (*neomycin-polymyxin-hc*)	NPB	
CORTISPORIN EXTERNAL OINTMENT 1 % (*bacit-poly-neo hc*)	NPB	
gentamicin sulfate external cream 0.1 %	G	LGC
gentamicin sulfate external ointment 0.1 %	G	LGC
mupirocin calcium external cream 2 %	G	QL (60 grams per 30 days)
mupirocin external ointment 2 %	G	QL (60 grams per 30 days)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NPB	
silver sulfadiazine external cream 1 %	G	
ssd external cream 1 %	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	NPB	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	NC	
DERMATOLOGY, ANTIFUNGALS		
ciclodan external cream 0.77 %	G	
ciclodan external solution 8 %	G	PA
ciclopirox external gel 0.77 %	G	QL (120 grams per 1 month)
ciclopirox external shampoo 1 %	G	QL (120 grams per 1 month)
ciclopirox external solution 8 %	G	
ciclopirox olamine external cream 0.77 %	G	QL (120 grams per 1 month)
ciclopirox olamine external suspension 0.77 %	G	QL (120 grams per 1 month)
clotrimazole external cream 1 %	G	QL (120 grams per 1 month)
clotrimazole external solution 1 %	G	QL (120 ml per 1 month)
clotrimazole-betamethasone external cream 1-0.05 %	G	QL (45 grams per 1 month)
clotrimazole-betamethasone external lotion 1-0.05 %	G	QL (2 ml per 1 day)
econazole nitrate external cream 1 %	G	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NC	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NPB	QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NPB	QL (60 grams per 30 days)
EXTINA EXTERNAL FOAM 2 % (*ketoconazole*)	NPB	QL (50 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRIS-PEG ORAL TABLET 125 MG, 250 MG (*griseofulvin ultramicrosize*)	NC	
HALOTIN EXTERNAL CREAM 1 % (*haloprogin*)	NC	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NPB	PA; #; QL (4 ML per 1 month)
ketoconazole external cream 2 %	G	QL (2 grams per 1 day)
ketoconazole external foam 2 %	G	QL (50 grams per 30 days)
LOPROX EXTERNAL CREAM 0.77 % (*ciclopirox olamine*)	NC	
LOPROX EXTERNAL SHAMPOO 1 % (*ciclopirox*)	NC	
LOPROX EXTERNAL SUSPENSION 0.77 % (*ciclopirox olamine*)	NC	
LOTRISONE EXTERNAL CREAM 1-0.05 % (*clotrimazole-betamethasone*)	NC	
luliconazole external cream 1 %	G	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NC	
MENTAX EXTERNAL CREAM 1 % (*butenafine hcl*)	NPB	QL (60 grams per 1 month)
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	NC	
naftifine hcl external cream 1 %	G	QL (60 grams per 1 month)
naftifine hcl external cream 2 %	G	QL (60 grams per 30 days)
NAFTIN EXTERNAL CREAM 2 % (*naftifine hcl*)	NC	
NAFTIN EXTERNAL GEL 1 % (*naftifine hcl*)	NPB	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	NPB	ST; #; QL (60 grams per 30 days)
nystatin (Nyamyc External Powder 100000 Unit/Gm)	G	QL (120 grams per 1 month)
nystatin (Nyata External Powder 100000 Unit/Gm)	G	QL (120 grams per 1 month)
nystatin external cream 100000 unit/gm	G	QL (120 grams per 1 month)
nystatin external ointment 100000 unit/gm	G	QL (120 grams per 1 month)
nystatin external powder 100000 unit/gm	G	QL (120 grams per 1 month)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	QL (2 grams per 1 day)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	QL (2 grams per 1 day)
nystatin (Nystop External Powder 100000 Unit/Gm)	G	QL (120 grams per 1 month)
oxiconazole nitrate external cream 1 %	NC	
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NPB	QL (60 ml per 30 days)
PENLAC EXTERNAL SOLUTION 8 % (*ciclopirox*)	NC	
sulconazole nitrate external cream 1 %	G	QL (60 GM per 1 month)
sulconazole nitrate external solution 1 %	G	QL (2 mls per 1 day)
XOLEGEL EXTERNAL GEL 2 % (*ketoconazole*)	NPB	QL (50 grams per 30 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	G	ST; QL (45 grams per 1 month)
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NC	
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NC	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	G	ST; QL (4 grams per 1 day)
calcipotriene external foam 0.005 %	NC	
calcipotriene external ointment 0.005 %	G	ST
calcipotriene external solution 0.005 %	G	
calcitrene external ointment 0.005 %	G	ST
calcitriol external ointment 3 mcg/gm	G	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (2 injections per 1 month)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (2 injections per 1 month)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (1 package per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP Pharmacy; QL (1 package per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*secukinumab*)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); SP Pharmacy; QL (1 box per 1 month)
DOVONEX EXTERNAL CREAM 0.005 % (*calcipotriene*)	NC	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NC	
methoxsalen oral capsule 10 mg	G	
methoxsalen rapid oral capsule 10 mg	G	
OXSORALEN ULTRA ORAL CAPSULE 10 MG (*methoxsalen rapid*)	NC	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NC	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (*acitretin*)	NC	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NC	
tazarotene external cream 0.1 %	G	AL
TAZORAC EXTERNAL CREAM 0.05 % (*tazarotene*)	PB	AL
TAZORAC EXTERNAL CREAM 0.1 % (*tazarotene*)	NC	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	PB	AL
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NC	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NC	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	G	
NIZORAL EXTERNAL SHAMPOO 2 % (*ketoconazole*)	NC	
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*)	NC	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	NC	
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	NC	
ala-cort external cream 1 %	G	QL (120 grams per 1 month)
ala-cort external cream 2.5 %	NC	
alclometasone dipropionate external cream 0.05 %	G	QL (120 grams per 1 month)
alclometasone dipropionate external ointment 0.05 %	G	QL (120 grams per 1 month)
amcinonide external cream 0.1 %	G	QL (120 grams per 1 month)
amcinonide external lotion 0.1 %	G	QL (120 ml per 1 month)
amcinonide external ointment 0.1 %	NPB	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NPB	
betamethasone dipropionate aug external cream 0.05 %	G	QL (120 grams per 1 month)
betamethasone dipropionate aug external gel 0.05 %	G	QL (120 grams per 1 month)
betamethasone dipropionate aug external lotion 0.05 %	G	QL (120 grams per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	G	QL (100 grams per 30 days)
betamethasone dipropionate external cream 0.05 %	G	QL (4 grams per 1 day)
betamethasone dipropionate external lotion 0.05 %	G	QL (120 ml per 1 month)
betamethasone dipropionate external ointment 0.05 %	G	QL (4 grams per 1 day)
betamethasone valerate external cream 0.1 %	G	QL (120 grams per 1 month)
betamethasone valerate external foam 0.12 %	G	QL (120 grams per 1 month)
betamethasone valerate external lotion 0.1 %	G	QL (120 ml per 1 month)
betamethasone valerate external ointment 0.1 %	G	QL (4 grams per 1 day)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	NC	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NC	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NC	
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	NPB	QL (120 ml per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate e external cream 0.05 %	G	ST; QL (120 grams per 30 days)
clobetasol propionate emulsion external foam 0.05 %	G	QL (100 grams per 30 days)
clobetasol propionate external cream 0.05 %	G	QL (120 grams per 30 days)
clobetasol propionate external foam 0.05 %	G	QL (100 grams per 30 days)
clobetasol propionate external gel 0.05 %	G	QL (120 grams per 30 days)
clobetasol propionate external liquid 0.05 %	G	QL (125 ml per 30 days)
clobetasol propionate external lotion 0.05 %	G	QL (120 ml per 1 month)
clobetasol propionate external ointment 0.05 %	G	QL (120 grams per 30 days)
clobetasol propionate external shampoo 0.05 %	G	QL (236 ml per 30 days)
clobetasol propionate external solution 0.05 %	G	QL (120 ml per 1 month)
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NC	
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NC	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NC	
clocortolone pivalate external cream 0.1 %	G	QL (120 grams per 1 month)
clocortolone pivalate pump external cream 0.1 %	G	QL (120 grams per 1 month)
clobetasol propionate (Clodan External Shampoo 0.05 %)	G	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NC	
CLODERM PUMP EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NC	
CORDRAN EXTERNAL CREAM 0.05 % (*flurandrenolide*)	NC	
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NC	
CORDRAN EXTERNAL OINTMENT 0.05 % (*flurandrenolide*)	NC	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NPB	#; QL (1 roll per 1 fill)
cormax scalp application external solution 0.05 %	G	ST; QL (100 ml per 30 days)
CUTIVATE EXTERNAL CREAM 0.05 % (*fluticasone propionate*)	NC	
CUTIVATE EXTERNAL LOTION 0.05 % (*fluticasone propionate*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NC	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NC	
DERMATOP EXTERNAL CREAM 0.1 % (*prednicarbate*)	NC	
DERMATOP EXTERNAL OINTMENT 0.1 % (*prednicarbate*)	NC	
DESONATE EXTERNAL GEL 0.05 % (*desonide*)	NC	
desonide external cream 0.05 %	G	QL (120 grams per 1 month)
desonide external gel 0.05 %	NC	
desonide external lotion 0.05 %	G	QL (120 ml per 1 month)
desonide external ointment 0.05 %	G	QL (120 grams per 1 month)
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	NC	
DESOWEN EXTERNAL LOTION 0.05 % (*desonide*)	NC	
desoximetasone external cream 0.05 %, 0.25 %	G	QL (120 grams per 1 month)
desoximetasone external gel 0.05 %	G	QL (120 grams per 1 month)
desoximetasone external liquid 0.25 %	NC	
desoximetasone external ointment 0.05 %	NC	
desoximetasone external ointment 0.25 %	G	QL (4 grams per 1 day)
diflorasone diacetate external cream 0.05 %	G	QL (120 grams per 1 month)
diflorasone diacetate external ointment 0.05 %	G	QL (120 grams per 1 month)
DIPROLENE AF EXTERNAL CREAM 0.05 % (*betamethasone dipropionate aug*)	NC	
DIPROLENE EXTERNAL LOTION 0.05 % (*betamethasone dipropionate aug*)	NC	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NC	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NPB	QL (1 100 gram tube per 1 month)
ELOCON EXTERNAL CREAM 0.1 % (*mometasone furoate*)	NC	
ELOCON EXTERNAL OINTMENT 0.1 % (*mometasone furoate*)	NC	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NC	
fluocinolone acetonide body external oil 0.01 %	G	QL (120 ml per 1 month)
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	QL (120 grams per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinolone acetonide external ointment 0.025 %	G	QL (120 grams per 1 month)
fluocinolone acetonide external solution 0.01 %	G	QL (120 ml per 1 month)
fluocinolone acetonide scalp external oil 0.01 %	G	QL (120 ml per 1 month)
fluocinonide emulsified base external cream 0.05 %	G	QL (4 grams per 1 day)
fluocinonide external cream 0.05 %	G	LGC; QL (120 grams per 30 days)
fluocinonide external cream 0.1 %	G	ST; QL (120 grams per 30 days)
fluocinonide external gel 0.05 %	G	QL (120 grams per 30 days)
fluocinonide external ointment 0.05 %	G	QL (120 grams per 30 days)
fluocinonide external solution 0.05 %	G	QL (120 grams per 30 days)
flurandrenolide external cream 0.05 %	G	
flurandrenolide external lotion 0.05 %	G	
flurandrenolide external ointment 0.05 %	NC	
fluticasone propionate external cream 0.05 %	G	QL (120 grams per 1 month)
fluticasone propionate external lotion 0.05 %	G	QL (120 ml per 1 month)
fluticasone propionate external ointment 0.005 %	G	QL (120 grams per 1 month)
halcinonide external cream 0.1 %	NC	
halobetasol propionate external cream 0.05 %	G	QL (120 grams per 1 month)
halobetasol propionate external foam 0.05 %	NC	
halobetasol propionate external ointment 0.05 %	G	QL (120 grams per 1 month)
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NPB	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NPB	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NC	
hydrocortisone butyr lipo base external cream 0.1 %	G	
hydrocortisone butyrate external cream 0.1 %	G	QL (120 grams per 1 month)
hydrocortisone butyrate external lotion 0.1 %	NC	
hydrocortisone butyrate external ointment 0.1 %	G	QL (120 grams per 1 month)
hydrocortisone butyrate external solution 0.1 %	G	QL (120 ml per 1 month)
hydrocortisone external cream 1 %, 2.5 %	G	QL (120 grams per 1 month)
hydrocortisone external lotion 2.5 %	G	QL (120 ml per 1 month)
hydrocortisone external ointment 2.5 %	G	QL (120 grams per 1 month)
hydrocortisone valerate external cream 0.2 %	G	QL (120 grams per 1 month)
hydrocortisone valerate external ointment 0.2 %	G	QL (120 grams per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (*clobetasol propionate*)	NC	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NC	#
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NC	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NC	
LOCOID EXTERNAL CREAM 0.1 % (*hydrocortisone butyrate*)	NC	
LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*)	NC	
LOCOID EXTERNAL OINTMENT 0.1 % (*hydrocortisone butyrate*)	NC	
LOCOID EXTERNAL SOLUTION 0.1 % (*hydrocortisone butyrate*)	NC	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NC	
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NC	
MICORT-HC EXTERNAL CREAM 2.5 % (*hydrocortisone acetate*)	NC	
mometasone furoate external cream 0.1 %	G	QL (120 grams per 1 month)
mometasone furoate external ointment 0.1 %	G	QL (120 grams per 1 month)
mometasone furoate external solution 0.1 %	G	QL (120 ml per 1 month)
OLUX EXTERNAL FOAM 0.05 % (*clobetasol propionate*)	NC	
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NC	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NC	
prednicarbate external cream 0.1 %	G	QL (120 grams per 1 month)
prednicarbate external ointment 0.1 %	G	QL (120 grams per 1 month)
psorcon external cream 0.05 %	NC	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NC	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NC	
SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*)	NC	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (*calcipotriene-betameth diprop*)	NC	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	ST; QL (60 grams per 30 days)
TEMOVATE EXTERNAL CREAM 0.05 % (*clobetasol propionate*)	NC	
TEMOVATE EXTERNAL GEL 0.05 % (*clobetasol propionate*)	NC	
TEMOVATE EXTERNAL OINTMENT 0.05 % (*clobetasol propionate*)	NC	
TEMOVATE EXTERNAL SOLUTION 0.05 % (*clobetasol propionate*)	NC	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NPB	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NC	
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NC	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NC	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NC	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NC	
triamcinolone acetonide external cream 0.025 %, 0.5 %	G	LGC; QL (120 grams per 1 month)
triamcinolone acetonide external cream 0.1 %	G	LGC; QL (2 grams per 1 day)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	QL (120 ml per 1 month)
triamcinolone acetonide external ointment 0.025 %, 0.5 %	G	LGC; QL (120 grams per 1 month)
triamcinolone acetonide external ointment 0.1 %	G	LGC; QL (2 grams per 1 day)
triderm external cream 0.1 %	G	LGC; QL (2 grams per 1 day)
triamcinolone acetonide (Triderm External Cream 0.5 %)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIDESILON EXTERNAL CREAM 0.05 % (*desonide*)	NC	
ULTRAVATE EXTERNAL CREAM 0.05 % (*halobetasol propionate*)	NC	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NC	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % (*halobetasol propionate*)	NC	
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NC	
VERDESO EXTERNAL FOAM 0.05 % (*desonide*)	NPB	QL (100 grams per 30 days)
WESTCORT EXTERNAL OINTMENT 0.2 % (*hydrocortisone valerate*)	NC	
DERMATOLOGY, LOCAL ANESTHETICS		
asperflex max st external patch 4 %	G	QL (1 patch per 1 day)
cvs pain relief external patch 4 %	G	QL (1 patch per 1 day)
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % (*lidocaine-prilocaine*)	NC	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	NPB	
eq lidocaine pain relieving external patch 4 %	G	QL (1 patch per 1 day)
gnp lidocaine pain relief external patch 4 %	G	QL (1 patch per 1 day)
hm lidocaine patch external patch 4 %	G	QL (1 patch per 1 day)
lidocaine external ointment 5 %	G	QL (50 grams per 30 days)
lidocaine external patch 4 %	G	QL (1 patch per 1 day)
lidocaine external patch 5 %	G	PA
lidocaine hcl external solution 4 %	G	
lidocaine hcl urethral/mucosal external gel 2 %	G	QL (2 ml per 1 day)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	G	QL (2 ml per 1 day)
lidocaine pain relief external patch 4 %	G	QL (1 patch per 1 day)
lidocaine pak external ointment 5 %	G	QL (90 grams per 1 month)
lidocaine-prilocaine external cream 2.5-2.5 %	G	QL (30 grams per 30 days)
lidocaine-tetracaine external cream 7-7 %	NC	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NC	
pain relief maximum strength external patch 4 %	G	QL (1 patch per 1 day)
pain relieving lidocaine external patch 4 %	G	QL (1 patch per 1 day)
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	NC	
premium lidocaine external ointment 5 %	G	QL (90 grams per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc lidocaine pain relief external patch 4 %	G	QL (1 patch per 1 day)
ra lidocaine pain relieving external patch 4 %	G	QL (1 patch per 1 day)
ra pain relieving external patch 4 %	G	QL (1 patch per 1 day)
SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*)	NPB	QL (10 patches per 30 days)
theracare pain relief external patch 4 %	G	QL (1 patch per 1 day)
XYLOCAINE EXTERNAL SOLUTION 4 % (*lidocaine hcl*)	NC	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	G	OTC
acyclovir external cream 5 %	NC	
acyclovir external ointment 5 %	NC	
ALDARA EXTERNAL CREAM 5 % (*imiquimod*)	NC	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NPB	#
ammonium lactate external cream 12 %	G	
ammonium lactate external lotion 12 %	G	OTC
BUCALSEP EXTERNAL SOLUTION (*antiseptic products, misc.*)	NC	
chlorhexidine gluconate solution 20 %	NC	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NPB	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NPB	#
diclofenac epolamine external patch 1.3 %	G	PA; QL (2 patches per 1 day)
diclofenac epolamine transdermal patch 1.3 %	G	QL (2 patches per 1 day)
diclofenac sodium external gel 1 %	G	QL (300 GM per 1 month)
diclofenac sodium external solution 1.5 %	NC	
diclofenac sodium transdermal gel 1 %	G	QL (300 grams per 1 month)
diclofenac sodium transdermal gel 3 %	NC	
diclofenac sodium transdermal solution 1.5 %	NC	
docosanol external cream 10 %	G	OTC
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NC	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	NPB	ST
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLECTOR TRANSDERMAL PATCH 1.3 % (*diclofenac epolamine*)	NC	
hyalucil-4 transdermal cream 2-4 %	NC	
hydrogen peroxide solution 30 %	NC	
diclofenac sodium (Klofensaid Ii External Solution 1.5 %)	NC	
diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)	NC	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPB	QL (1 stick per 30 days)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NC	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NC	
lugols external solution	NC	
lugols strong iodine external solution 5-10 %	NC	
NUVAIL EXTERNAL SOLUTION (*dermatological products, misc.*)	NPB	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	NPB	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NC	
PENNSAID TRANSDERMAL SOLUTION 2 % (*diclofenac sodium*)	NC	
pimecrolimus external cream 1 %	G	PA; ST
podofilox external solution 0.5 %	G	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (*tacrolimus*)	NC	
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	NPB	PA; ST; QL (1 pad per 1 Day)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NPB	QL (60 grams per 30 days)
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	NC	
SOLARAZE EXTERNAL GEL 3 % (*diclofenac sodium*)	NC	
SOLARAZE TRANSDERMAL GEL 3 % (*diclofenac sodium*)	NC	
SULFAMYLON EXTERNAL PACKET 5 % (*mafenide acetate*)	NPB	
tacrolimus external ointment 0.03 %, 0.1 %	G	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	PSP	PA; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NC	#
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NPB	
VOLTAREN TRANSDERMAL GEL 1 % (*diclofenac sodium*)	G	QL (300 grams per 1 month)
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	PB	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NC	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NC	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	NC	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NC	
ivermectin external cream 1 %	G	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	NC	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NC	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	NC	
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	PA
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NC	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	NC	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NC	
rosadan external cream 0.75 %	G	
rosadan external gel 0.75 %	G	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	NC	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NC	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs lice treatment external liquid 1 %	G	
cvs permethrin external lotion 1 %	G	
ELIMITE EXTERNAL CREAM 5 % (*permethrin*)	NC	
EURAX EXTERNAL CREAM 10 % (*crotamiton*)	NPB	
EURAX EXTERNAL LOTION 10 % (*crotamiton*)	NPB	
ivermectin external lotion 0.5 %	G	ST
lindane external shampoo 1 %	G	
malathion external lotion 0.5 %	G	
NATROBA EXTERNAL SUSPENSION 0.9 % (*spinosad*)	NC	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	NC	
permethrin external cream 5 %	G	
ra lice treatment external lotion 1 %	G	
SKLICE EXTERNAL LOTION 0.5 % (*ivermectin*)	NC	#
sm lice treatment external lotion 1 %	G	
spinosad external suspension 0.9 %	G	
ULESFIA EXTERNAL LOTION 5 % (*benzyl alcohol*)	NPB	#; QL (3 bottles per 1 fill)
DERMATOLOGY, WOUND CARE AGENTS		
LIDOTREX (ALOE VERA) EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	NC	
LIDOTREX EXTERNAL GEL 2 % (*lidocaine*)	NC	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NPB	PA
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat lozenge 10 mg	G	
clotrimazole mouth/throat troche 10 mg	G	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	NC	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	NPB	
lidocaine hcl mouth/throat solution 4 %	G	
lidocaine viscous mouth/throat solution 2 %	G	
neutragard advanced dental gel 1.1 %	CE	N2 (Not Covered); AL
neutral sodium fluoride mouth/throat solution 0.2 %	CE	N2 (Not Covered); AL
nystatin mouth/throat suspension 100000 unit/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oralone mouth/throat paste 0.1 %	G	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NPB	#; QL (14 tabs per 1 fill)
paroex mouth/throat solution 0.12 %	G	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	NC	
periogard mouth/throat solution 0.12 %	G	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	NC	
sf dental gel 1.1 %	CE	N2 (Not Covered); AL
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetasol hc otic solution 2-1 %	G	
acetic acid otic solution 2 %	G	
CETRAXAL OTIC SOLUTION 0.2 % (*ciprofloxacin hcl*)	NC	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NPB	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*)	NC	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NC	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	NPB	
DERMOTIC OTIC OIL 0.01 % (*fluocinolone acetonide*)	NC	
FLOXIN OTIC OTIC SOLUTION 0.3 % (*ofloxacin*)	NC	
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*)	NC	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	NC	

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