

Plan for your best health

Aetna Small Group ACA Formulary: CT, MD

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2021 Small Group ACA CT MD Plan

Table of Contents

INFORMATIONAL SECTION.....	4
ALTERNATIVE MEDICINES.....	15
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	15
ANTI - INFECTIVES.....	28
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	28
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	47
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	59
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	59
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	79
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	113
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	151
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	163
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	167
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	173
MEDICAL DEVICES.....	183
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	207
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	223
OTHER.....	229
PHARMACEUTICAL ADJUVANTS.....	229
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	230
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	244

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 bááh ílínígóó naaltsoos bee atah níłíigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' 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፣ በመታወቂያዎች 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 ဖုန်းနံပါတ်အား 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)

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

M dyi wuḍu-dù kà kò dò bě dyi móuñ nì pídíyí ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डवरील 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 amhwh doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Tě kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

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

Um Schprooch Services zu griegie 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)

Lati wonú awon ise ede l'ofe fun o, pe nomba ori kaadi idanimomo re. (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.

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.

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

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

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	G	LGC
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	NC	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NC	
<i>fenoprofen calcium oral capsule 200 mg</i>	NPB	
<i>fenoprofen calcium oral capsule 400 mg</i>	G	
<i>fenoprofen calcium oral tablet 600 mg</i>	G	
FENORTHO ORAL CAPSULE 200 MG, 400 MG (<i>fenoprofen calcium</i>)	NC	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	G	LGC
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	LGC
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NPB	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NPB	
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 20 mg</i>	NC	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NC	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NC	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 tablets per 5 days)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NC	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	NPB	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NC	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NC	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NC	#
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NC	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NC	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NC	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	G	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	QL (3 tabs per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	PA; QL (4 tablets per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	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 (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (3 TABLETS per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (1 TABLET per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	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 (<i>fentanyl citrate</i>)	NC	#

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	G	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	PA; QL (90 ml per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	G	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	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	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	PA; QL (10 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NC	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (morphine sulfate)	NC	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NPB	PA; QL (168 tablets per 1 month)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	PA; QL (48 tablets per 1 month)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	PA; QL (2 bottles per 30 days)
<i>codeine sulfate oral tablet 15 mg, 60 mg</i>	NPB	PA; QL (6 tablets per day for 7 days only per 90 days)
<i>codeine sulfate oral tablet 30 mg</i>	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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEMEROL ORAL TABLET 100 MG (<i>meperidine hcl</i>)	NC	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NC	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (<i>methadone hcl</i>)	NC	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NC	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	PB	PA; ST; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	PB	PA; ST; QL (2 capsules per 1 day)
<i>endocet oral tablet 10-325 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg)	G	PA; QL (12 tablets per 1 day)
<i>endocet oral tablet 5-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
EXALGO ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 tablets per 30 days)
<i>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</i>	G	PA; ST; QL (10 patches per 30 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NC	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NC	
HYCET ORAL SOLUTION 7.5-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NC	
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	G	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	G	PA; ST; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	G	PA; ST; QL (1 tablet per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	NPB	QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	G	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NPB	PA; QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	G	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	G	PA; ST; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	NC	
<i>hydromorphone hcl oral tablet 2 mg</i>	G	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	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 (<i>hydrocodone bitartrate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	G	PA; QL (9 tablets per 1 month)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NC	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	G	PA; ST; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	G	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	G	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	G	PA; ST; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	G	PA; ST; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	PA; QL (30 mls per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	G	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	G	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>nalocet oral tablet 2.5-300 mg</i>	G	QL (12 tablets per 1 day)
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>tapentadol hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NPB	QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NPB	QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	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 (<i>oxymorphone hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG (<i>oxymorphone hcl</i>)	NC	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	NPB	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	NPB	MPG; QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	G	PA; ST; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	PA; QL (30 mls per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	G	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NC	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	NC	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	G	PA; QL (4 tablets per day for 7 days per 1 month)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>oxycodone hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	G	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	G	QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	QL (6 tablets per 1 day)
<i>panlor oral tablet 325-30-16 mg</i>	NC	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NC	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NC	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NC	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NC	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NC	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NC	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NC	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG (<i>dihydrocodeine compound</i>)	NC	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NC	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	NC	
<i>tramadol hcl oral tablet 50 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	PA; QL (40 tablets per 1 month)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NC	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NC	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NC	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	SP Pharmacy; QL (224 ML per 1 month)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; SP Pharmacy; QL (56 vials per 1 fill)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NC	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	PB	
<i>bio-statin oral powder</i>	G	
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	NC	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NPB	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NC	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NC	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	G	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	PA
<i>itraconazole oral solution 10 mg/ml</i>	G	PA
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NPB	
<i>ketoconazole oral tablet 200 mg</i>	G	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NC	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NC	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NC	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	G	QL (6 tablets per 3 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NPB	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NC	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NC	
FURADANTIN ORAL SUSPENSION 25 MG/5ML (<i>nitrofurantoin</i>)	NC	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NC	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	NPB	PA; #; QL (3 capsules per 1 day)
<i>ivermectin oral tablet 3 mg</i>	G	
KETEK ORAL TABLET 300 MG (<i>telithromycin</i>)	NPB	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NC	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NC	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NC	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NPB	
<i>nitazoxanide oral tablet 500 mg</i>	G	QL (6 tablets per 3 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	PA; AL
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	PA; AL
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NC	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	QL (24 tablets per 365 days)
PRIMSOL ORAL SOLUTION 50 MG/5ML (<i>trimethoprim hcl</i>)	PB	
<i>pyrimethamine oral tablet 25 mg</i>	G	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	ST; QL (6 tabs per 1 fill)
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NC	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	G	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	G	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
<i>trimpex oral solution 50 mg/5ml</i>	NPB	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NC	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	QL (80 capsules per 10 days)
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	NC	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	PB	QL (9 tablets per 25 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NC	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NC	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NPB	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NPB	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NC	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NPB	PA; QL (1 tablet per 1 day)
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NC	#
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NC	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (<i>baloxavir marboxil</i>)	NPB	QL (4 tablets per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NC	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (<i>baloxavir marboxil</i>)	NPB	QL (4 tablets per 365 days)
ZOVIRAX ORAL CAPSULE 200 MG (<i>acyclovir</i>)	NC	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NC	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (<i>acyclovir</i>)	NC	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEDAX ORAL CAPSULE 400 MG (<i>ceftibuten</i>)	NC	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML (<i>ceftibuten</i>)	NC	
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	NPB	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefдинir oral capsule 300 mg</i>	G	
<i>cefдинir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>ceftibuten oral capsule 400 mg</i>	G	
<i>ceftibuten oral suspension reconstituted 180 mg/5ml</i>	G	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML (<i>cefuroxime axetil</i>)	NC	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
DAXBIA ORAL CAPSULE 333 MG (<i>cephalexin</i>)	NC	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NC	
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NC	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	NPB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>cefixime</i>)	NC	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (<i>cefixime</i>)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	PB	#
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
BIAXIN ORAL TABLET 250 MG, 500 MG (<i>clarithromycin</i>)	NC	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	PA

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NPB	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NC	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>ciprofloxacin-ciproflox hcl</i>)	NC	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	G	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	NPB	#
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NC	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
HEPATITIS C		
COPEGUS ORAL TABLET 200 MG (<i>ribavirin</i>)	NC	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG (<i>daclatasvir dihydrochloride</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP Pharmacy; QL (1 packet per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP Pharmacy
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NC	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NC	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG (<i>ribavirin</i>)	NPB	SP Pharmacy
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG (<i>ribavirin</i>)	NPB	SP Pharmacy
<i>moderiba oral tablet 200 mg</i>	G	SP Pharmacy

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>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</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG (<i>amoxicillin-pot clavulanate</i>)	NC	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG (<i>amoxicillin</i>)	NC	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NC	
ADOXA ORAL CAPSULE 150 MG (<i>doxycycline monohydrate</i>)	NC	
<i>avidoxy oral tablet 100 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NC	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NC	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NC	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg</i>	G	LGC
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NC	
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg, 80 mg</i>	NC	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i>	G	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NC	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg</i>	NC	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	G	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NC	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NC	
<i>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</i>	NC	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NC	
<i>doxycycline monohydrate</i> (Mondoxyme NI Oral Capsule 100 Mg, 50 Mg)	G	
<i>doxycycline monohydrate</i> (Mondoxyme NI Oral Capsule 75 Mg)	NC	
MONODOX ORAL CAPSULE 100 MG, 75 MG (<i>doxycycline monohydrate</i>)	NC	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule 100 Mg, 50 Mg)	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	PSP	PA; #; SP Pharmacy
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	CE	N2 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (G)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (Not Covered)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (G)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N2 (PSP)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	N2 (Not Covered)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (Not Covered)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (G); AL
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPSP	PA; #; SP Pharmacy
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 caps per 1 day)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (4 tablets per 1 day)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; SP Pharmacy; N2 (PSP); QL (2 tablets per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	#; N2 (PSP); QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N2 (Not Covered)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; #; N2 (PSP); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; #; N2 (PSP); QL (3 tablets per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (Not Covered); QL (16 tablets per 28 days)
ZYKADIA ORAL CAPSULE 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (NPSP); QL (3 capsules per 1 day)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	N2 (Not Covered)
PROTECTIVE AGENTS		
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	G	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (G)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (PSP)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N2 (G)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP Pharmacy; N2 (NPSP)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N2 (PSP); QL (4 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N2 (PSP)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	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 (<i>quinapril-hydrochlorothiazide</i>)	NC	
<i>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</i>	G	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	G	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	NC	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NC	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	G	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NPB	#
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NC	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NC	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NC	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	NC	
ACEON ORAL TABLET 4 MG, 8 MG (<i>perindopril erbumine</i>)	NC	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	NC	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
<i>enalapril maleate oral solution 1 mg/ml</i>	G	QL (5 ml per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NPB	#; QL (5 ml per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril oral tablet 30 mg, 40 mg</i>	G	
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NC	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>lisinopril</i>)	NC	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NC	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NC	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NC	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NC	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NC	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NC	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
<i>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</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>olmesartan-amlodipine-hctz</i>)	NC	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NC	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NC	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	NC	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NC	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NC	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NC	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NPB	ST
<i>eprosartan mesylate oral tablet 600 mg</i>	G	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NC	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NPB	PA
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NC	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NC	
<i>sorine oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sorine oral tablet 160 mg, 240 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NC	
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	NC	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	NC	
ANTIPEMICS, BILE ACID RESINS		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NC	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>prevalite oral packet 4 gm</i>	G	
<i>prevalite oral powder 4 gm/dose</i>	G	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NC	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NC	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	NC	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	NC	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	NC	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe oral tablet 10 mg</i>	G	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NC	
ANTILIPEMICS, FIBRATES		
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NC	#
<i>fenofibrate micronized oral capsule 130 mg</i>	NC	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	G	QL (1 cap per 1 day)
<i>fenofibrate micronized oral capsule 43 mg</i>	G	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 50 mg</i>	NC	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NC	
<i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>	G	
<i>fenofibrate oral tablet 160 mg</i>	NPB	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral suspension 20 mg/5ml</i>	NC	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N2 (G); AL
<i>simvastatin oral tablet 80 mg</i>	G	LGC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (<i>simvastatin</i>)	NC	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NC	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	NC	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	NC	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 1 gm</i>	G	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>mipomersen sodium</i>)	NC	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NC	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	G	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NC	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NC	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	PB	#
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NC	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NC	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NC	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	LGC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NPB	#
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NPB	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NC	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NC	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NC	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NC	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NC	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NC	#
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NPB	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
LEVATOL ORAL TABLET 20 MG (<i>penbutolol sulfate</i>)	NPB	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>propranolol hcl oral tablet 60 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NC	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NC	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NC	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>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</i>	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 (<i>amlodipine-atorvastatin</i>)	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 (<i>nifedipine</i>)	NC	
<i>afeditab cr oral tablet extended release 24 hour 30 mg</i>	G	QL (1 tab per 1 day)
<i>afeditab cr oral tablet extended release 24 hour 60 mg</i>	G	QL (2 tabs per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NC	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC
CALAN ORAL TABLET 120 MG, 80 MG (<i>verapamil hcl</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NC	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl coated beads</i>)	NPB	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NC	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NC	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (<i>amlodipine besylate-celecoxib</i>)	NC	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	G	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	G	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	G	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	G	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	G	QL (2 cap per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NC	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	NC	
<i>nifediac cc oral tablet extended release 24 hour 30 mg</i>	G	QL (1 tablet per 1 day)
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	G	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NC	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	NPB	
NYMALIZE ORAL SOLUTION 60 MG/20ML (<i>nimodipine</i>)	NC	#
PROCARDIA ORAL CAPSULE 10 MG (<i>nifedipine</i>)	NC	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NC	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	NC	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er beads</i> (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 (<i>diltiazem hcl er beads</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	NC	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	NC	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG (<i>digoxin</i>)	NC	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	PB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	NPB	ST; QL (1 tab per 1 day)
TEKTURN ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NC	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTAZIDE ORAL TABLET 25-25 MG (<i>spironolactone-hctz</i>)	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	PB	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NC	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>bumetanide</i>)	NC	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NC	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DEMADEX ORAL TABLET 10 MG, 20 MG (<i>torsemide</i>)	NC	
DIAMOX SEQUELS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG (<i>acetazolamide</i>)	NC	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NC	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NPB	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	NC	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NC	#
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	NC	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	NC	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	NC	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>methyclothiazide oral tablet 5 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
MICROZIDE ORAL CAPSULE 12.5 MG (<i>hydrochlorothiazide</i>)	NC	
NEPTAZANE ORAL TABLET 25 MG, 50 MG (<i>methazolamide</i>)	NC	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	G	
<i>hydralazine hcl oral tablet 25 mg</i>	G	LGC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	G	
<i>metirosine oral capsule 250 mg</i>	G	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NC	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	PA; QL (12 capsules per 1 day)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG (<i>ranolazine</i>)	NC	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	ST
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	G	
VECAMEYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NC	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NC	
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NC	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	NPB	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	NPB	
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	NC	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	G	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NC	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	LGC
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	NC	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	QL (6 tablets per 1 day)
DEPAKENE ORAL CAPSULE 250 MG (<i>valproic acid</i>)	NC	
DEPAKENE ORAL SOLUTION 250 MG/5ML (<i>valproate sodium</i>)	NC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NC	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NC	
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPSP	PA; SP Pharmacy; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPSP	PA; SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPSP	PA; SP Pharmacy; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPSP	PA; SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NC	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NC	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	G	QL (8 ml per 1 day)
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 1 mg/ml</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral solution 5 mg/5ml</i>	G	QL (40 ml per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	QL (4 tablets per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NC	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	NC	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NPB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NC	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NC	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; SP Pharmacy; QL (800 ML per 1 month)
<i>epitol oral tablet 200 mg</i>	G	LGC
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NC	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NC	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	PA; SP Pharmacy; QL (12 ML per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>pregabalin</i>)	NC	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NC	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NC	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NC	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NC	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NC	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NC	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NC	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NC	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	NPB	ST; QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	NPB	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	NPB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral solution 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	NC	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG (<i>ezogabine</i>)	NPB	QL (3 tablets per 1 Day)
POTIGA ORAL TABLET 50 MG (<i>ezogabine</i>)	NPB	QL (6 tablets per 1 Day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	ST
<i>pregabalin oral solution 20 mg/ml</i>	G	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	G	QL (8 tablets per 1 day)
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NC	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NPSP	PA; SP Pharmacy; QL (6 tablets per 1 day)
SECONAL ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	NPB	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NC	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NC	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NC	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NC	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NC	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NC	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NC	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NC	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NC	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	G	LGC; QL (5 tablets per 1 day)
<i>amitriptyline hcl oral tablet 100 mg, 75 mg</i>	G	PA; LGC; AL
<i>amitriptyline hcl oral tablet 150 mg</i>	G	PA; AL
<i>amitriptyline hcl oral tablet 25 mg</i>	G	LGC; QL (2 tablets per 1 day)
<i>amitriptyline hcl oral tablet 50 mg</i>	G	LGC; QL (1 tablet per 1 day)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (3 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	G	QL (2 tablets per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NC	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NC	
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NC	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NC	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NC	
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	G	QL (1 tablet per 1 day)
<i>desipramine hcl oral tablet 75 mg</i>	G	QL (2 tablets per 1 day)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NC	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	ST; QL (1 tablet per 1 Day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	G	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 100 mg, 150 mg</i>	G	QL (1 capsule per 1 day)
<i>doxepin hcl oral capsule 75 mg</i>	G	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	QL (15 ml per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NC	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NC	
ELAVIL ORAL TABLET 25 MG (<i>amitriptyline hcl</i>)	NC	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	PA; #
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NPB	ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NPB	ST; QL (1 capsule per 1 Day)
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	G	LGC
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral tablet 60 mg</i>	NPB	QL (1 tablet per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NC	
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	G	QL (4 tablets per 1 day)
<i>imipramine hcl oral tablet 50 mg</i>	G	QL (2 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	G	QL (1 capsule per 1 day)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	G	PA
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NC	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NC	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	G	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NC	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NC	
<i>nortriptyline hcl oral capsule 10 mg</i>	G	LGC; QL (5 capsules per 1 day)
<i>nortriptyline hcl oral capsule 25 mg</i>	G	LGC; QL (2 capsules per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	G	QL (1 capsule per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	QL (750 ml per 1 month)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NC	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NC	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	LGC
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>paroxetine hcl</i>)	NC	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NC	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NC	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NC	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NC	
<i>protriptyline hcl oral tablet 10 mg</i>	G	QL (2 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	G	QL (3 tablets per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NC	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NC	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NC	
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NC	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	NC	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (<i>imipramine hcl</i>)	NC	
<i>tranlycypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg</i>	G	QL (1 capsule per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	G	QL (2 capsules per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NPB	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	G	QL (1 tablet per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NC	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NPB	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	G	
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	NC	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	G	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	NC	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	G	
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	NC	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NPB	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NPB	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG (<i>clozapine</i>)	NC	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NC	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	NPB	
HALDOL INJECTION SOLUTION 5 MG/ML (<i>haloperidol lactate</i>)	NPB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	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 (<i>paliperidone palmitate</i>)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NC	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NPB	PA; #
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NC	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NC	
NUPLAZID ORAL TABLET 10 MG, 17 MG (<i>pimavanserin tartrate</i>)	NC	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NC	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NPB	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NPB	#
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG (<i>risperidone</i>)	NC	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NC	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NC	
<i>risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	G	QL (2 tabs per 1 day)
<i>risperidone m-tab oral tablet dispersible 3 mg</i>	G	QL (3 tabs per 1 day)
<i>risperidone m-tab oral tablet dispersible 4 mg</i>	G	QL (4 tabs per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NC	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NC	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NC	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NC	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NC	
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	NPB	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	G	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	NPB	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NC	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NPB	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	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 (<i>amphetamine-dextroamphetamine</i>)	NC	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NC	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NC	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	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 (<i>amphetamine</i>)	NC	
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	G	QL (15 ml per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (4 tablets per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (3 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	G	QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	G	QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	G	QL (2 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	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 (<i>methylphenidate hcl</i>)	NC	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 40 mg</i>	G	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	G	QL (1 capsule per 1 day)
<i>atomoxetine hcl oral capsule 25 mg</i>	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 (<i>serdexmethylphen-dexmethylphen</i>)	NC	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	QL (4 tabs per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	NC	
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NPB	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NC	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NC	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NC	
<i>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</i>	NC	
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	G	QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	G	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	G	QL (2 capsules per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	G	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	G	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	G	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	G	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	G	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	G	QL (3 tabs per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	NC	
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	G	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	NPB	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	G	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	G	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet 20 mg</i>	G	QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (6 tablets per 1 Day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NC	#
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	NC	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	NC	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (<i>methylphenidate hcl</i>)	NPB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NC	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	PA; ST; #; QL (1 bottle per 1 fill)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (20 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NPB	QL (1 tablet per 1 Day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>guanidine hcl oral tablet 125 mg</i>	NPB	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NC	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	NPSP	PA; SP Pharmacy; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NC	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
<i>lithium oral solution 8 meq/5ml</i>	NPB	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NC	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NPB	PA
ORAP ORAL TABLET 1 MG, 2 MG (<i>pimozide</i>)	NC	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NC	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	G	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	G	QL (2 tablets per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	G	QL (1 tablet per 1 day)
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	G	
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (G); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	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 (<i>varenicline tartrate</i>)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (<i>naloxone hcl</i>)	NPB	ST
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	NPB	ST; #
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NC	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	QL (192 tablets per 3 courses in 1 years)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	NC	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	#; QL (4 sprays per 180 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	NPB	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (NPB); QL (180 day supply per 365 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NPB	ST; QL (1 tab per 1 day)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NPB	ST; QL (1 tab per 1 day)
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NPB	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	ST; QL (2 tablets per 1 day)
<i>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</i>	G	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NPB	ST; QL (2 tabs per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NPB	ST
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NC	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	NPB	ST; QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	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 (<i>alogliptin-pioglitazone</i>)	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 (<i>empagliflozin-linagliptin-metformin</i>)	NC	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NC	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>insulin regular human</i>)	NC	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	ST
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NPB	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NPB	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NPB	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NPB	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NPB	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NPB	ST
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NPB	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NPB	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NPB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NC	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NC	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NC	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NC	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	NC	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NPB	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NC	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NC	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NC	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NC	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG (<i>pioglitazone hcl-metformin hcl</i>)	NPB	ST; QL (1 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
PRANDIN ORAL TABLET 1 MG, 2 MG (<i>repaglinide</i>)	NC	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NC	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB		
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	NC	
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NC	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	NPB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	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 (<i>dapagliflozin-metformin hcl</i>)	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 (<i>canagliflozin-metformin hcl</i>)	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 (<i>canagliflozin-metformin hcl</i>)	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 (<i>ertugliflozin-metformin hcl</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillamine oral capsule 250 mg</i>	PSP	PA; SP Pharmacy
<i>penicillamine oral tablet 250 mg</i>	G	
<i>sodium polystyrene sulfonate oral powder</i>	G	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	G	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NC	
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>)	NPB	PA; ST; QL (1 packet per 1 day)
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (G)
<i>amethia lo oral tablet 0.1-0.02 & 0.01 mg</i>	CE	N2 (G)
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	CE	N2 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NPB); QL (1 ring per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (G)
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	CE	N2 (G)
<i>deblitane oral tablet 0.35 mg</i>	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (G)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	#; N2 (NPB); QL (1 syringe per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (G)
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>elimest oral tablet 0.3-30 mg-mcg</i>	CE	N2 (G)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (NPB)
<i>etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	N2 (G)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (G)
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>errin oral tablet 0.35 mg</i>	CE	N2 (G)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (G)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	CE	N2 (NPB)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	CE	N2 (G)
<i>levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N2 (G)
<i>norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))</i>	CE	N2 (G)
<i>gianvi oral tablet 3-0.02 mg</i>	CE	N2 (G)
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	CE	N2 (G)
<i>gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (G)
<i>gildess fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (G)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>heather oral tablet 0.35 mg</i>	CE	N2 (G)
<i>introvale oral tablet 0.15-0.03 mg</i>	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>jencycla oral tablet 0.35 mg</i>	CE	N2 (G)
<i>jolessa oral tablet 0.15-0.03 mg</i>	CE	N2 (G)
<i>jolivette oral tablet 0.35 mg</i>	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (G)
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (G)
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (G)
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (G)
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (G)
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (NPB)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (G)
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (G)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (G)
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	CE	N2 (G)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	CE	N2 (G)
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (G)
<i>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</i>	CE	N2 (G)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (G)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (G)
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (NPB)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N2 (NPB)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	NPB	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	NPB	
<i>lomedina 24 fe oral tablet 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>loryna oral tablet 3-0.02 mg</i>	CE	N2 (G)
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>luteria oral tablet 0.1-20 mg-mcg</i>	CE	N2 (G)
<i>lyza oral tablet 0.35 mg</i>	CE	N2 (G)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (G)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (G); QL (1 syringe per 90 days)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (G)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (G)
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	CE	N2 (G)
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	CE	N2 (G)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NPB	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#; N2 (NPB)
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
<i>my way oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>myzilra oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (G)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N2 (NPB)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	CE	N2 (G)
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	CE	N2 (G)
<i>necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (NPB)
<i>next choice one dose oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	NC	
<i>nikki oral tablet 3-0.02 mg</i>	CE	N2 (G)
<i>nora-be oral tablet 0.35 mg</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (G)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (G)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (G)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norlyroc oral tablet 0.35 mg</i>	CE	N2 (G)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	CE	N2 (G)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NPB	
<i>ocella oral tablet 3-0.03 mg</i>	CE	N2 (G)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	CE	N2 (G)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	CE	N2 (G)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NPB	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NPB	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (NPB)
<i>philith oral tablet 0.4-35 mg-mcg</i>	CE	N2 (G)
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (G)
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (G)
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>previfem oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NPB	
<i>quasense oral tablet 0.15-0.03 mg</i>	CE	N2 (G)
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (G)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
<i>sharobel oral tablet 0.35 mg</i>	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (G)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (NPB)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N2 (NPB)
<i>solia oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	CE	N2 (G)
<i>syeda oral tablet 3-0.03 mg</i>	CE	N2 (G)
<i>take action oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NC	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	N2 (G)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (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 (<i>norethin-eth estrad triphasic</i>)	NPB	
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	NC	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (G)
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	CE	N2 (G)
<i>vestura oral tablet 3-0.02 mg</i>	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (G)
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	CE	N2 (G)
<i>wera oral tablet 0.5-35 mg-mcg</i>	CE	N2 (G)
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	CE	N2 (G)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	CE	N2 (G)
<i>zarah oral tablet 3-0.03 mg</i>	CE	N2 (G)
<i>zenchent oral tablet 0.4-35 mg-mcg</i>	CE	N2 (G)
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (G)
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetrorelix acetate</i>)	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>pegvaliase-pqpz</i>)	NC	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NPSP	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
<i>sapropterin dihydrochloride oral packet 100 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral packet 500 mg</i>	PSP	PA; SP Pharmacy
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	PSP	PA; SP Pharmacy
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; SP Pharmacy; QL (40 tablets per 1 day)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	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 (<i>estradiol-norethindrone acet</i>)	NC	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg)	G	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NPB	
BIEST/PROGESTERONE TRANSDERMAL CREAM (<i>estradiol-estriol-progesterone</i>)	NC	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NC	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	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 (<i>estradiol</i>)	NC	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NPB	QL (8 patch per 1 month)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	G	
<i>jinteli oral tablet 1-5 mg-mcg</i>	G	
<i>estradiol-norethindrone acet (Lopreeza Oral Tablet 1-0.5 Mg)</i>	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	NPB	PA; AL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NPB	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)</i>	G	QL (1 tablet per 1 day)
<i>mimvey oral tablet 1-0.5 mg</i>	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 (<i>estradiol</i>)	NC	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	NC	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	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 (<i>estrogens conjugated</i>)	NPB	PA; AL
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NPB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NPB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NPB	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	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 (<i>estradiol</i>)	NC	
<i>estradiol (Yuvaferm Vaginal Tablet 10 Mcg)</i>	G	
FERTILITY REGULATORS		
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT (<i>urofollitropin purified</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PSP	PA; SP Pharmacy
<i>clomiphene citrate oral tablet 50 mg</i>	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 (<i>follitropin beta</i>)	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 (<i>follitropin beta</i>)	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>	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 (<i>follitropin alfa</i>)	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 (<i>follitropin alfa</i>)	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 (<i>follitropin alfa</i>)	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 (<i>menotropins</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>novarel intramuscular solution reconstituted 10000 unit</i>	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 (<i>choriogonadotropin alfa</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	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 (<i>hydrocortisone</i>)	NC	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	QL (1 tablet per 1 day)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NC	
<i>cortisone acetate oral tablet 25 mg</i>	G	
<i>prednisone</i> (Deltasone Oral Tablet 20 Mg)	G	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	PB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
<i>dexamethasone</i> (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))	NC	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))	NC	
<i>dexamethasone</i> (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))	NC	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NC	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NC	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NC	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NC	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
LOCORT 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (<i>dexamethasone</i>)	NC	
LOCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NC	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NC	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	PB	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NC	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (<i>prednisolone</i>)	NPB	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (<i>prednisolone</i>)	NPB	
MILLIPRED ORAL SOLUTION 10 MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	PB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NC	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone oral syrup 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	PB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>prednisone oral tablet 50 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>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</i>	NC	
<i>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</i>	G	LGC
<i>levothyroxine sodium oral tablet 300 mcg</i>	G	
<i>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</i>	G	LGC
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	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	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>propylthiouracil oral tablet 50 mg</i>	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 (<i>levothyroxine sodium</i>)	PB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NC	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NC	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) (<i>liotrix (t3-t4)</i>)	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 (<i>levothyroxine sodium</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>levothyroxine sodium</i>)	NPB	#
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML (<i>levothyroxine sodium</i>)	NC	
<i>levothyroxine sodium</i> (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	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	LGC
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 137 Mcg)	G	
<i>unithroid oral tablet 300 mcg</i>	G	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	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 (<i>thyroid</i>)	NPB	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NC	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NC	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NC	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NPB	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	NPB	QL (1 bottle per 30 Days); AL
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NPB	PA

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NPB	
CORTIFOAM RECTAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NPB	QL (30 grams per 30 days)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NC	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	PA
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NC	
GIAZO ORAL TABLET 1.1 GM (<i>balsalazide disodium</i>)	NPB	ST; #; QL (6 tabs per 1 day)
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NC	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (<i>budesonide</i>)	NC	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	NPB	ST; QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	NPB	ST; QL (8 caps per 1 day)
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NC	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
<i>sulfazine oral tablet 500 mg</i>	G	QL (8 tabs per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NC	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NC	#
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	G	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NC	
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NC	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NC	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	NC	
LAXATIVES - DRUGS FOR CONSTIPATION		
<i>bisacodyl powder</i>	NPB	N2 (Not Covered); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (Not Covered); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N2 (NPB); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NPB	
<i>constulose oral solution 10 gm/15ml</i>	G	LGC
DULCOLAX BOWEL PREP KIT COMBINATION KIT (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
<i>enulose oral solution 10 gm/15ml</i>	G	LGC
FLEET LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
<i>gavilyte-c oral solution reconstituted 240 gm</i>	G	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	G	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (G); AL
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	G	
<i>generlac oral solution 10 gm/15ml</i>	G	LGC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PB	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NPB	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	NPB	QL (60 packets per 30 days)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	G	LGC
<i>lactulose oral packet 10 gm</i>	NPB	QL (2 packets per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	G	LGC
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NC	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	NPB	
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	NPB	#
<i>peg 3350 oral powder 17 gml/scoop</i>	G	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	G	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	G	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	G	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	G	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N2 (Not Covered); AL
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N2 (G); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (NPB); AL
<i>polyethylene glycol 3350 oral powder 17 gml/scoop</i>	G	
POLY-PREP COMBINATION KIT (<i>bisacodyl-peg 3350-lido-hc</i>)	NPB	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sod picosulfate-mag ox-cit acd</i>)	CE	#; N2 (NPB); AL
<i>saline laxative oral solution 0.9-2.4 gml/5ml</i>	CE	N2 (Not Covered); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	#; N2 (NPB); AL
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N2 (NPB); AL
<i>trilyte oral solution reconstituted 420 gm</i>	G	
MISCELLANEOUS		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NC	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NPB	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NC	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NC	#

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NC	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	NC	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; SP Pharmacy; QL (1 box per 30 fillss)
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NC	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NC	
<i>loperamide hcl oral capsule 2 mg</i>	G	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NC	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NPB	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NPB	PA; ST; QL (2 tablets per 1 Day)
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NC	
<i>paregoric oral tincture 2 mg/5ml</i>	G	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NPB	#
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NC	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NPB	PA; QL (0.6 ml per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NPB	PA; QL (0.4 ml per 1 day)
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NC	
<i>sucralfate oral suspension 1 gm/10ml</i>	G	
<i>sucralfate oral tablet 1 gm</i>	G	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NC	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NC	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NC	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NC	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VSL#3 JUNIOR ORAL PACKET (<i>probiotic product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 ORAL PACKET (<i>probiotic product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; Tier 3
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NC	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-6200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT, 37000-97300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NC	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPB	PA; QL (354 ml per 1 month)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>pancrelipase (lip-prot-amyl)</i>)	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 (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	G	PA; QL (1 capsule per day and 90 capsules per 365 days)
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>rabeprazole sodium</i>)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	NC	#
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NPB	ST; #; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	G	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	G	QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	G	PA; QL (1 packet per day, 90 day supply per 365 days)
<i>esomeprazole strontium oral capsule delayed release 24.65 mg</i>	NC	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NPB	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	PA; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	G	QL (1 tablet per 1 Day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	G	PA; OTC; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	NPB	PA; ST; QL (1 packet per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	PA; #; QL (1 packet per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NC	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	ST
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
<i>finasteride oral tablet 5 mg</i>	G	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NC	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NC	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NC	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NPB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NC	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
OPTIONS CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	NC	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	NPB	
<i>taron-crystals oral packet 3300-1002 mg</i>	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NPSP	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPSP	PA
<i>tiopronin oral tablet 100 mg</i>	NC	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	G	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NC	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NC	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NC	
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>	G	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NPB	PA; #
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NC	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NC	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>oxybutynin chloride</i>)	NC	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NC	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	ST; #
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NC	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>mirabegron</i>)	PB	ST; #; QL (1 tab per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>terconazole vaginal suppository 80 mg</i>	G	
<i>vandazole vaginal gel 0.75 %</i>	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	NPB	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NC	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NC	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin sodium</i>)	NC	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 Days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>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</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NPB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NC	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>desirudin</i>)	NC	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	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 (<i>enoxaparin sodium</i>)	NC	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NPB	#
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NC	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	NPB	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	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 (<i>coagulation factor viia-jncw</i>)	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 (<i>darbepoetin alfa</i>)	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 (<i>darbepoetin alfa</i>)	PSP	PA; SP Pharmacy
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	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 (<i>epoetin alfa</i>)	NPSP	PA; SP Pharmacy

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PSP	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NC	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NC	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPSP	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPSP	PA; SP Pharmacy
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; QL (2 injections per 1 month)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; QL (2 injections per 1 month)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NPSP	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NPSP	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	NC	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPSP	PA; SP Pharmacy
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	NC	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NPSP	PA; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP Pharmacy; QL (4 packets per 1 day)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	G	OTC
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	NC	
<i>corvite fe oral tablet</i>	NC	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	NC	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	NPB	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NC	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NC	
ELESTAT OPHTHALMIC SOLUTION 0.05 % (<i>epinastine hcl</i>)	NC	
EMADINE OPHTHALMIC SOLUTION 0.05 % (<i>emedastine difumarate</i>)	NPB	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NC	
EVITHROM EXTERNAL SOLUTION 800-1200 UNIT/ML (<i>thrombin (human)</i>)	NC	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NC	
FOLVITE-FE ORAL TABLET 90-120-0.012-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NC	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	NC	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	PSP	PA; ST; SP Pharmacy; QL (20 vials per 1 month)
HEMOCYTE-F ORAL ELIXIR (<i>iron combinations</i>)	NC	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; NPL; SP Pharmacy; QL (15 syringes per 1 month)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NC	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	G	LGC

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NPB	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NC	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	NPSP	PA
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NC	
NIFEREX ORAL TABLET (<i>iron combinations</i>)	NC	
NUFERA ORAL TABLET (<i>iron combinations</i>)	NC	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	NC	
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NC	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (<i>hydroxyamphetamine-tropicamide</i>)	NPB	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NC	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NC	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NC	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NPB	#
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NPB	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NPB	PA; #; QL (2 single use vials per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	NPSP	SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	NPB	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 sulfite)	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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NC	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NC	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	NPB	
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NC	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	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 (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; SP Pharmacy; QL (6 injections per 28 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA; SP Pharmacy
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	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 (<i>sarilumab</i>)	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 (<i>anakinra</i>)	NC	
OLUMIANT ORAL TABLET 1 MG, 2 MG (<i>baricitinib</i>)	NC	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	NC	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	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 (<i>golimumab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NPSP	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; SP Pharmacy; QL (1 syringe per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; SP Pharmacy; QL (1 syringe per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	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 (<i>ustekinumab</i>)	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 (<i>ustekinumab</i>)	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)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	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 (<i>tofacitinib citrate</i>)	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 (<i>tofacitinib citrate</i>)	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 (<i>tofacitinib citrate</i>)	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 (<i>tofacitinib citrate</i>)	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 (<i>leflunomide</i>)	NC	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	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 (<i>apremilast</i>)	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 (<i>methotrexate (anti-rheumatic)</i>)	NC	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>methotrexate (anti-rheumatic)</i>)	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 (<i>methotrexate (anti-rheumatic)</i>)	NC	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NC	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NC	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NC	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; SP Pharmacy
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NC	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NC	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NC	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	
ENVARUS 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	
engraf oral capsule 100 mg, 25 mg	G	SP Pharmacy
cyclosporine modified (Gengraf Oral Capsule 50 Mg)	G	SP Pharmacy
engraf 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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NC	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NC	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NC	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPB	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPSP	SP Pharmacy
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NC	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPB	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus</i>)	NPSP	
ZORTRESS ORAL TABLET 1 MG (<i>everolimus</i>)	PB	
MISCELLANEOUS		
<i>equapax/libuprofen/minrex oral therapy pack 800 mg</i>	NC	
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG (<i>canakinumab</i>)	NPSP	PA; SP Pharmacy
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (NPB)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	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	
<i>adjustable lancing device</i>	NPB	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
ADVOCATE LANCETS (<i>lancets</i>)	NPB	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	PB	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	PB	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	PB	
<i>alcohol swabs pad</i>	NPB	
<i>alternate site lancing device</i>	NPB	
<i>anti-stick insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE 30G X 1/2" 0.5 ML (<i>insulin syringe- needle u-100</i>)	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	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 (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe- needle u-100</i>)	PB	
<i>blood glucose test in vitro strip</i>	NC	
BULLSEYE MINI SAFETY LANCETS	PB	
CAREFINE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	PB	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	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 (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CHEK-STIX CONTROL IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHEK LANCETS (<i>lancets</i>)	PB	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLICKFINE PEN NEEDLES 31G X 6 MM	NPB	
<i>clickfine pen needles 31g x 8 mm</i>	PB	
COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM (<i>insulin pen needle</i>)	PB	
COMFORT EZ PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
COMFORT LANCETS	PB	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOBILE RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	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 (<i>glucose blood</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous blood gluc sensor</i>)	NC	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (300 strips per 30 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	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 (<i>glucagon hcl rdna (diagnostic)</i>)	NPB	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCOM LANCETS 28G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	PB	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>insulin syringe-needle u-100</i>)	NPB	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NC	
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	NC	
GUARDIAN REAL-TIME REPLACEMENT DEVICE (<i>continuous blood gluc receiver</i>)	NC	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NC	
guardian sensor 3	NC	
GUARDIAN TRANSMITTER (<i>continuous blood gluc transmit</i>)	NC	
HAEMOLANCE (<i>lancets</i>)	PB	
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	PB	
HAEMOLANCE PLUS (<i>lancets</i>)	PB	
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	PB	
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	PB	
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	PB	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	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 (<i>multiple urine tests</i>)	NPB	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (300 strips per 30 days)
<i>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</i>	NPB	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	NPB	
<i>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</i>	NPB	
<i>insupen pen needles 32g x 4 mm</i>	PB	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	PB	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	PB	
KETOCARE IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>ketone test in vitro strip</i>	NPB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
KINNEY LANCETS	PB	
KINNEY THIN LANCETS	PB	
<i>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</i>	NPB	
<i>kroger blood glucose test in vitro strip</i>	NC	
LABSTIX IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
<i>lancet device</i>	NPB	
<i>lancet transporter case</i>	NPB	
<i>lancets</i>	NPB	
<i>lancets 28g</i>	G	
<i>lancets 30g</i>	NPB	
<i>lancets thin</i>	NPB	
LANCETS ULTRA FINE (<i>lancets</i>)	PB	
LANCETS ULTRA THIN (<i>lancets</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS ULTRA THIN 30G	PB	
<i>lancing device</i>	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	
<i>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</i>	NPB	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>insulin pen needle</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (<i>insulin pen needle</i>)	PB	
LIVE BETTER LANCET SUPER THIN	NPB	
LIVE BETTER LANCET ULTRA THIN	PB	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	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 (<i>insulin syringe-needle u-100</i>)	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MEDISENSE THIN LANCETS (<i>lancets</i>)	PB	
MEDLANCE EXTRA 21G (<i>lancets</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (300 strips per 30 days)
<i>pen needles 1/2" 29g x 12mm</i>	NPB	
<i>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</i>	NPB	
<i>pen needles 3/16" 31g x 5 mm</i>	NPB	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	PB	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NC	
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
PRECISION THIN LANCETS (<i>lancets</i>)	NPB	
PRECISION ULTRA LANCET (<i>lancets</i>)	NPB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

200

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 (<i>insulin syringe-needle u-100</i>)	NPB	
PRODIGY LANCETS 28G (<i>lancets</i>)	PB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	NPB	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
RELION LANCETS STANDARD 21G (<i>lancets</i>)	PB	
RELION LANCETS THIN 26G (<i>lancets</i>)	PB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	NPB	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
THINLETS LANCET (<i>lancets</i>)	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 (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	PB	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	PB	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	PB	
ULTICARE PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
ULTICARE PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	PB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	PB	
ULTILET LANCETS (<i>lancets</i>)	PB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	PB	
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>lancets misc.</i>)	PB	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	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 (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRA-THIN II LANCETS (<i>lancets</i>)	PB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NPB	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>insulin pen needle</i>)	NPB	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	PB	
UNILET EXCELITE (<i>lancets</i>)	PB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET EXCELITE II (<i>lancets</i>)	PB	
UNILET G.P. LANCET (<i>lancets</i>)	PB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	PB	
UNILET LANCET (<i>lancets</i>)	PB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	PB	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	PB	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	PB	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	PB	
URISTIX 4 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
URISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
V-GO 20 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT (<i>insulin disposable pump</i>)	PB	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	NPB	
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
MISCELLANEOUS		
AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>)	PB	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	PB	
OPTICHAMBER FACE MASK-LARGE (<i>spacer/aero-holding chambers</i>)	PB	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	PB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	G	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	NPB	
<i>effe-r-k oral tablet effervescent 25 meq</i>	G	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	G	
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	NPB	
<i>iodine strong oral solution 5 %</i>	NC	
<i>k-effervescent oral tablet effervescent 25 meq</i>	G	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
<i>klor-con m20 oral tablet extended release 20 meq</i>	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NPB	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (<i>prenat w/o a-fecbgl-fa-dha</i>)	NC	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NPB	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	NPB	
<i>complete natal dha oral 29-1-200 & 250 mg</i>	NPB	
<i>completenate oral tablet chewable 29-1 mg</i>	NPB	
<i>co-natal fa oral tablet</i>	NPB	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NPB	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
DECARA K ORAL CAPSULE 1250-200 MCG (<i>vitamin d-vitamin k</i>)	NC	
DECARA ORAL CAPSULE 625 MCG (25000 UT) (<i>cholecalciferol</i>)	CE	N2 (Not Covered)
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (<i>l-methylfolate-algae</i>)	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 (<i>l-methylfolate-algae</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	NC	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	NC	
DIALYVITE SUPREME D ORAL TABLET 3 MG (<i>multiple vitamins-minerals-fa</i>)	NC	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mynatal advance oral tablet</i>	G	
<i>mynatal oral tablet 90-1 mg</i>	G	
<i>mynatal plus oral tablet</i>	NPB	
<i>mynatal-z oral tablet</i>	NPB	
<i>sodium fluoride</i> (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	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NC	
<i>neonatal 19 oral tablet 1 mg</i>	NC	
<i>neonatal fe oral tablet 90-1 mg</i>	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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	
<i>prenaisance next-b oral tablet 1.22 mg</i>	NPB	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	NPB	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG	NPB	
<i>prenara oral capsule 15-1 mg</i>	NC	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NPB	
<i>prenatabs rx oral tablet 29-1 mg</i>	G	
<i>prenatal 19 oral tablet</i>	NPB	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal low iron oral tablet 27-1 mg</i>	G	
PRENATAL PLUS IRON ORAL TABLET 29-1 MG	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NPB	
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG (<i>prenatal vit w/fe-methylfol-fa</i>)	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	NPB	
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	NPB	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NPB	
<i>prenatvite complete oral tablet 1 mg</i>	NC	
<i>prenatvite plus oral tablet 1 mg</i>	NC	
<i>prenatvite rx oral tablet 0.8 mg</i>	NC	
<i>pretab oral tablet 29-1 mg</i>	NPB	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTEOLIN DS ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PROTEOLIN ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PULMONA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	G	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NPB	
<i>se-natal 19 oral tablet 29-1 mg</i>	NPB	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NPB	
SENTRA AM ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA PM ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	G	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (G); AL
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	G	
SYNAGEX ORAL CAPSULE 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	NPB	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (<i>prenatal w/o vit a-fecbn-fa-b6</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NPB	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	NPB	
THERAMINE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE PLUS ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>tl-care dha oral capsule 27-1-500 mg</i>	NPB	
TL-SELECT ORAL CAPSULE 29-1.25-325 MG	NPB	
TREPADONE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>tricare oral tablet</i>	NPB	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	NPB	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NPB	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	G	
<i>trinaz oral tablet 12-1 mg</i>	NC	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NPB	
TRISTART FREE ORAL CAPSULE 33-1 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	NC	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	NPB	
<i>tri-tabs dha oral 32-1 mg</i>	NPB	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NPB	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	NPB	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	NPB	
<i>ultimatecare one oral capsule 27-1 mg</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

220

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>westab max oral tablet 2.5-25-2 mg</i>	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		
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (bepotastine besilate)	NPB	#
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
LASTACRAFT OPHTHALMIC SOLUTION 0.25 % (alcaftadine)	PB	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
PAZEO OPHTHALMIC SOLUTION 0.7 % (olopatadine hcl)	PB	
ZERVIA OPHTHALMIC SOLUTION 0.24 % (cetirizine hcl)	NC	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	NPB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (brinzolamide)	NC	
BETAGAN OPHTHALMIC SOLUTION 0.5 % (levobunolol hcl)	NC	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	G	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NPB	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NPB	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	PB	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NC	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	PB	#
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM (<i>bacitracin</i>)	NC	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NPB	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	NPB	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (<i>sulfacetamide sodium</i>)	NC	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NPB	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (<i>ciprofloxacin hcl</i>)	NC	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gentak ophthalmic ointment 0.3 %</i>	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NPB	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	PB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	G	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 (<i>neomycin-polymyxin-gramicidin</i>)	NC	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NC	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NC	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NPB	
TOBREX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NC	
<i>trifluridine ophthalmic solution 1 %</i>	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NC	
VIROPTIC OPHTHALMIC SOLUTION 1 % (<i>trifluridine</i>)	NC	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NPB	#
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NC	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NC	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	PB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NPB	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NC	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	NPB	#
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NC	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NPB	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	PB	
FML OPHTHALMIC OINTMENT 0.1 % (<i>fluorometholone</i>)	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NPB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NPB	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NPB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>epinephrine</i>)	NC	
ADYPHREN AMP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NC	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	G	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	QL (4 syringes per 30 days)
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>acetylcysteine inhalation solution 10 %</i>	G	
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NC	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	NPB	QL (1 kit per 1 fill)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYCOFENIX ORAL SOLUTION 30-2.5-200 MG/5ML (<i>pseudoeph-hydrocodone-gg</i>)	NC	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	PA; QL (10 ML per day for 7 days per 30 days)
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>	G	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	PA; QL (30 ML per day for 7 days per 30 days)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	PA; QL (6 tablets per day for 7 days per 30 days)
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	G	PA; QL (30 ML per day for 7 days per 30 days)
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	NC	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	G	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	G	OTC
<i>nebusal inhalation nebulization solution 3 %</i>	G	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NC	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NC	
NORTUSS-DE ORAL LIQUID 2.5-5-50 MG/ML (<i>phenylephrine-dm-gg</i>)	NC	
<i>nortuss-ex oral liquid 20-200 mg/5ml</i>	NC	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	NC	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	G	PA; QL (30 ML per day for 7 days per 30 days)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>	G	
<i>sodium chloride (Pulmosal Inhalation Nebulization Solution 7 %)</i>	G	
RELHIST ORAL TABLET CHEWABLE 6-15 MG (<i>bromphen tann-phenyleph tann</i>)	NC	
SEMPREX-D ORAL CAPSULE 8-60 MG (<i>acrivastine-pseudoephedrine</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	NPB	
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	NC	
<i>tgq 15dm/5pehl/2cpm oral syrup 15-5-2 mg/5ml</i>	NC	
<i>tgq 30psel/150gfn/15dm oral syrup 30-150-15 mg/5ml</i>	NC	
<i>tgq 30psel/3brml/15dm oral syrup 30-3-15 mg/5ml</i>	NC	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG (<i>hydrocod polst-chlorphen polst</i>)	NPB	PA; QL (2 capsules per day for 7 days per 30 days)
<i>tussigon oral tablet 5-1.5 mg</i>	G	PA; QL (6 tablets per day for 7 days per 30 days)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML (<i>hydrocod polst-chlorphen polst</i>)	NC	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	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 (<i>codeine polst-chlorphen polst</i>)	NPB	PA; QL (20 ML per day for 7 days per 30 days)
ZONATUSS ORAL CAPSULE 150 MG (<i>benzonatate</i>)	NC	
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML (<i>pseudoeph-chlorphen-hydrocod</i>)	NC	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	G	OTC
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NPB	QL (4 tablets per 1 day)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	NC	
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NC	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NC	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>dupilumab</i>)	NC	
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	NC	
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (<i>dupilumab</i>)	NC	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>flunisolide hfa</i>)	NC	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NPB	ST; QL (1 inhaler per 1 month)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NPB	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	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 (<i>fluticasone-salmeterol</i>)	NC	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	NPB	ST; QL (2 blisters per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	G	QL (1 inhaler per 1 month)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NC	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	G	QL (2 inhalations per 1 day)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NC	
<i>fluticasone-salmeterol</i> (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 (<i>theophylline</i>)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NC	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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 (<i>isotretinoin micronized</i>)	NC	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NC	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NPB	QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	G	PA; AL
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	PA; AL
<i>adapalene external lotion 0.1 %</i>	G	ST; AL
<i>adapalene external solution 0.1 %</i>	NPB	QL (2 ml per 1 day)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	AL
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	NC	
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NPB	QL (2 packets per 1 day)
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NC	#
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	G	ST
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NC	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NC	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NC	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
<i>avita external cream 0.025 %</i>	G	PA; AL
<i>tretinoin (Avita External Gel 0.025 %)</i>	G	PA
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NPB	
BENZAC AC WASH EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	NC	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	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 (<i>secukinumab</i>)	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 % (<i>calcipotriene</i>)	NC	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NC	
<i>methoxsalen oral capsule 10 mg</i>	G	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
OXSORALEN ULTRA ORAL CAPSULE 10 MG (<i>methoxsalen rapid</i>)	NC	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NC	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (<i>acitretin</i>)	NC	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NC	
<i>tazarotene external cream 0.1 %</i>	G	AL
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	PB	AL
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	NC	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	AL
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NC	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NC	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	G	
NIZORAL EXTERNAL SHAMPOO 2 % (<i>ketoconazole</i>)	NC	
<i>selenium sulfide external lotion 2.5 %</i>	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	NC	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	NC	
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NC	
<i>ala-cort external cream 1 %</i>	G	QL (120 grams per 1 month)
<i>ala-cort external cream 2.5 %</i>	NC	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	QL (120 grams per 1 month)
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	QL (120 grams per 1 month)
<i>amcinonide external cream 0.1 %</i>	G	QL (120 grams per 1 month)
<i>amcinonide external lotion 0.1 %</i>	G	QL (120 ml per 1 month)
<i>amcinonide external ointment 0.1 %</i>	NPB	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NPB	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	QL (120 grams per 1 month)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (120 grams per 1 month)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (4 grams per 1 day)
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	QL (120 ml per 1 month)
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	QL (4 grams per 1 day)
<i>betamethasone valerate external cream 0.1 %</i>	G	QL (120 grams per 1 month)
<i>betamethasone valerate external foam 0.12 %</i>	G	QL (120 grams per 1 month)
<i>betamethasone valerate external lotion 0.1 %</i>	G	QL (120 ml per 1 month)
<i>betamethasone valerate external ointment 0.1 %</i>	G	QL (4 grams per 1 day)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NC	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NC	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NC	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetone</i>)	NPB	QL (120 ml per 30 days)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NC	
DERMA-SMOOTH/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)

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NC	#
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NPB	
VOLTAREN TRANSDERMAL GEL 1 % (<i>diclofenac sodium</i>)	G	QL (300 grams per 1 month)
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NC	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NC	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NC	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NC	
<i>ivermectin external cream 1 %</i>	G	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NC	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NC	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NC	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NPB	PA
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NC	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NC	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NC	
<i>rosadan external cream 0.75 %</i>	G	
<i>rosadan external gel 0.75 %</i>	G	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NC	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NC	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

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

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oralone mouth/throat paste 0.1 %</i>	G	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	#; QL (14 tabs per 1 fill)
<i>paroex mouth/throat solution 0.12 %</i>	G	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	NC	
<i>periogard mouth/throat solution 0.12 %</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NC	
<i>sf dental gel 1.1 %</i>	CE	N2 (Not Covered); AL
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetazol hc otic solution 2-1 %</i>	G	
<i>acetic acid otic solution 2 %</i>	G	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NC	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NPB	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	NC	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NC	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NPB	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NC	
FLOXIN OTIC OTIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NC	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NC	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NPB	

2021 Small Group ACA CT MD Plan

The formulary is updated the first week of each month.

10/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	NC	

Index

<i>1st tier unifine pentips</i>	184	<i>acetazolamide</i>	73	ADMELOG SOLOSTAR.....	117
<i>1st tier unifine pentips plus</i>	184	<i>acetazolamide er</i>	73	ADOXA.....	45
1ST TIER UNILET		<i>acetic acid</i>	164, 263	ADRENALIN.....	239
COMFORTOUCH.....	184	<i>acetylcysteine</i>	230, 239	ADVAIR DISKUS.....	242, 243
<i>abacavir sulfate</i>	33	<i>acid reducer</i>	160	ADVAIR HFA.....	243
<i>abacavir sulfate-lamivudine</i>	36	ACIPHEX.....	160	ADVANCE INTUITION	
<i>abacavir-lamivudine-zidovudine</i>	36	ACIPHEX SPRINKLE.....	160	TEST.....	185
ABILIFY.....	94	<i>acitretin</i>	250	ADVOCATE INSULIN PEN	
ABILIFY MAINTENA.....	93	ACTEMRA.....	174	NEEDLES.....	185
<i>abiraterone acetate</i>	49	ACTEMRA ACTPEN.....	174	ADVOCATE INSULIN	
ABREVA.....	259	ACTHAR.....	144	SYRINGE.....	185
ABSORICA.....	244	ACTICLATE.....	45	ADVOCATE LANCETS.....	185
ABSORICA LD.....	244	ACTIGALL.....	157	ADVOCATE RAPID-SAFE	
ABSTRAL.....	19	ACTI-LANCE 28G.....	185	LANCING.....	185
<i>acamprosate calcium</i>	111	ACTI-LANCE LITE		ADVOCATE REDI-CODE..	185
ACANYA.....	244	LANCETS 28G.....	185	ADVOCATE REDI-CODE+	
<i>acarbose</i>	114	ACTI-LANCE SPECIAL		TEST.....	185
ACCOLATE.....	238	LANCETS 17G.....	185	ADVOCATE SAFETY	
ACCRUFER.....	208	ACTI-LANCE UNIVERSAL		LANCETS.....	185
ACCU-CHEK AVIVA PLUS		23G.....	185	ADVOCATE TEST.....	185
.....	184	ACTIMMUNE.....	181	ADYPHREN.....	230
ACCU-CHEK COMPACT		ACTIQ.....	20	ADYPHREN AMP.....	230
PLUS.....	184	ACTIVELLA.....	136	ADYPHREN AMP II.....	230
ACCU-CHEK FASTCLIX		ACTONEL.....	124	ADYPHREN II.....	230
LANCETS.....	184	ACTOPLUS MET.....	121	ADZENYS ER.....	97
ACCU-CHEK GUIDE.....	184	ACTOPLUS MET XR.....	122	ADZENYS XR-ODT.....	97
ACCU-CHEK MULTICLIX		ACTOS.....	121	AEMCOLO.....	30
LANCETS.....	184	ACULAR.....	228	AEROCHAMBER PLUS	
ACCU-CHEK SAFE-T PRO		ACULAR LS.....	228	FLO-VU.....	207
LANCETS.....	184	ACUVAIL.....	228	AEROSPAN.....	241
ACCU-CHEK		<i>acyclovir</i>	38, 259	<i>afeditab cr</i>	70
SMARTVIEW.....	184	ACZONE.....	244	AFINITOR.....	52
ACCU-CHEK SOFT		ADAGEN.....	135	AFINITOR DISPERZ.....	51
TOUCH LANCETS.....	184	ADALAT CC.....	70	Afirmelle.....	126
ACCU-CHEK SOFTCLIX		<i>adapalene</i>	244	AFREZZA.....	117, 118
LANCET DEV.....	184	<i>adapalene-benzoyl peroxide</i>	244	AFTERA.....	126
ACCU-CHEK SOFTCLIX		ADCIRCA.....	77	AGAMATRIX AMP TEST..	185
LANCETS.....	184	ADDERALL.....	97	AGAMATRIX JAZZ TEST..	185
ACCUPRIL.....	60	ADDERALL XR.....	97	AGAMATRIX KEYNOTE	
ACCURETIC.....	59	ADDYI.....	111	TEST.....	185
ACCUTREND GLUCOSE..	185	<i>adefovir dipivoxil</i>	39	AGAMATRIX PRESTO	
ACCUTREND GLUCOSE		ADEMPAS.....	77	TEST.....	185
CONTROL.....	184	ADHANSIA XR.....	97	AGAMATRIX ULTRA-	
<i>acebutolol hcl</i>	68	<i>adjustable lancing device</i>	185	THIN LANCETS.....	185
ACEON.....	60	ADLYXIN.....	116	AGGRENOLX.....	173
<i>acetaminophen-codeine</i>	20	ADLYXIN STARTER		AGRYLIN.....	170
<i>acetaminophen-codeine #2</i>	20	PACK.....	116	AIMOVIG.....	103
<i>acetaminophen-codeine #3</i>	20	ADMELOG.....	117	AIMOVIG (140 MG DOSE)..	103
<i>acetaminophen-codeine #4</i>	20			AIRDUO DIGIHALER.....	243

AIRDUO RESPICLICK 113/14.....	230	<i>alprazolam er</i>	79	<i>amphetamine-dextroamphet er.</i>	98
AIRDUO RESPICLICK 232/14.....	230	ALPRAZOLAM INTENSOL	79	<i>amphetamine-</i> <i>dextroamphetamine</i>	98
AIRDUO RESPICLICK 55/14.....	230	<i>alprazolam xr</i>	79	<i>ampicillin</i>	45
AJOVY.....	103	ALREX.....	228	AMPYRA.....	107
AKLIEF.....	244	ALTABAX.....	247	AMRIX.....	109
AKTIPAK.....	244	ALTACE.....	60	AMZEEQ.....	244
AKYNZEO.....	152	<i>altafrin</i>	170	ANADROL-50.....	113
ALA SCALP.....	252	<i>altavera</i>	126	ANAFRANIL.....	87
<i>ala-cort</i>	252	<i>alternate site lancing device</i>	185	<i>anagrelide hcl</i>	170
<i>alavert</i>	232	ALTOPREV.....	66	ANALPRAM-HC.....	162
ALAVERT.....	232	ALTRENO.....	244	ANAPROX DS.....	16
<i>alavert allergy/sinus</i>	236	ALUNBRIG.....	52	<i>anastrozole</i>	49
<i>alaway</i>	170	ALVESCO.....	241	ANCOBON.....	29
<i>albendazole</i>	30	<i>alyacen 1/35</i>	126	ANDRODERM.....	113
<i>albuterol sulfate</i>	234	<i>alyacen 7/7/7</i>	126	ANDROGEL.....	113
<i>albuterol sulfate er</i>	234	Alyq.....	77	ANDROGEL PUMP.....	113
<i>albuterol sulfate hfa</i>	234	Amabelz.....	136	ANDROID.....	145
<i>alclometasone dipropionate</i>	252	<i>amantadine hcl</i>	91	ANDROXY.....	145
<i>alcohol swabs</i>	185	AMARYL.....	123	ANGELIQ.....	136
ALDACTAZIDE.....	73	AMBIEN.....	101	ANNOVERA.....	126
ALDACTONE.....	73	AMBIEN CR.....	101	ANORO ELLIPTA.....	230
ALDARA.....	259	<i>ambrisentan</i>	77	ANTABUSE.....	111
ALECENSA.....	52	<i>amcinonide</i>	252	ANTARA.....	65
<i>alendronate sodium</i>	124	AMELUZ.....	259	ANTICOAGULANT COMPOUND.....	167
ALFERON N.....	57	AMERGE.....	103	<i>anti-stick insulin syringe</i>	185
<i>alfuzosin hcl er</i>	163	<i>amethia</i>	126	ANUSOL-HC.....	162
ALINIA.....	30	<i>amethia lo</i>	126	ANZEMET.....	152
<i>aliskiren fumarate</i>	73	AMICAR.....	170	APADAZ.....	20
ALKERAN.....	47	<i>amiloride hcl</i>	73	<i>apap-caff-dihydrocodeine</i>	20
ALKINDI SPRINKLE.....	140	<i>amiloride-hydrochlorothiazide</i> ..	73	APEXICON E.....	252
ALLEGRA ALLERGY.....	232	<i>aminocaproic acid</i>	170	APIDRA.....	118
ALLEGRA ALLERGY CHILDRENS.....	232	<i>amiodarone hcl</i>	63	APIDRA SOLOSTAR.....	118
ALLEGRA-D ALLERGY & CONGESTION.....	236	AMITIZA.....	155	APLENZIN.....	87
<i>allopurinol</i>	15	<i>amitriptyline hcl</i>	87	APOKYN.....	91
ALLZITAL.....	15	AMLODIPINE		APPTRIM.....	208
<i>almotriptan malate</i>	103	BES+SYRSPEND SF.....	70	APPTRIM-D.....	208
ALOCRIIL.....	223	<i>amlodipine besy-benazepril hcl</i> ..	59	<i>apraclonidine hcl</i>	223
<i>alogliptin benzoate</i>	115	<i>amlodipine besylate</i>	70	<i>aprepitant</i>	152
<i>alogliptin-metformin hcl</i>	116	<i>amlodipine besylate-valsartan</i> ...	61	<i>apri</i>	126
<i>alogliptin-pioglitazone</i>	116	<i>amlodipine-atorvastatin</i>	70	APRISO.....	154
ALOMIDE.....	223	<i>amlodipine-olmesartan</i>	61	APTENSIO XR.....	98
ALORA.....	136	<i>amlodipine-valsartan-hctz</i>	61	APTIOM.....	79
<i>alosetron hcl</i>	156	<i>ammonium lactate</i>	259	APTIVUS.....	33
ALPHAGAN P.....	223	<i>amnestem</i>	244	ARAKODA.....	32
<i>alprazolam</i>	79	<i>amoxapine</i>	87	<i>aranelle</i>	126
		<i>amoxicillin</i>	44, 45	ARANESP (ALBUMIN FREE).....	168
		<i>amoxicillin-pot clavulanate</i>	45	ARAVA.....	179
		<i>amoxicillin-pot clavulanate er</i> ...	45		
		<i>amphetamine er</i>	97		
		<i>amphetamine sulfate</i>	97		

ARAZLO.....	244	ASSURE COMFORT		AURORA UNIFINE	
ARCALYST.....	181	LANCETS 30G.....	186	PENTIPS.....	186
ARCAPTA NEOHALER.....	234	ASSURE HAEMOLANCE		Aurovela 1.5/30.....	126
<i>arformoterol tartrate</i>	234	PLUS HIGH.....	186	Aurovela 1/20.....	126
Argyle Sterile Saline.....	164	ASSURE HAEMOLANCE		Aurovela 24 Fe.....	127
ARICEPT.....	86	PLUS LOW.....	186	Aurovela Fe 1/20.....	127
ARIKAYCE.....	28	ASSURE HAEMOLANCE		AURYXIA.....	147
ARIMIDEX.....	50	PLUS MICRO.....	186	AUSTEDO.....	105
<i>aripiprazole</i>	94	ASSURE HAEMOLANCE		AUVI-Q.....	230
ARISTADA.....	94	PLUS NORMAL.....	186	AVAILNEX.....	209
ARISTADA INITIO.....	94	ASSURE HAEMOLANCE		AVALIDE.....	62
ARIXTRA.....	167	PLUS PED.....	186	AVANDIA.....	121
<i>armodafinil</i>	111	ASSURE ID INSULIN		AVAPRO.....	63
ARMONAIR DIGIHALER.....	241	SAFETY SYR.....	186	AVAR LS CLEANSER.....	244
ARMONAIR RESPICLICK		ASSURE LANCE		AVAR-E LS.....	244
113.....	241	LANCETS.....	186	AVC VAGINAL.....	166
ARMONAIR RESPICLICK		ASSURE LANCETS.....	186	AVELOX.....	42
232.....	241	ASSURE PLATINUM.....	186	<i>aviane</i>	127
ARMONAIR RESPICLICK		ASSURE PRO TEST.....	186	<i>avidoxy</i>	45
55.....	241	ASTAGRAF XL.....	182	<i>avita</i>	244
ARMOUR THYROID.....	148	ATACAND.....	63	Avita.....	244
ARNUITY ELLIPTA.....	241	ATACAND HCT.....	62	AVODART.....	163
AROMASIN.....	50	<i>atazanavir sulfate</i>	33	AVONEX.....	107
ARTHROTEC.....	19	ATELVIA.....	124	AVONEX PEN.....	107
ARYMO ER.....	20	<i>atenolol</i>	69	AVONEX PREFILLED.....	107
ASACOL HD.....	154	ATENOLOL+SYRSPEND		<i>av-phos 250 neutral</i>	207
ASCENIV.....	180	SF PH4.....	69	AVSOLA.....	174
<i>ascomp-codeine</i>	20	<i>atenolol-chlorthalidone</i>	68	AXERT.....	103
<i>asenapine maleate</i>	94	ATIVAN.....	79	AXONA.....	209
Ashlyna.....	126	<i>atomoxetine hcl</i>	98	AYGESTIN.....	148
ASMANEX (120 METERED		<i>atorvastatin calcium</i>	66	Ayuna.....	127
DOSES).....	241	<i>atovaquone</i>	30	AYVAKIT.....	57
ASMANEX (14 METERED		<i>atovaquone-proguanil hcl</i>	32	AZASAN.....	182
DOSES).....	241	ATRALIN.....	244	AZASITE.....	226
ASMANEX (30 METERED		ATRIPLA.....	36	<i>azathioprine</i>	182
DOSES).....	241	<i>atropine sulfate</i>	170	<i>azelaic acid</i>	261
ASMANEX (60 METERED		ATROVENT HFA.....	231	<i>azelastine hcl</i>	223, 232
DOSES).....	242	AUBAGIO.....	107	<i>azelastine-fluticasone</i>	232
ASMANEX (7 METERED		Aubra.....	126	AZELEX.....	244
DOSES).....	242	Aubra Eq.....	126	<i>azeschew prenatal/postnatal</i>	209
ASMANEX HFA.....	242	AUGMENTIN.....	45	<i>azesco</i>	209
<i>asperflex max st</i>	258	AUGMENTIN ES-600.....	45	AZILECT.....	91
<i>aspirin</i>	28	AUGMENTIN XR.....	45	<i>azithromycin</i>	41
<i>aspirin low dose</i>	28	AURORA LANCET SUPER		<i>azo tabs</i>	164
<i>aspirin-dipyridamole er</i>	173	THIN 30G.....	186	AZOPT.....	223
<i>aspirin-omeprazole</i>	173	AURORA LANCET THIN		AZOR.....	62
ASSURE 3 TEST.....	186	23G.....	186	<i>azo-standard</i>	164
ASSURE 4 TEST.....	186	AURORA PEN NEEDLES..	186	AZSTARYS.....	98
ASSURE COMFORT		<i>aurora unifine pentips</i>	186	AZULFIDINE.....	154
LANCETS 28G.....	186			AZULFIDINE EN-TABS....	154

<i>azurette</i>	127	BD MICROTAINER		<i>betamethasone dipropionate</i>	252
<i>b-6</i>	209	LANCETS.....	187	<i>betamethasone dipropionate</i>	
Bac.....	15	BD PEN NEEDLE MINI		<i>aug</i>	252
BACIGUENT.....	226	U/F.....	187	<i>betamethasone valerate</i>	252
<i>bacitracin</i>	226	BD PEN NEEDLE NANO		BETAPACE.....	69
<i>bacitracin-polymyxin b</i>	226	U/F.....	187	BETAPACE AF.....	69
<i>bacitra-neomycin-polymyxin-</i>		BD PEN NEEDLE		BETASERON.....	107
<i>hc</i>	225	ORIGINAL U/F.....	187	<i>betaxolol hcl</i>	69, 223
<i>baclofen</i>	109	BD PEN NEEDLE SHORT		<i>bethanechol chloride</i>	157
BACTRIM.....	30	U/F.....	187	BETHKIS.....	28
BACTRIM DS.....	30	BD SAFETYGLIDE		BETIMOL.....	223
BACTROBAN.....	247	INSULIN SYRINGE.....	187	BETOPTIC-S.....	224
BACTROBAN NASAL.....	247	BD SAFETY-LOK		BEVESPI AEROSPHERE....	230
BAFIERTAM.....	107	INSULIN SYRINGE.....	187	BEVYXXA.....	167
BAL-CARE DHA.....	209	BD VEO INSULIN SYR U/F		<i>bexarotene</i>	57
BALCOLTRA.....	127	1/2UNIT.....	188	BEYAZ.....	127
<i>balsalazide disodium</i>	154	BD VEO INSULIN		BIAXIN.....	41
BALVERSA.....	52	SYRINGE U/F.....	188	<i>bicalutamide</i>	50
<i>balziva</i>	127	BECONASE AQ.....	240	BIDIL.....	75
BANZEL.....	79	Bekyree.....	127	BIEST/PROGESTERONE..	136
BAQSIMI ONE PACK.....	142	BELBUCA.....	27	BIJUVA.....	136
BAQSIMI TWO PACK.....	142	<i>belladonna alkaloids-opium</i>	151	BIKTARVY.....	36
BARACLUDE.....	39	BELSOMRA.....	101	BILTRICIDE.....	30
BASAGLAR KWIKPEN....	118	BELVIQ.....	105	<i>bimatoprost</i>	224
BAXDELA.....	42	<i>benazepril hcl</i>	60	BINOSTO.....	124
BAYER BREEZE 2 TEST....	186	<i>benazepril-hydrochlorothiazide</i> ..	59	<i>bio-statin</i>	29
BAYER CONTOUR NEXT		BENICAR.....	63	<i>bisacodyl</i>	156
TEST.....	186	BENICAR HCT.....	62	<i>bisoprolol fumarate</i>	69
BAYER CONTOUR TEST..	186	BENLYSTA.....	182	<i>bisoprolol-hydrochlorothiazide</i> ..	68
<i>bayer low dose</i>	28	BENTYL.....	151	BLEPH-10.....	226
BAYER MICROLET		BENZAC AC WASH.....	244	BLEPHAMIDE.....	225
LANCETS.....	186	BENZACLIN.....	244	BLEPHAMIDE S.O.P.....	225
BD AUTOSHIELD.....	186	BENZACLIN WITH PUMP	245	Blisovi 24 Fe.....	127
BD GLUCOSE.....	142	BENZAMYCIN.....	245	Blisovi Fe 1.5/30.....	127
BD INSULIN SYR		<i>benzhydrocodone-</i>		Blisovi Fe 1/20.....	127
ULTRAFINE II.....	186, 187	<i>acetaminophen</i>	20	<i>blood glucose test</i>	188
BD INSULIN SYRINGE....	187	BENZIQ.....	245	BONIVA.....	124
BD INSULIN SYRINGE		BENZIQ LS.....	245	BONJESTA.....	152
HALF-UNIT.....	187	<i>benznidazole</i>	30	<i>bosentan</i>	77
BD INSULIN SYRINGE		<i>benzonatate</i>	236	BOSULIF.....	52
MICROFINE.....	187	<i>benzoyl peroxide-erythromycin</i>		<i>bp folinatal plus b</i>	209
BD INSULIN SYRINGE		.....	245	<i>bp multinatal plus</i>	209
U/F.....	187	<i>benztropine mesylate</i>	91	<i>bp wash</i>	245
BD INSULIN SYRINGE		BEOVU.....	170	BRAFTOVI.....	57
ULTRAFINE.....	187	<i>bepotastine besilate</i>	223	BRAVELLE.....	138
BD LANCET ULTRAFINE		BEPREVE.....	223	BREO ELLIPTA.....	243
30G.....	187	BESIVANCE.....	226	BREXAFEMME.....	29
BD LANCET ULTRAFINE		BETADINE OPHTHALMIC		BREZTRI AEROSPHERE..	230
33G.....	187	PREP.....	226	<i>briellyn</i>	127
		BETAGAN.....	223	BRILINTA.....	173

<i>brimonidine tartrate</i>	224	BYVALSON.....	62	CARDIZEM LA.....	71
<i>brinzolamide</i>	224	<i>cabergoline</i>	145	CARDURA.....	61
BRISDELLE.....	87	CABLIVI.....	168	CARDURA XL.....	163
BRIVIACT.....	79	CABOMETYX.....	52	CAREFINE PEN NEEDLES	
<i>bromfed dm</i>	236	CADUET.....	70	.....	188
<i>bromfenac sodium (once-daily)</i>		<i>caffeine citrate</i>	105	CAREONE LANCET	
.....	228	CALAN.....	70	SUPER THIN 30G.....	188
<i>bromocriptine mesylate</i>	91	CALAN SR.....	71	CAREONE LANCET THIN	
<i>brompheniramine tannate</i>	232	CALCIFOL.....	209	23G.....	188
BROMSITE.....	228	<i>calcipotriene</i>	250	CAREONE LANCET	
BRONCHITOL.....	239	<i>calcipotriene-betameth diprop</i>	252	ULTRA THIN 28G.....	188
BROVANA.....	234	<i>calcitonin (salmon)</i>	145	CAREONE UNIFINE	
BRUKINSA.....	52	<i>calcitrene</i>	250	PENTIPS.....	188
BRYHALI.....	252	<i>calcitriol</i>	124, 250	CARESENS N GLUCOSE	
BUCALSEP.....	259	<i>calcium acetate (phos binder)</i>	147	TEST.....	188
<i>budesonide</i>	154, 242	<i>calcium pnv</i>	209	CARIMUNE NF.....	180
<i>budesonide er</i>	140	<i>calcium-folic acid plus d</i>	209	<i>carisoprodol</i>	109
<i>budesonide-formoterol</i>		CALPHRON.....	147	<i>carisoprodol-aspirin</i>	110
<i>fumarate</i>	243	CALQUENCE.....	52	<i>carisoprodol-aspirin-codeine</i> ...	110
BULLSEYE MINI SAFETY		CAMBIA.....	16	CARNITOR.....	125
LANCETS.....	188	<i>camila</i>	127	CARNITOR SF.....	125
<i>bumetanide</i>	74	<i>camrese</i>	127	CAROSPIR.....	74
BUMEX.....	74	<i>camrese lo</i>	127	<i>carteolol hcl</i>	224
BUNAVAIL.....	19	CANASA.....	154	<i>cartia xt</i>	71
Bupap.....	15	<i>candesartan cilexetil</i>	63	<i>carvedilol</i>	69
BUPHENYL.....	135	<i>candesartan cilexetil-hctz</i>	62	<i>carvedilol phosphate er</i>	69
<i>buprenorphine</i>	27	<i>capacet</i>	16	CASODEX.....	50
<i>buprenorphine hcl</i>	27	<i>capecitabine</i>	48	CATAPRES.....	75
<i>buprenorphine hcl-naloxone hcl</i>	19	CAPEX.....	252	CATAPRES-TTS-1.....	75
<i>bupropion hcl</i>	87	CAPLYTA.....	94	CATAPRES-TTS-2.....	75
<i>bupropion hcl er (smoking det)</i>		CAPRELSA.....	52	CATAPRES-TTS-3.....	75
.....	112	<i>captopril</i>	60	CAYSTON.....	30
<i>bupropion hcl er (sr)</i>	87	<i>captopril-hydrochlorothiazide</i> ...	59	<i>caziant</i>	127
<i>bupropion hcl er (xl)</i>	87	CARAC.....	247	CEDAX.....	40
<i>buspirone hcl</i>	105	CARAFATE.....	157	<i>cefaclor</i>	40
<i>butalbital-acetaminophen</i>	16	CARBAGLU.....	135	<i>cefaclor er</i>	40
<i>butalbital-apap-caff-cod</i>	20	<i>carbamazepine</i>	80	<i>cefadroxil</i>	40
<i>butalbital-apap-caffeine</i>	16	<i>carbamazepine er</i>	79, 80	<i>cefdinir</i>	40
<i>butalbital-asa-caff-codeine</i>	20	CARBAPHEN 12.....	236	<i>cefditoren pivoxil</i>	40
<i>butalbital-asa-caffeine</i>	16	CARBAPHEN 12 PED.....	236	<i>cefixime</i>	40
<i>butalbital-aspirin-caffeine</i>	16	CARBATROL.....	80	<i>cefpodoxime proxetil</i>	40, 41
BUTISOL SODIUM.....	101	<i>carbidopa</i>	91	<i>cefprozil</i>	41
<i>butorphanol tartrate</i>	20	<i>carbidopa-levodopa</i>	91	<i>ceftibuten</i>	41
BUTRANS.....	27	<i>carbidopa-levodopa er</i>	91	CEFTIN.....	41
BYDUREON.....	117	<i>carbidopa-levodopa-entacapone</i>	91	<i>cefuroxime axetil</i>	41
BYDUREON BCISE.....	117	<i>carbinoxamine maleate</i>	232	CELEBREX.....	15
BYETTA 10 MCG PEN.....	117	CARDIOTEK RX.....	209	<i>celecoxib</i>	15
BYETTA 5 MCG PEN.....	117	CARDIOVID PLUS.....	209	CELEXA.....	87
BYNFEZIA PEN.....	145	CARDIZEM.....	71	CELLCEPT.....	182
BYSTOLIC.....	69	CARDIZEM CD.....	71	CELONTIN.....	80

CENTANY.....	248	<i>ciclopirox olamine</i>	248	CLEVER CHOICE MICRO	
<i>cephalexin</i>	41	<i>cilostazol</i>	171	TEST.....	189
CEQUA.....	170	CILOXAN.....	226	CLICKFINE PEN	
CERDELGA.....	135	CIMDUO.....	36	NEEDLES.....	189
CEREFOLIN.....	209	<i>cimetidine</i>	154	<i>clickfine pen needles</i>	189
CEREFOLIN NAC.....	209	<i>cimetidine hcl</i>	154	CLIMARA.....	136
CERVIDIL.....	145	CIMZIA.....	175	CLIMARA PRO.....	136
CESAMET.....	152	CIMZIA PREFILLED.....	174	<i>clindacin etz</i>	245
<i>cesia</i>	127	CIMZIA STARTER KIT.....	175	<i>clindacin-p</i>	245
<i>cetirizine hcl</i>	232	<i>cinacalcet hcl</i>	124	CLINDAGEL.....	245
<i>cetirizine-pseudoephedrine er..</i>	236	CIPRO.....	42, 43	<i>clindamycin hcl</i>	31
CETRAXAL.....	263	CIPRO HC.....	263	<i>clindamycin palmitate hcl</i>	31
CETROTIDE.....	134	CIPRO XR.....	43	<i>clindamycin phos-benzoyl</i>	
<i>cevimeline hcl</i>	262	CIPRODEX.....	263	<i>perox</i>	245
CHANTIX.....	112	<i>ciprofloxacin</i>	43	<i>clindamycin phosphate</i>	166, 245
CHANTIX CONTINUING		<i>ciprofloxacin hcl</i>	43, 226, 263	<i>clindamycin-tretinoin</i>	245
MONTH PAK.....	112	<i>ciprofloxacin-ciproflox hcl er</i>	43	CLINDESSE.....	166
CHANTIX STARTING		<i>ciprofloxacin-dexamethasone</i> ..	263	<i>clobazam</i>	80
MONTH PAK.....	112	<i>ciprofloxacin-fluocinolone pf..</i>	263	<i>clobetasol propionate</i>	253
<i>chateal</i>	127	<i>citalopram hydrobromide</i>	87	<i>clobetasol propionate e</i>	253
Chateal Eq.....	127	CITRANATAL 90 DHA.....	209	<i>clobetasol propionate emulsion</i>	253
CHEK-STIX CONTROL.....	188	CITRANATAL ASSURE....	210	CLOBEX.....	253
CHEMET.....	125	CITRANATAL B-CALM....	210	CLOBEX SPRAY.....	253
CHEMSTRIP 10 MD.....	188	CITRANATAL ESSENCE..	210	<i>clocortolone pivalate</i>	253
CHEMSTRIP 10/SG.....	188	CITRANATAL MEDLEY...210		<i>clocortolone pivalate pump</i>	253
CHEMSTRIP 2 GP.....	188	CITRANATAL RX.....	210	Clodan.....	253
CHEMSTRIP 5 OB.....	188	<i>citrate of magnesia</i>	156	CLODERM.....	253
CHEMSTRIP 7.....	188	<i>claravis</i>	245	CLODERM PUMP.....	253
CHEMSTRIP 9.....	188	CLARINEX.....	232	<i>clomiphene citrate</i>	139
CHEMSTRIP K.....	188	CLARINEX-D 12 HOUR....	236	<i>clomipramine hcl</i>	105
CHEMSTRIP UGK.....	188	<i>clarithromycin</i>	41	<i>clonazepam</i>	80
CHENODAL.....	157	<i>clarithromycin er</i>	41	<i>clonidine hcl</i>	75
<i>childrens aspirin</i>	28	CLARITIN.....	232, 233	<i>clonidine hcl er</i>	98
<i>chlordiazepoxide hcl</i>	79	CLARITIN CHILDRENS...232		<i>clopidogrel bisulfate</i>	173
<i>chlordiazepoxide-amitriptyline</i>	112	CLARITIN EYE.....	171	<i>clorazepate dipotassium</i>	80
<i>chlordiazepoxide-clidinium</i>	151	CLARITIN REDITABS.....	233	CLORPRES.....	62
<i>chlorhexidine gluconate</i> ...259,	262	CLARITIN-D 12 HOUR.....	236	<i>clotrimazole</i>	248, 262
<i>chloroquine phosphate</i>	32	CLARITIN-D 24 HOUR.....	236	<i>clotrimazole-betamethasone</i>	248
<i>chlorothiazide</i>	74	<i>clemastine fumarate</i>	233	<i>clozapine</i>	94
<i>chlorpromazine hcl</i>	94	CLENPIQ.....	156	CLOZARIL.....	94
<i>chlorpropamide</i>	123	CLEOCIN.....	30, 31, 166	COARTEM.....	32
<i>chlorthalidone</i>	74	CLEOCIN-T.....	245	CODAR AR.....	236
<i>chlorzoxazone</i>	110	CLEVER CHEK AUTO-		<i>codeine sulfate</i>	20
CHOLBAM.....	157	CODE TEST.....	188	COLAZAL.....	154
<i>cholestyramine</i>	64	CLEVER CHEK AUTO-		<i>colchicine</i>	15
<i>cholestyramine light</i>	64	CODE VOICE.....	188	<i>colchicine-probenecid</i>	15
<i>choline-mag trisalicylate</i>	28	CLEVER CHEK LANCETS	188	COLCRYS.....	15
<i>chorionic gonadotropin</i>	139	CLEVER CHEK TEST.....	188	<i>colesevelam hcl</i>	64
<i>ciclodan</i>	248	CLEVER CHOICE AUTO-		COLESTID.....	65
<i>ciclopirox</i>	248	CODE TEST.....	188	COLESTID FLAVORED.....	64

<i>colestipol hcl</i>	65	CORTENEMA.....	154	<i>cyclosporine modified</i>	182
<i>colocort</i>	154	CORTIFOAM.....	155	CYMBALTA.....	88
COLY-MYCIN S.....	263	<i>cortisone acetate</i>	140	<i>cyproheptadine hcl</i>	233
COLYTE WITH FLAVOR		CORTISPORIN.....	248	Cyred.....	127
PACKS.....	156	CORVITE 150.....	171	CYSTADANE.....	135
COMBIGAN.....	224	<i>corvite fe</i>	171	CYSTADROPS.....	171
COMBIPATCH.....	136	CORZIDE.....	68	CYSTAGON.....	135
COMBISTIX.....	189	COSENTYX.....	251	CYSTARAN.....	171
COMBIVENT RESPIMAT..	231	COSENTYX (300 MG		CYTOMEL.....	148
COMBIVIR.....	36	DOSE).....	250	CYTOTEC.....	158
COMETRIQ (100 MG		COSENTYX		<i>cytra k crystals</i>	164
DAILY DOSE).....	52, 57	SENSOREADY (300 MG)...	250	D.H.E. 45.....	103
COMETRIQ (140 MG		COSENTYX		DAKLINZA.....	43
DAILY DOSE).....	52, 57	SENSOREADY PEN.....	250	<i>dalfampridine er</i>	107
COMETRIQ (60 MG DAILY		COSOPT.....	224	DALIRESP.....	239
DOSE).....	52	COSOPT PF.....	224	<i>danazol</i>	134
COMFORT ASSURED		COTELLIC.....	52	DANTRIUM.....	110
LANCETS 28G.....	189	COTEMPLA XR-ODT.....	98	<i>dantrolene sodium</i>	110
COMFORT ASSURED		COUMADIN.....	167	<i>dapsone</i>	31, 245
LANCETS 33G.....	189	COZAAR.....	63	DARAPRIM.....	31
COMFORT EZ INSULIN		CREON.....	159	<i>darifenacin hydrobromide er</i> ...	165
SYRINGE.....	189	CRESEMBA.....	29	<i>dasetta 1/35</i>	127
COMFORT EZ PEN		CRESTOR.....	66	<i>dasetta 7/7/7</i>	128
NEEDLES.....	189	CRINONE.....	148	DAURISMO.....	48
COMFORT LANCETS.....	189	CRIXIVAN.....	33	DAXBIA.....	41
COMPLERA.....	36	<i>cromolyn sodium</i>	158, 223, 239	DAYPRO.....	16
<i>complete natal dha</i>	210	CROTAN.....	261	<i>daysee</i>	128
<i>completenate</i>	210	<i>cryselle-28</i>	127	DAYTRANA.....	98
<i>compro</i>	152	CUPRIMINE.....	125	DAYVIGO.....	101
COMTAN.....	91	Curity Sterile Saline.....	164	D-CARE DM2.....	145
<i>co-natal fa</i>	210	CUTAQUIG.....	180	DDAVP.....	150
CONCEPT DHA.....	210	CUTIVATE.....	253	DDAVP RHINAL TUBE....	150
CONCEPT OB.....	210	CUVITRU.....	180	<i>deblitane</i>	128
CONCERTA.....	98	CUVPOSA.....	151	DECARA.....	210
CONDYLOX.....	259	<i>cvs lice treatment</i>	262	DECARA K.....	210
CONJUPRI.....	71	<i>cvs pain relief</i>	258	DECON-A.....	236
CONSENSI.....	71	<i>cvs permethrin</i>	262	<i>deferasirox</i>	125
<i>constulose</i>	156	<i>cvs ultra sleep</i>	101	<i>deferasirox granules</i>	125
CONZIP.....	20	<i>cyanocobalamin</i>	210	<i>deferiprone</i>	125
COPAXONE.....	107	<i>cyclafem 1/35</i>	127	DELESTROGEN.....	137
COPEGUS.....	43	<i>cyclafem 7/7/7</i>	127	DELSTRIGO.....	36
COPIKTRA.....	52	<i>cyclobenzaprine hcl</i>	110	Deltasone.....	140
CORDRAN.....	253	<i>cyclobenzaprine hcl er</i>	110	Delyla.....	128
COREG.....	69	CYCLOGYL.....	171	DELZICOL.....	155
COREG CR.....	69	CYCLOMYDRIL.....	171	DEMADEX.....	74
Coremino.....	46	<i>cyclopentolate hcl</i>	171	<i>demeclocycline hcl</i>	46
CORGARD.....	69	<i>cyclophosphamide</i>	47	DEMEROL.....	21
CORLANOR.....	75	<i>cycloserine</i>	38	DEMSEER.....	75
<i>cormax scalp application</i>	253	CYCLOSET.....	116	DENAVIR.....	259
CORTEF.....	140	<i>cyclosporine</i>	182	DEPAKENE.....	80

DEPAKOTE.....	80	DEXCOM G4 PLATINUM		Difil-G Forte.....	239
DEPAKOTE ER.....	80	RECEIVER.....	189	<i>diflorasone diacetate</i>	254
DEPAKOTE SPRINKLES....	80	DEXCOM G4 PLATINUM		DIFLUCAN.....	29
DEPEN TITRATABS.....	125	TRANSMITTER.....	189	<i>diflunisal</i>	28
DEPLIN 15.....	210	DEXCOM G4 SENSOR.....	189	Digitek.....	73
DEPLIN 7.5.....	210	DEXCOM G5 MOB/G4		Digox.....	73
DEPO-ESTRADIOL.....	137	PLAT SENSOR.....	189	<i>digoxin</i>	73
DEPO-PROVERA.....	50	DEXCOM G5 MOBILE		<i>dihydroergotamine mesylate</i> ...	103
DEPO-SUBQ PROVERA		RECEIVER.....	189	DILANTIN.....	81
104.....	128	DEXCOM G5 MOBILE		DILANTIN INFATABS.....	81
DEPO-TESTOSTERONE....	113	TRANSMITTER.....	189	DILATRATE-SR.....	76
DERMA-SMOOTH/FS		DEXCOM G5 RECEIVER		DILAUDID.....	21
BODY.....	254	KIT.....	190	<i>diltiazem cd</i>	71
DERMA-SMOOTH/FS		DEXCOM G6 RECEIVER..	190	<i>diltiazem hcl</i>	71
SCALP.....	254	DEXCOM G6 SENSOR.....	190	<i>diltiazem hcl er</i>	71
DERMATOP.....	254	DEXCOM G6		<i>diltiazem hcl er beads</i>	71
DERMOTIC.....	263	TRANSMITTER.....	190	<i>diltiazem hcl er coated beads</i>	71
DESCOVY.....	36	DEXEDRINE.....	98	<i>dilt-xr</i>	72
<i>desipramine hcl</i>	88	DEXILANT.....	160	<i>dimethyl fumarate</i>	107
<i>desloratadine</i>	233	<i>dexmethylphenidate hcl</i>	98	DIOVAN.....	63
<i>desmopressin ace rhinal tube</i>	75	<i>dexmethylphenidate hcl er</i>	98	DIOVAN HCT.....	62
<i>desmopressin ace spray refrig.</i>	150	Dexpak 10 Day.....	140	DIPENTUM.....	155
<i>desmopressin acetate</i>	150	Dexpak 13 Day.....	140	<i>diphenhydramine hcl</i>	233
<i>desmopressin acetate spray</i>	150	Dexpak 6 Day.....	140	<i>diphenoxylate-atropine</i>	158
<i>desogestrel-ethinyl estradiol</i>	128	<i>dextroamphetamine sulfate</i>	99	DIPROLENE.....	254
DESONATE.....	254	<i>dextroamphetamine sulfate er</i> ..	98	DIPROLENE AF.....	254
<i>desonide</i>	254	DIACOMIT.....	80	<i>dipyridamole</i>	173
DESOWEN.....	254	DIALYVITE 3000.....	210	<i>disopyramide phosphate</i>	63
<i>desoximetasone</i>	254	DIALYVITE 5000.....	210	<i>disulfiram</i>	112
DESOXYN.....	98	DIALYVITE SUPREME D.	210	DITROPAN XL.....	165
<i>desvenlafaxine er</i>	88	DIALYVITE/ZINC.....	210	DIURIL.....	74
<i>desvenlafaxine succinate er</i>	88	DIAMOX SEQUELS.....	74	<i>divalproex sodium</i>	81
DETROL.....	165	DIASTAT ACUDIAL.....	80	<i>divalproex sodium er</i>	81
DETROL LA.....	165	DIASTAT PEDIATRIC.....	80	DIVIGEL.....	137
DEX4 GLUCOSE.....	142	<i>diazepam</i>	80, 81	<i>docosanol</i>	259
DEX4 GLUCOSE GO-		<i>diazepam intensol</i>	80	<i>dofetilide</i>	63
POUCH.....	142	<i>diazoxide</i>	142	DOLOPHINE.....	21
DEX4 QUICK DISSOLVE		DIBENZYLINE.....	75	DOLOTRANZ.....	258
GLUCOSE.....	142	DICLEGIS.....	152	<i>donepezil hcl</i>	86
<i>dexamethasone</i>	140	<i>diclofenac</i>	16	DOPTELET.....	168
DEXAMETHASONE		<i>diclofenac epolamine</i>	259	DORAL.....	101
INTENSOL.....	140	<i>diclofenac potassium</i>	16	DORYX.....	46
<i>dexamethasone sodium</i>		<i>diclofenac sodium</i> .17, 39, 228, 259		DORYX MPC.....	46
<i>phosphate</i>	228	<i>diclofenac sodium er</i>	17	<i>dorzolamide hcl</i>	224
DEXCOM G4 PLAT PED		<i>diclofenac-misoprostol</i>	19	<i>dorzolamide hcl-timolol mal</i>	224
RCV/SHARE.....	189	<i>dicloxacillin sodium</i>	45	<i>dorzolamide hcl-timolol mal pf</i>	224
DEXCOM G4 PLAT PED		<i>dicyclomine hcl</i>	151	<i>double pm</i>	225
RECEIVER.....	189	<i>didanosine</i>	33	DOVATO.....	36
DEXCOM G4 PLATINUM		DIFFERIN.....	245	DOVONEX.....	251
RCV/SHARE.....	189	DIFICID.....	41, 42	<i>doxazosin mesylate</i>	61

<i>doxepin hcl</i>	88, 101, 250	EASY COMFORT		EASYPLUS BLOOD	
<i>doxercalciferol</i>	124	LANCETS.....	190	GLUCOSE TEST.....	191
<i>doxycycline hyclate</i>	46	EASY PLUS II GLUCOSE		EASYPRO PLUS.....	191
<i>doxycycline monohydrate</i>	46	TEST.....	190	EC-NAPROSYN.....	17
<i>doxylamine-pyridoxine</i>	152	EASY STEP TEST.....	190	<i>econazole nitrate</i>	248
<i>d-penamine</i>	125	EASY TALK BLOOD		ECONTRA EZ.....	128
DRAMAMINE LESS		GLUCOSE TEST.....	190	<i>ecotrin low strength</i>	28
DROWSY.....	152	EASY TOUCH INSULIN		ECOZA.....	248
DRIZALMA SPRINKLE.....	88	SAFETY SYR.....	190	EDARBI.....	63
<i>dronabinol</i>	152	EASY TOUCH INSULIN		EDARBYCLOR.....	62
DROPLET LANCETS		SYRINGE.....	190	EDECIN.....	74
ULTRA THIN 30G.....	190	EASY TOUCH LANCETS		EDLUAR.....	102
<i>drospiren-eth estrad-levomefol</i>	128	21G.....	190	<i>ed-spaz</i>	151
<i>drospirenone-ethinyl estradiol</i>	128	EASY TOUCH LANCETS		EDURANT.....	33
DROXIA.....	57	23G.....	190	<i>efavirenz</i>	33
<i>droxidopa</i>	75	EASY TOUCH LANCETS		<i>efavirenz-emtricitab-tenofovir</i> ...37	
DUAC.....	245	26G.....	190	<i>efavirenz-lamivudine-tenofovir</i> ..37	
DUAKLIR PRESSAIR.....	243	EASY TOUCH LANCETS		EFFER-K.....	207
DUAVEE.....	137	28G.....	190	<i>effe-k</i>	207
DUET DHA BALANCED...211		EASY TOUCH LANCETS		<i>effervescent pot chloride</i>	207
DUETACT.....	124	28G/TWIST.....	190	EFFEXOR XR.....	88
DUEXIS.....	19	EASY TOUCH LANCETS		EFFIENT.....	173
DULCOLAX BOWEL PREP		30G.....	190	EFUDEX.....	247
KIT.....	156	EASY TOUCH LANCETS		ELAVIL.....	88
DULERA.....	231	30G/TWIST.....	190	ELDEPRYL.....	92
<i>duloxetine hcl</i>	88	EASY TOUCH LANCETS		ELEMENT TEST.....	191
DUOBRII.....	254	32G.....	190	ELEPSIA XR.....	81
DUOPA.....	92	EASY TOUCH LANCETS		ELESTAT.....	171
DUPIXENT.....	241, 252	32G/TWIST.....	190	ELESTRIN.....	137
DURAGESIC-100.....	21	EASY TOUCH LANCETS		<i>eletriptan hydrobromide</i>	103
DURAGESIC-12.....	21	33G/TWIST.....	191	ELIDEL.....	259
DURAGESIC-25.....	21	EASY TOUCH PEN		ELIGARD.....	50
DURAGESIC-50.....	21	NEEDLES.....	191	ELIMITE.....	262
DURAGESIC-75.....	21	EASY TOUCH SAFETY		<i>elinest</i>	128
<i>duraxin</i>	15	LANCETS 21G.....	191	ELIQUIS.....	167
DUREZOL.....	228	EASY TOUCH SAFETY		ELIQUIS DVT/PE	
DURLAZA.....	171	LANCETS 23G.....	191	STARTER PACK.....	167
<i>dutasteride</i>	163	EASY TOUCH SAFETY		<i>elite-ob</i>	211
<i>dutasteride-tamsulosin hcl</i>	163	LANCETS 26G.....	191	<i>elite-thin insulin syringe</i>	191
DUZALLO.....	15	EASY TOUCH SAFETY		ELIXOPHYLLIN.....	243
DXEVO 11-DAY.....	140	LANCETS 28G.....	191	ELLA.....	128
DYANAVEL XR.....	99	EASY TOUCH TEST.....	191	ELMIRON.....	164
DYAZIDE.....	74	EASY TRAK BLOOD		ELOCON.....	254
DYMISTA.....	232	GLUCOSE TEST.....	191	Eluryng.....	128
DYRENIUM.....	74	EASY TWIST & CAP		EMADINE.....	171
E.E.S. 400.....	28	LANCETS.....	191	EMBEDA.....	21
E.E.S. GRANULES.....	42	EASYGLUCO.....	191	EMBRACE BLOOD	
EASY COMFORT		EASYMAX 15 TEST.....	191	GLUCOSE TEST.....	191
INSULIN SYRINGE.....	190	EASYMAX TEST.....	191	EMCYT.....	47
				EMEND.....	152

EMEND TRI-PACK.....	152	EPOGEN.....	168	<i>etidronate disodium</i>	124
EMFLAZA.....	140	<i>epoprostenol sodium</i>	77	<i>etodolac</i>	17
EMGALITY.....	103	<i>eprosartan mesylate</i>	63	<i>etodolac er</i>	17
EMGALITY (300 MG		EPZICOM.....	37	<i>etoposide</i>	59
DOSE).....	103	<i>eq blood glucose test</i>	191	<i>etravirine</i>	33
<i>emoquette</i>	128	<i>eq famotidine max st</i>	154	EUCRISA.....	259
EMSAM.....	88	<i>eq lidocaine pain relieving</i>	258	EURAX.....	262
<i>emtricitabine</i>	33	<i>eq sleep aid</i>	102	Euthyrox.....	148
<i>emtricitabine-tenofovir df</i>	37	<i>equapax/libuprofen/minrex</i>	183	EVAMIST.....	137
EMTRIVA.....	33	EQUETRO.....	94	EVEKEO.....	99
EMVERM.....	31	<i>ergocal</i>	211	EVEKEO ODT.....	99
ENABLEX.....	165	<i>ergocalciferol</i>	211	EVENCARE + BLOOD	
<i>enalapril maleate</i>	60	<i>ergoloid mesylates</i>	86	GLUCOSE TEST.....	191
<i>enalapril-hydrochlorothiazide</i> ...	59	ERGOMAR.....	103	EVENCARE BLOOD	
ENBREL.....	175	<i>ergotamine-caffeine</i>	103	GLUCOSE TEST.....	191
ENBREL MINI.....	175	ERIVEDGE.....	48	EVENCARE G2 TEST.....	192
ENBREL SURECLICK.....	175	ERLEADA.....	50	EVENCARE G3 TEST.....	192
ENCARE.....	163	<i>erlotinib hcl</i>	53	EVENITY.....	145
ENDARI.....	171	<i>errin</i>	128	<i>everolimus</i>	53, 182
<i>endocet</i>	21	ERTACZO.....	248	EVERSENSE SENSOR.....	192
Endocet.....	21	<i>ery</i>	246	EVERSENSE	
ENDOMETRIN.....	165	ERYPED 200.....	42	SENSOR/HOLDER.....	192
ENLITE GLUCOSE		ERYPED 400.....	42	EVERSENSE SMART	
SENSOR.....	191	ERY-TAB.....	42	TRANSMITTER.....	192
ENLYTE.....	211	ERYTHROCIN STEARATE.....	42	EVISTA.....	145
<i>enoxaparin sodium</i>	167	<i>erythromycin</i>	226, 246	EVITHROM.....	171
<i>enpresse-28</i>	128	<i>erythromycin base</i>	42	EVOCLIN.....	246
<i>enskyce</i>	128	<i>erythromycin ethylsuccinate</i>	42	EVOLUTION AUTOCODE.....	192
ENSPRYNG.....	182	<i>erythromycin stearate</i>	42	EVOTAZ.....	37
ENSTILAR.....	254	ESBRIET.....	239	EVOXAC.....	262
<i>entacapone</i>	92	<i>escitalopram oxalate</i>	88	EVRYSDI.....	105
<i>entecavir</i>	39	Esgic.....	16	EVZIO.....	112
ENTERAGAM.....	211	ESGIC.....	16	EXALGO.....	21
ENTOCORT EC.....	155	<i>esomeprazole magnesium</i>	160	EXEL COMFORT POINT	
ENTRESTO.....	75	<i>esomeprazole strontium</i>	160	INSULIN SYR.....	192
<i>enulose</i>	156	ESPEROCT.....	170	EXELDERM.....	192, 248
ENVARSUS XR.....	182	<i>estarylla</i>	128	EXELON.....	86
EPANED.....	60	<i>estazolam</i>	102	<i>exemestane</i>	50
EPCLUSA.....	43	ESTRACE.....	137	EXFORGE.....	62
EPIDIOLEX.....	81	<i>estradiol</i>	137	EXFORGE HCT.....	62
EPIDUO.....	246	<i>estradiol valerate</i>	137	EXJADE.....	125
EPIDUO FORTE.....	246	<i>estradiol-norethindrone acet</i> ...	137	EXSERVAN.....	105
EPIFOAM.....	258	ESTRING.....	137	EXTAVIA.....	107
<i>epinastine hcl</i>	223	ESTROGEL.....	137	EXTINA.....	248
<i>epinephrine</i>	230	<i>estropipate</i>	137	EYSUVIS.....	228
EPISNAP.....	230	<i>eszopiclone</i>	102	E-Z JECT LANCET	
<i>epitol</i>	81	<i>ethacrynic acid</i>	74	MICRO-THIN 33G.....	192
EPIVIR.....	33	<i>ethambutol hcl</i>	38	E-Z JECT LANCET SUPER	
EPIVIR HBV.....	39	<i>ethosuximide</i>	81	THIN 30G.....	192
<i>eplerenone</i>	61	<i>ethynodiol diac-eth estradiol</i> ...	128	E-Z JECT LANCETS.....	192

E-Z JECT LANCETS 21G....	192	FERRIPROX TWICE-A-DAY	125	FLOXIN OTIC	263
E-Z JECT LANCETS THIN 26G	192	FETZIMA	88	<i>floxuridine</i>	48
EZ SMART BLOOD GLUCOSE LANCETS	192	FETZIMA TITRATION	88	<i>fluconazole</i>	29
EZ SMART BLOOD GLUCOSE TEST	192	FEXMID	110	<i>flucytosine</i>	29
EZ SMART PLUS GLUCOSE TEST	192	<i>fexofenadine hcl</i>	233	<i>fludrocortisone acetate</i>	140
EZALLOR SPRINKLE	66	<i>fexofenadine hcl childrens</i>	233	FLUMADINE	39
<i>ezetimibe</i>	65	<i>fexofenadine-pseudoephed er.</i> ..	236	<i>flunisolide</i>	240
<i>ezetimibe-simvastatin</i>	67	FIASP	118	<i>fluocinolone acetonide</i>	254, 255, 263
FABIOR	246	FIASP FLEXTOUCH	118	<i>fluocinolone acetonide body</i>	254
FACTIVE	43	FIASP PENFILL	118	<i>fluocinolone acetonide scalp</i>	255
FALESSA	128	FIBRICOR	66	<i>fluocinonide</i>	255
<i>falmina</i>	128	FIFTY50 GLUCOSE TEST 2.0	192	<i>fluocinonide emulsified base</i>	255
<i>famciclovir</i>	39	FIFTY50 PEN NEEDLES... ..	192	FLUORABON	211
<i>famotidine</i>	154	FIFTY50 SAFETY SEAL LANCETS	192	FLUOR-A-DAY	211
FANAPT	94	FIFTY50 SUPERIOR COMFORT SYR	192	FLUORIDEX SENSITIVITY RELIEF	262
FANAPT TITRATION PACK	94	FINACEA	261	<i>fluoritab</i>	211
FARESTON	50	<i>finasteride</i>	163	<i>fluorometholone</i>	228
FARXIGA	123	FINE 30	192	FLUOROPLEX	247
FARYDAK	48	FINGERSTIX LANCETS... ..	193	<i>fluorouracil</i>	247
FASENRA PEN	235	FINTEPLA	81	<i>fluoxetine hcl</i>	88, 89
<i>favipiravir</i>	39	FIORICET	16	<i>fluoxetine hcl (pmdd)</i>	88
Fayosim	128	FIORICET/CODEINE	22	<i>fluphenazine decanoate</i>	94
FAZACLO	94	FIORINAL	16	<i>fluphenazine hcl</i>	94
FC FEMALE CONDOM	183	FIORINAL/CODEINE #3	22	FLURA-DROPS	211
FC2 FEMALE CONDOM... ..	183	FIRAZYR	171	<i>flurandrenolide</i>	255
<i>febuxostat</i>	15	FIRDAPSE	106	<i>flurazepam hcl</i>	102
<i>felbamate</i>	81	FIRMAGON	50	<i>flurbiprofen</i>	17
FELBATOL	81	FIRMAGON (240 MG DOSE)	50	<i>flurbiprofen sodium</i>	228
FELDENE	17	FIRVANQ	31	<i>flutamide</i>	50
<i>felodipine er</i>	72	FLAGYL	31	<i>fluticasone propionate</i>	240, 255
FEMARA	50	FLAREX	228	<i>fluticasone-salmeterol</i>	231, 243
FEMCAP	183	<i>flavoxate hcl</i>	158	<i>fluvastatin sodium</i>	66
FEMRING	137	<i>flecainide acetate</i>	63	<i>fluvastatin sodium er</i>	66
Femynor	128	FLECTOR	259, 260	<i>fluvoxamine maleate</i>	106
<i>fenofibrate</i>	65	FLEET LAXATIVE	156	<i>fluvoxamine maleate er</i>	106
<i>fenofibrate micronized</i>	65	FLEXICHAMBER ADULT MASK/SMALL	207	FML	228
<i>fenofibric acid</i>	65	FLOLAN	77	FML FORTE	228
FENOGLIDE	65	<i>flolipid</i>	66	FOCALIN	99
<i>fenoprofen calcium</i>	17	FLOMAX	163	FOCALIN XR	99
FENORTHO	17	FLONASE ALLERGY RELIEF	240	<i>folate</i>	211
FENSOLVI	50	FLORIVA	211	FOLBEE PLUS CZ	211
<i>fentanyl</i>	21	FLOVENT DISKUS	242	FOLBIC RF	211
<i>fentanyl citrate</i>	21	FLOVENT HFA	242	FOLCAL DHA	211
FENTORA	22			FOLCAPS OMEGA 3	211
FERRIPROX	125			<i>folic acid</i>	211, 212
				FOLIVANE-OB	212
				FOLLISTIM AQ	139
				FOLTANX	212

FOLTANX RF	212	FREESTYLE LIBRE 2	GELNIQUE PUMP	165
FOLTX	212	SENSOR	<i>gemfibrozil</i>	66
FOLVITE-FE	171	FREESTYLE LIBRE	Gemmily	128
<i>fondaparinux sodium</i>	167	READER	GEMTESA	147
FORA D15G BLOOD		FREESTYLE LIBRE	<i>generlac</i>	156
GLUCOSE TEST	193	SENSOR SYSTEM	<i>gengraf</i>	182
FORA D20 BLOOD		FREESTYLE LITE TEST	Gengraf	182
GLUCOSE TEST	193	FREESTYLE PRECISION	GENICIN VITA-Q	212
FORA G20 BLOOD		INS SYR	GENOTROPIN	143
GLUCOSE TEST	193	FREESTYLE PRECISION	GENOTROPIN	
FORA G30/PREM V10		NEO TEST	MINIQUICK	143
GLUCOSE TEST	193	FREESTYLE TEST	<i>gentak</i>	227
FORA GD20 TEST	193	FREESTYLE UNISTICK II	<i>gentamicin sulfate</i>	227, 248
FORA LANCETS	193	LANCETS	GENVOYA	37
FORA V10 BLOOD		FROVA	GEODON	94, 95
GLUCOSE TEST	193	<i>frovatriptan succinate</i>	<i>gianvi</i>	128
FORA V12 BLOOD		FULPHILA	GIAZO	155
GLUCOSE TEST	193	<i>fulvestrant</i>	<i>gildagia</i>	128
FORA V20 BLOOD		FURADANTIN	<i>gildess fe 1.5/30</i>	128
GLUCOSE TEST	193	<i>furosemide</i>	<i>gildess fe 1/20</i>	128
FORA V30A BLOOD		FUZEON	GILENYA	108
GLUCOSE TEST	193	Fyavolv	GILOTRIF	57
FORACARE GD40 TEST	193	FYCOMPA	GIMOTI	152
FORACARE PREMIUM		GABADONE	<i>glatiramer acetate</i>	108
V10 TEST	193	<i>gabapentin</i>	Glatopa	108
FORFIVO XL	89	GABITRIL	GLEEVEC	53
<i>formoterol fumarate</i>	234	GALAFOLD	GLEOSTINE	47
FORTAMET	114	<i>galantamine hydrobromide</i>	<i>g-levocarnitine slf</i>	212
FORTEO	145	<i>galantamine hydrobromide er</i> ...	<i>glimepiride</i>	123
FORTESTA	113	GALZIN	<i>glipizide</i>	123
FOSAMAX	124	GAMASTAN	<i>glipizide er</i>	123
FOSAMAX PLUS D	124	GAMASTAN S/D	<i>glipizide xl</i>	123
<i>fosamprenavir calcium</i>	33	GAMMAGARD	<i>glipizide-metformin hcl</i>	115
<i>fosinopril sodium</i>	60	GAMMAGARD S/D LESS	GLOBAL EASE INJECT	
<i>fosinopril sodium-hctz</i>	60	IGA	PEN NEEDLES	194
FOSRENOL	147	GAMMAKED	GLOBAL INJECT EASE	
FOSTEUM	212	GAMUNEX-C	INSULIN SYR	194
FOSTEUM PLUS	212	<i>ganirelix acetate</i>	GLOBAL INJECT EASE	
FOTIVDA	53	GASTROCROM	LANCETS 28G	194
FOVEX	212	<i>gatifloxacin</i>	GLOBAL INJECT EASE	
FRAGMIN	167	GATTEX	LANCETS 30G	194
FREESTYLE INSULINX		<i>gavilyte-c</i>	GLOPERBA	15
TEST	193	<i>gavilyte-g</i>	GLUCAGEN	
FREESTYLE LANCETS	193	Gavilyte-H	DIAGNOSTIC	194
FREESTYLE LIBRE 14		<i>gavilyte-n with flavor pack</i>	GLUCAGEN HYPOKIT	142
DAY READER	193	GAVRETO	GLUCAGON	
FREESTYLE LIBRE 14		GE100 BLOOD GLUCOSE	EMERGENCY	142
DAY SENSOR	193	TEST	<i>glucagon emergency</i>	142
FREESTYLE LIBRE 2		GELFILM	GLUCO BURST	142
READER	193	GELNIQUE		

GLUCOCARD 01 SENSOR PLUS.....	194	<i>guanfacine hcl er</i>	99	HEALTHWISE SHORT PEN NEEDLES.....	195
GLUCOCARD EXPRESSION TEST.....	194	<i>guanidine hcl</i>	106	HEALTHWISE UNIFINE PENTIPS.....	195
GLUCOCARD VITAL TEST.....	194	GUARDIAN CONNECT TRANSMITTER.....	195	HEALTHY ACCENTS UNIFINE PENTIP.....	195
GLUCOCARD X-SENSOR.....	194	GUARDIAN LINK 3 TRANSMITTER.....	195	HEALTHY ACCENTS UNILET LANCETS.....	195
GLUCOCOM LANCETS 28G.....	194	GUARDIAN REAL-TIME REPLACE PED.....	195	<i>heather</i>	129
GLUCOCOM LANCETS 30G.....	194	GUARDIAN REAL-TIME REPLACEMENT.....	195	HECTOROL.....	148
GLUCOCOM LANCETS 33G.....	194	GUARDIAN SENSOR (3).. <i>guardian sensor 3</i>	195	HELIDAC THERAPY.....	158
GLUCOCOM TEST.....	194	GUARDIAN TRANSMITTER.....	195	HEMA-COMBISTIX.....	195
GLUCOPHAGE.....	115	GVOKE HYPOPEN 1-PACK.....	143	HEMADY.....	141
GLUCOPHAGE XR.....	115	GVOKE HYPOPEN 2-PACK.....	143	HEMANGEOL.....	69
GLUCOPRO INSULIN SYRINGE.....	195	GVOKE PFS.....	143	<i>hemenatal ob</i>	212
<i>glucose</i>	142, 143	GYNAZOLE-1.....	166	<i>hemenatal ob + dha</i>	212
GLUCOTROL.....	123	HAEGARDA.....	171	HEMOCYTE-F.....	171
GLUCOTROL XL.....	123	HAEMOLANCE.....	195	<i>heparin sodium (porcine)</i>	167
GLUCOVANCE.....	115	HAEMOLANCE LOW FLOW LANCETS.....	195	<i>heparin sodium (porcine) pf</i> ..	167
GLUMETZA.....	115	HAEMOLANCE PLUS.....	195	HEPSERA.....	39
<i>glyburide</i>	123	HAEMOLANCE PLUS HIGH FLOW.....	195	HETLIOZ.....	102
<i>glyburide micronized</i>	123	HAEMOLANCE PLUS LOW FLOW.....	195	HETLIOZ LQ.....	102
<i>glyburide-metformin</i>	115	HAEMOLANCE PLUS MAX FLOW.....	195	HEXALEN.....	47
<i>glycopyrrolate</i>	151	HAEMOLANCE PLUS PEDIATRIC FLOW.....	195	Hidex 6-Day.....	141
GLYNASE.....	123	Hailey 24 Fe.....	129	HIPREX.....	31
GLYSET.....	114	<i>halcinonide</i>	255	HIZENTRA.....	181
GLYXAMBI.....	123	HALCION.....	102	<i>hm biotin</i>	212
<i>gnp lidocaine pain relief</i>	258	HALDOL.....	95	<i>hm lidocaine patch</i>	258
<i>gnp urinary pain relief</i>	164	HALDOL DECANOATE.....	95	<i>hm sleep aid</i>	102
GOCOVRI.....	92	<i>halobetasol propionate</i>	255	HM ULTICARE INSULIN SYRINGE.....	195
GOJJI BLOOD GLUCOSE TEST.....	195	HALOG.....	255	HORIZANT.....	111
GOLYTELY.....	156	<i>haloperidol</i>	95	HUMALOG.....	118
GONAL-F.....	139	<i>haloperidol decanoate</i>	95	HUMALOG JUNIOR KWIKPEN.....	118
GONAL-F RFF.....	139	<i>haloperidol lactate</i>	95	HUMALOG KWIKPEN.....	118
GONAL-F RFF REDIRECT.....	139	HALOTIN.....	249	HUMALOG MIX 50/50.....	118
GONITRO.....	76	HARVONI.....	43	HUMALOG MIX 50/50 KWIKPEN.....	118
<i>goodsense nicotine</i>	112	HEALTHWISE MINI PEN NEEDLES.....	195	HUMALOG MIX 75/25.....	118
GRALISE.....	111	HEALTHWISE PEN NEEDLES.....	195	HUMALOG MIX 75/25 KWIKPEN.....	118
GRALISE STARTER.....	111			HUMATIN.....	28
<i>granisetron hcl</i>	152			HUMATROPE.....	143
GRANIX.....	169			HUMIRA.....	176
GRASTEK.....	173			HUMIRA PEDIATRIC CROHNS START.....	175
<i>griseofulvin microsize</i>	29			HUMIRA PEN.....	175
<i>griseofulvin ultramicrosize</i>	29			HUMIRA PEN-CD/UC/HS STARTER.....	176
GRIS-PEG.....	249				
<i>guanfacine hcl</i>	75				

HUMIRA PEN- PS/UV/ADOL HS START	176	<i>ibandronate sodium</i>	124	INFINITY BLOOD GLUCOSE TEST	196
HUMIRA PEN- PSOR/UEVIT STARTER	176	IBRANCE	48	INFINITY VOICE	196
HUMULIN 70/30	119	Ibu	17	INGREZZA	106
HUMULIN 70/30 KWIKPEN	118	IBUDONE	23	INLYTA	53
HUMULIN N	119	<i>ibudone</i>	23	INNOPRAN XL	69
HUMULIN N KWIKPEN ..	119	<i>ibuprofen</i>	17	INQOVI	57
HUMULIN R	119	<i>ibuprofen-famotidine</i>	19	INREBIC	53
HUMULIN R U-500 (CONCENTRATED)	119	<i>icatibant acetate</i>	171	INSBRA	61
HUMULIN R U-500 KWIKPEN	119	ICLUSIG	53	INSTA-GLUCOSE	143
<i>hyalucil-4</i>	260	<i>icosapent ethyl</i>	67	<i>insulin asp prot & asp flexpen</i> ..	119
HYCAMTIN	59	IDHIFA	53	<i>insulin aspart</i>	119
HYCET	22	ILARIS	176	<i>insulin aspart flexpen</i>	119
HYCOFENIX	237	ILARIS (150MG DELIVERED)	183	<i>insulin aspart penfill</i>	119
<i>hydralazine hcl</i>	76	ILEVRO	228	<i>insulin aspart prot & aspart</i>	119
HYDREA	57	ILUMYA	251	<i>insulin lispro (1 unit dial)</i>	119
<i>hydrochlorothiazide</i>	74	<i>imatinib mesylate</i>	53	<i>insulin lispro junior kwikpen</i> ...	119
<i>hydrocod polst-cpm polst er</i>	237	IMBRUVICA	53	<i>insulin lispro prot & lispro</i>	119
<i>hydrocodone bitartrate er</i>	22	IMCIVREE	106	<i>insulin syringe</i>	196
<i>hydrocodone-acetaminophen</i>	22	<i>imipramine hcl</i>	89	<i>insulin syringelneedle</i>	196
<i>hydrocodone-guaifenesin</i>	237	<i>imipramine pamoate</i>	89	<i>insulin syringe-needle u-100</i>	196
<i>hydrocodone-homatropine</i>	237	<i>imiquimod</i>	247	<i>insupen pen needles</i>	196
<i>hydrocodone-ibuprofen</i>	22	<i>imiquimod pump</i>	247	INSUPEN SENSITIVE	196
<i>hydrocortisone</i> . 141, 155, 162, 255		IMITREX	104	INSUPEN ULTRAFIN	196
<i>hydrocortisone (perianal)</i>	162	IMITREX STATDOSE REFILL	104	INTELENCE	33
<i>hydrocortisone butyr lipo base</i> 255		IMITREX STATDOSE SYSTEM	104	INTERMEZZO	102
<i>hydrocortisone butyrate</i>	255	IMPAVIDO	31	INTRAROSA	113
<i>hydrocortisone valerate</i>	255	IMPEKLO	256	INTRON A	181
<i>hydrocortisone-acetic acid</i>	263	IMPOYZ	256	<i>introvale</i>	129
<i>hydrogen peroxide</i>	260	IMURAN	182	INTUNIV	99
<i>hydromet</i>	237	IMVEXXY	137	INVEGA	95
<i>hydromorphone hcl</i>	22	IMVEXXY MAINTENANCE PACK	137	INVEGA SUSTENNA	95
<i>hydromorphone hcl er</i>	22	IMVEXXY STARTER PACK	137	INVEGA TRINZA	95
<i>hydroxychloroquine sulfate</i>	179	<i>inatal advance</i>	213	INVELTYS	228
<i>hydroxyprogesterone caproate</i> 148		INATAL GT	213	INVIRASE	33, 34
<i>hydroxyurea</i>	57	<i>inatal ultra</i>	213	INVOKAMET	122
<i>hydroxyzine hcl</i>	233	INBRIJA	92	INVOKAMET XR	122
<i>hydroxyzine pamoate</i>	233	INCRELEX	145	INVOKANA	123
<i>hyoscyamine sulfate</i>	151	INCRUSE ELLIPTA	231	<i>iodine strong</i>	207
<i>hyoscyamine sulfate er</i>	151	<i>indapamide</i>	74	IOPIDINE	224
HYPERRAB	181	INDERAL LA	69	<i>ipratropium bromide</i>	231
HYPERSAL	237, 239	INDERAL XL	69	<i>ipratropium-albuterol</i>	231
HYPERTENSA	213	INDOCIN	17	IPRIVASK	167
HYQVIA	181	<i>indomethacin</i>	17	<i>irbesartan</i>	63
HYSINGLA ER	22	<i>indomethacin er</i>	17	<i>irbesartan-hydrochlorothiazide</i> .	62
HYZAAR	62	<i>infanate balance</i>	213	IRESSA	53
				ISENTRESS	34
				ISENTRESS HD	34
				Isibloom	129
				<i>isoniazid</i>	38

ISOPTO CARPINE.....	224	kariva.....	129	Klor-Con M10.....	207
ISORDIL TITRADOSE.....	76	KATERZIA.....	72	Klor-Con M15.....	207
<i>isosorbide dinitrate</i>	76	KAZANO.....	116	<i>klor-con m20</i>	207
<i>isosorbide dinitrate er</i>	76	<i>k-effervescent</i>	207	Klor-Con Sprinkle.....	207
<i>isosorbide mononitrate</i>	76	KEFLEX.....	41	Klor-Con/Ef.....	208
<i>isosorbide mononitrate er</i>	76	<i>kelnor 1/35</i>	129	KLOXXADO.....	112
<i>isotretinoin</i>	246	KENALOG.....	256	<i>kls sleep aid</i>	102
<i>isradipine</i>	72	KEPPRA.....	82	KOMBIGLYZE XR.....	116
ISTALOL.....	224	KEPPRA XR.....	82	KORLYM.....	145
ISTURISA.....	145	KERYDIN.....	29	KOSELUGO.....	54
<i>itraconazole</i>	29	KETEK.....	31	K-PHOS.....	208
<i>ivermectin</i>	31, 261, 262	KETOCARE.....	196	K-PHOS NO 2.....	164
JADENU.....	125	<i>ketoconazole</i>	29, 249, 251	K-PHOS-NEUTRAL.....	208
JADENU SPRINKLE.....	125	KETO-DIASTIX.....	196	<i>k-prime</i>	208
JAKAFI.....	54	<i>ketone test</i>	196	KRINTAFEL.....	32
JALYN.....	163	<i>ketoprofen</i>	17	KRISTALOSE.....	156
<i>jantoven</i>	167	<i>ketoprofen er</i>	17	<i>kroger blood glucose test</i>	196
JANUMET.....	116	<i>ketorolac tromethamine</i>	17, 228	K-TAB.....	208
JANUMET XR.....	116	KETOSTIX.....	196	<i>kurvelo</i>	129
JANUVIA.....	115	<i>ketotifen fumarate</i>	171	KUVAN.....	135
JARDIANCE.....	123	KEVEYIS.....	74	<i>k-vescent</i>	208
Jasmiel.....	129	KEVZARA.....	176	KYLEENA.....	129
JATENZO.....	113	KHEDEZLA.....	89	KYNAMRO.....	67
<i>jencycla</i>	129	KIDS PROTEIN ORGANIC		KYNMOBI.....	92
<i>jenliva prenatal/postnatal</i>	213	SHAKE.....	213	<i>labetalol hcl</i>	69
JENTADUETO.....	116	Kimidess.....	129	LABSTIX.....	196
JENTADUETO XR.....	116	KINERET.....	176	LACRISERT.....	172
<i>jevantique lo</i>	138	KINNEY LANCETS.....	196	<i>lactulose</i>	156, 157
<i>jinteli</i>	138	KINNEY THIN LANCETS.....	196	<i>lactulose encephalopathy</i>	156
<i>jolessa</i>	129	<i>kinray insulin syringe</i>	196	LAMICTAL.....	82
<i>jolivet</i>	129	<i>kionex</i>	125	LAMICTAL ODT.....	82
JORNAY PM.....	99	KISQALI (200 MG DOSE)....	48	LAMICTAL XR.....	82
JUBLIA.....	249	KISQALI (400 MG DOSE)....	48	LAMISIL.....	29
Juleber.....	129	KISQALI (600 MG DOSE)....	49	<i>lamivudine</i>	34, 39
JULUCA.....	37	KISQALI 200 DOSE.....	49	<i>lamivudine-zidovudine</i>	37
<i>junel 1.5/30</i>	129	KISQALI 400 DOSE.....	49	<i>lamotrigine</i>	82
<i>junel 1/20</i>	129	KISQALI 600 DOSE.....	49	<i>lamotrigine er</i>	82
<i>junel fe 1.5/30</i>	129	KISQALI FEMARA (400		<i>lamotrigine starter kit-blue</i>	82
<i>junel fe 1/20</i>	129	MG DOSE).....	49	<i>lamotrigine starter kit-green</i>	82
Junel Fe 24.....	129	KISQALI FEMARA (600		<i>lamotrigine starter kit-orange</i> ... 82	
JUXTAPID.....	67	MG DOSE).....	49	LAMPIT.....	31
JYNARQUE.....	145	KISQALI FEMARA(200		<i>lancet device</i>	196
KADIAN.....	23	MG DOSE).....	49	<i>lancet transporter case</i>	196
Kaitlib Fe.....	129	KITABIS PAK.....	28	<i>lancets</i>	196
KALBITOR.....	171	KLARON.....	246	<i>lancets 28g</i>	196
KALETRA.....	37	KLISYRI.....	247	<i>lancets 30g</i>	196
KALYDECO.....	239	Klofensaid Ii.....	260	<i>lancets thin</i>	196
KAPSPARGO SPRINKLE....	69	KLONOPIN.....	82	LANCETS ULTRA FINE....	196
KAPVAY.....	99	Klor-Con.....	207	LANCETS ULTRA THIN..	196
KARBINAL ER.....	233	Klor-Con 10.....	207		

LANCETS ULTRA THIN	LEUKERAN.....	LIMBREL.....
30G.....	leuprolide acetate.....	LIMBREL250.....
lancing device.....	levabuterol hcl.....	LIMBREL500.....
LANOXIN.....	levabuterol tartrate.....	lindane.....
lansoprazole.....	LEVAQUIN.....	linezolid.....
lanthanum carbonate.....	LEVATOL.....	LINZESS.....
LANTUS.....	LEVEMIR.....	liothyronine sodium.....
LANTUS SOLOSTAR.....	LEVEMIR FLEXTOUCH...	LIPICHOL 540.....
Larin 1.5/30.....	levetiracetam.....	LIPITOR.....
Larin 1/20.....	levetiracetam er.....	LIPOFEN.....
Larin 24 Fe.....	levobunolol hcl.....	lisinopril.....
larin fe 1.5/30.....	levocarnitine.....	lisinopril-hydrochlorothiazide...
larin fe 1/20.....	levocarnitine (dietary).....	LISTER-V.....
Larissia.....	levocarnitine l-tartrate.....	LITE TOUCH LANCETS...
LASIX.....	levocarnitine-b5-aurine.....	LITE TOUCH PEN
LASTACRAFT.....	levocetirizine dihydrochloride..	NEEDLES.....
latanoprost.....	levofloxacin.....	LITETOUCH INSULIN
LATUDA.....	LEVOMEFOLATE DHA....	SYRINGE.....
Layolis Fe.....	levonest.....	LITETOUCH PEN
LAZANDA.....	levonorgest-eth estrad 91-day.	NEEDLES.....
LEADER INSULIN	levonorgestrel.....	lithium.....
SYRINGE.....	levonorgestrel-ethinyl estrad...	lithium carbonate.....
leader insulin syringe.....	levonorg-eth estrad triphasic...	lithium carbonate er.....
leader quick dissolve glucose...	levora 0.15/30 (28).....	LITHOBID.....
LEADER UNIFINE	levorphanol tartrate.....	LITHOSTAT.....
PENTIPS.....	Levo-T.....	LIVALO.....
ledipasvir-sofosbuvir.....	levothyroxine sodium.....	LIVE BETTER LANCET
leena.....	levoxyl.....	SUPER THIN.....
leflunomide.....	LEVULAN KERASTICK...	LIVE BETTER LANCET
LENVIMA (10 MG DAILY	LEXAPRO.....	ULTRA THIN.....
DOSE).....	LEXETTE.....	l-methylfolate.....
LENVIMA (12 MG DAILY	LEXIVA.....	l-methylfolate ca me-cbl nac...
DOSE).....	LIALDA.....	l-methylfolate calcium.....
LENVIMA (14 MG DAILY	LIBERTY NEXT	l-methylfolate formula 15.....
DOSE).....	GENERATION TEST.....	l-methylfolate formula 7.5.....
LENVIMA (18 MG DAILY	LIBERTY TEST.....	l-methylfolate forte.....
DOSE).....	LIBRAX.....	l-methylfolate-algae-b12-b6....
LENVIMA (20 MG DAILY	LICART.....	l-methylfolate-b6-b12.....
DOSE).....	lidocaine.....	l-methyl-mc.....
LENVIMA (24 MG DAILY	lidocaine hcl.....	l-methyl-mc nac.....
DOSE).....	lidocaine hcl urethrallmucosal.	LO LOESTRIN FE.....
LENVIMA (4 MG DAILY	lidocaine pain relief.....	LOCOID.....
DOSE).....	lidocaine pak.....	LOCOID LIPOCREAM.....
LENVIMA (8 MG DAILY	lidocaine viscous.....	LOCORT 11-DAY.....
DOSE).....	lidocaine-prilocaine.....	LOCORT 7-DAY.....
LESCOL XL.....	lidocaine-tetracaine.....	LODINE.....
lessina.....	LIDODERM.....	LODOSYN.....
LETAIRIS.....	LIDOTREX.....	Loestrin 1.5/30 (21).....
letrozole.....	LIDOTREX (ALOE VERA)	Loestrin 1/20 (21).....
leucovorin calcium.....	LILETTA (52 MG).....	LOFIBRA.....

LOKELMA.....	125	LOZI-FLUR.....	215	<i>marten-tab</i>	16
<i>lomedina 24 fe</i>	130	Lo-Zumandimine.....	130	MATULANE.....	57
LOMOTIL.....	158	<i>lubiprostone</i>	156	<i>matzim la</i>	72
<i>longs insulin syringe</i>	197	LUCEMYRA.....	112	MAVENCLAD (10 TABS)...	108
LONGS LANCETS		<i>ludent</i>	215	MAVENCLAD (4 TABS)....	108
STANDARD.....	197	<i>lugols</i>	260	MAVENCLAD (5 TABS)....	108
LONGS LANCETS THIN...	197	<i>lugols strong iodine</i>	260	MAVENCLAD (6 TABS)....	108
LONGS LANCETS ULTRA		LUKAID GLA.....	215	MAVENCLAD (7 TABS)....	108
THIN.....	197	<i>luliconazole</i>	249	MAVENCLAD (8 TABS)....	108
LONHALA MAGNAIR		LUMAKRAS.....	54	MAVENCLAD (9 TABS)....	108
REFILL KIT.....	231	LUMIGAN.....	224	MAVYRET.....	43
LONHALA MAGNAIR		LUNESTA.....	102	MAXALT.....	104
STARTER KIT.....	231	LUPANETA PACK.....	148	MAXALT-MLT.....	104
LONSURF.....	57	LUPKYNIS.....	182	MAXI-COMFORT	
<i>loperamide hcl</i>	158	LUPRON DEPOT (1-		INSULIN SYRINGE.....	197
LOPID.....	66	MONTH).....	50	MAXIDEX.....	229
<i>lopinavir-ritonavir</i>	37	LUPRON DEPOT (3-		MAXITROL.....	225
Lopreeza.....	138	MONTH).....	50	MAXZIDE.....	74
LOPRESSOR.....	69	LUPRON DEPOT (4-		MAXZIDE-25.....	74
LOPRESSOR HCT.....	68	MONTH).....	50	MAYZENT.....	108
LOPROX.....	249	LUPRON DEPOT (6-		MAYZENT STARTER	
<i>loratadine</i>	233	MONTH).....	50	PACK.....	108
<i>loratadine allergy relief</i>	233	LUPRON DEPOT-PED (1-		<i>meclizine hcl</i>	152
<i>loratadine childrens</i>	233	MONTH).....	51	<i>meclofenamate sodium</i>	17
<i>loratadine-d 12hr</i>	237	LUPRON DEPOT-PED (3-		MEDISENSE THIN	
<i>loratadine-d 24hr</i>	237	MONTH).....	51	LANCETS.....	197
<i>lorazepam</i>	79	<i>lutura</i>	130	MEDLANCE EXTRA 21G..	197
Lorazepam Intensol.....	79	LUXIQ.....	256	MEDLANCE LITE 25G.....	198
LORBRENA.....	54	LUZU.....	249	MEDLANCE PLUS EXTRA	
<i>lorcet</i>	23	LYNPARZA.....	49, 57	21G.....	198
<i>lorcet hd</i>	23	LYRICA.....	83	MEDLANCE PLUS	
Lorcet Plus.....	23	LYRICA CR.....	111	LANCETS.....	198
LORTAB.....	23	LYSODREN.....	51	MEDLANCE PLUS LITE	
<i>loryna</i>	130	LYSTEDA.....	172	25G.....	198
Lorzone.....	110	LYUMJEV.....	119	MEDLANCE PLUS	
<i>losartan potassium</i>	63	LYUMJEV KWIKPEN.....	120	SUPERLITE 30G.....	198
<i>losartan potassium-hctz</i>	62	<i>lyza</i>	130	MEDLANCE PLUS	
LOTEMAX.....	228	MACROBID.....	31	UNIVERSAL 21G.....	198
LOTEMAX SM.....	229	MACRODANTIN.....	31	MEDLANCE UNIVERSAL	
LOTENSIN.....	61	MACUTEK.....	215	21G.....	198
LOTENSIN HCT.....	60	MAGELLAN INSULIN		MEDROL.....	141
<i>loteprednol etabonate</i>	229	SAFETY SYR.....	197	<i>medroxyprogesterone acetate</i>	
LOTREL.....	60	MAGNEBIND 400.....	208	.....	130, 148
LOTRISONE.....	249	MAKENA.....	148	<i>mefenamic acid</i>	17
LOTRONEX.....	156	MALARONE.....	33	<i>mefloquine hcl</i>	33
<i>lovastatin</i>	66	<i>malathion</i>	262	MEGACE ES.....	148
LOVAZA.....	67	<i>maprotiline hcl</i>	89	<i>megestrol acetate</i>	51
LOVENOX.....	168	MARINOL.....	152	MEKINIST.....	54
<i>low-ogestrel</i>	130	<i>marlissa</i>	130	MEKTOVI.....	57
<i>loxapine succinate</i>	95	MARPLAN.....	89	<i>meloxicam</i>	17

<i>melphalan</i>	47	<i>methylropa-</i>		MIGRANAL.....	104
<i>memantine hcl</i>	86	<i>hydrochlorothiazide</i>	76	MILLIPRED.....	141
<i>memantine hcl er</i>	86	METHYLIN.....	99	MILLIPRED DP.....	141
MENEST.....	138	<i>methylphenidate hcl</i>	100	MILLIPRED DP 12-DAY ...	141
MENOPUR.....	139	<i>methylphenidate hcl er</i>	100	<i>mimvey</i>	138
MENOSTAR.....	138	<i>methylphenidate hcl er (cd)</i>	99	Mimvey Lo.....	138
MENTAX.....	249	<i>methylphenidate hcl er (la)</i>		MINASTRIN 24 FE.....	131
<i>meperidine hcl</i>	23	.....	99, 100	MINIPRESS.....	61
MEPHYTON.....	215	<i>methylphenidate hcl er (xr)</i>	100	Minitran.....	77
<i>meprobamate</i>	79	<i>methylprednisolone</i>	141	MINIVELLE.....	138
<i>mercaptapurine</i>	48	<i>methyltestosterone</i>	113	MINOCIN.....	46
<i>mesalamine</i>	155	<i>metipranolol</i>	224	<i>minocycline hcl</i>	46
<i>mesalamine er</i>	155	<i>metoclopramide hcl</i>	152, 153	<i>minocycline hcl er</i>	46
<i>mesalamine-cleanser</i>	155	<i>metolazone</i>	74	MINOLIRA.....	46
MESNEX.....	59	<i>metoprolol succinate er</i>	70	<i>minoxidil</i>	76
MESTINON.....	106	<i>metoprolol tartrate</i>	70	MIRAPEX.....	92
<i>metadate er</i>	99	<i>metoprolol-hctz er</i>	68	MIRAPEX ER.....	92
METAFOBIC.....	215	<i>metoprolol-hydrochlorothiazide</i>	68	MIRCERA.....	169
METAFOBIC PLUS.....	215	METROCREAM.....	261	MIRENA (52 MG).....	131
METAFOBIC PLUS RF....	215	METROGEL.....	261	<i>mirtazapine</i>	89
METANX.....	215	METROGEL-VAGINAL....	166	MIRVASO.....	261
<i>metaproterenol sulfate</i>	234	METROLOTION.....	261	<i>misoprostol</i>	158
Metaxall.....	110	<i>metronidazole</i>	31, 166, 261	MITIGARE.....	15
<i>metaxalone</i>	110	METRONIDAZOLE		MOBIC.....	18
<i>metformin hcl</i>	115	BENZO+SYRSPEND.....	31	<i>modafinil</i>	111
<i>metformin hcl er</i>	115	<i>metryrosine</i>	76	<i>moderiba</i>	43
<i>metformin hcl er (mod)</i>	115	MEVACOR.....	66	MODERIBA 1200 DOSE	
<i>metformin hcl er (osm)</i>	115	<i>mexiletine hcl</i>	63	PACK.....	43
<i>methadone hcl</i>	23	MIACALCIN.....	145	MODERIBA 800 DOSE	
<i>methadone hcl intensol</i>	23	Mibelas 24 Fe.....	130	PACK.....	43
METHADOSE.....	23	MICARDIS.....	63	<i>moexipril hcl</i>	61
Methadose.....	24	MICARDIS HCT.....	62	<i>moexipril-hydrochlorothiazide</i> ..	60
METHADOSE SUGAR-		<i>miconazole 3</i>	166	<i>mometasone furoate</i>	240, 256
FREE.....	24	<i>miconazole-zinc oxide-petrolat</i>	249	Mondoxyne NI.....	46
<i>methamphetamine hcl</i>	99	MICORT-HC.....	256	MONODOX.....	46
<i>methazolamide</i>	74	MICRODOT TEST.....	198	MONOJECT INSULIN	
<i>methenamine hippurate</i>	31	<i>microgestin 1.5/30</i>	130	SYRINGE.....	198
<i>methenamine mandelate</i>	31	<i>microgestin 1/20</i>	131	MONOJECT ULTRA	
Methergine.....	145	<i>microgestin fe 1.5/30</i>	131	COMFORT SYRINGE.....	198
<i>methimazole</i>	149	<i>microgestin fe 1/20</i>	131	MONOLET LANCETS.....	198
METHITEST.....	113	MICRO-K.....	208	<i>mono-linyah</i>	131
<i>methocarbamol</i>	110	MONOLET LANCETS.....	198	<i>mononessa</i>	131
<i>methotrexate</i>	48	MICROZIDE.....	74	<i>montelukast sodium</i>	238
<i>methotrexate sodium</i>	48	<i>midazolam hcl</i>	102	MONUROL.....	28
<i>methotrexate sodium (pf)</i>	48	MIDAZOLAM+SYRSPEN		Morgidox.....	46
<i>methoxsalen</i>	251	D SF PH4.....	102	MORPHABOND ER.....	24
<i>methoxsalen rapid</i>	251	<i>midodrine hcl</i>	76	<i>morphine sulfate</i>	24
<i>methscopolamine bromide</i>	151	MIGERGOT.....	104	<i>morphine sulfate (concentrate)</i> ..	24
<i>methyclothiazide</i>	74	<i>miglitol</i>	114	<i>morphine sulfate er</i>	24
<i>methylropa</i>	76	<i>miglustat</i>	135	<i>morphine sulfate er beads</i>	24

MOTTEGRITY	158	<i>mynatal plus</i>	216	NAYZILAM	83
MOTOFEN	158	<i>mynatal-z</i>	216	NEBUPENT	31
<i>mouth wash-gp</i>	229	<i>myorisan</i>	246	<i>nebusal</i>	237
<i>mouthwash-af</i>	229	Myorisan	246	NEBUSAL	237
<i>mouthwash-om</i>	229	MYRBETRIQ	147, 165	<i>necon 0.5/35 (28)</i>	131
MOVANTIK	158	MYSOLINE	83	<i>necon 1/35 (28)</i>	131
MOVIPREP	157	MYTESI	158	<i>necon 1/50 (28)</i>	131
MOXATAG	45	<i>myzilra</i>	131	<i>necon 7/7/7</i>	131
MOXEZA	227	<i>nabumetone</i>	18	NEEVO DHA	216
<i>moxifloxacin hcl</i>	43, 227	<i>nadolol</i>	70	<i>nefazodone hcl</i>	89
<i>moxifloxacin hcl (2x day)</i>	227	<i>nadolol-bendroflumethiazide</i>	68	<i>neomycin sulfate</i>	28
MOZOBIL	172	Nafrinse	216	<i>neomycin-bacitracin zn-</i>	
MS CONTIN	24	<i>naftifine hcl</i>	249	<i>polymyx</i>	227
<i>ms insulin syringe</i>	198	NAFTIN	249	<i>neomycin-polymyxin b gu</i>	164
MUCINEX ALLERGY	233	NALFON	18	<i>neomycin-polymyxin-dexameth</i>	
MULPLETA	169	<i>nalocet</i>	24	.....	225, 226
MULTAQ	64	<i>naloxone hcl</i>	112	<i>neomycin-polymyxin-</i>	
<i>multi-lancet device</i>	198	<i>naltrexone hcl</i>	112	<i>gramicidin</i>	227
MULTISTIX	198	NAMENDA	86	<i>neomycin-polymyxin-hc</i> ..	226, 263
MULTISTIX 10 SG	198	NAMENDA TITRATION		<i>neonatal + dha</i>	216
MULTISTIX 5	198	PAK	86	<i>neonatal 19</i>	216
MULTISTIX 7	198	NAMENDA XR	86	<i>neonatal fe</i>	216
MULTISTIX 8	198	NAMENDA XR		<i>neo-polycin</i>	227
MULTISTIX 9	198	TITRATION PACK	86	<i>neo-polycin hc</i>	226
MULTISTIX 9 SG	198	NAMZARIC	86	NEORAL	183
<i>multi-vit/fluoride</i>	215	<i>naphazoline hcl</i>	229	NEOSPORIN	227
<i>multivitamin/fluoride</i>	215	NAPRELAN	18	NEO-SYNALAR	248
<i>multi-vitamin/fluoride</i>	215	NAPROSYN	18	NEOTUSS PLUS	237
<i>multivitamins/fluoride</i>	215	<i>naproxen</i>	18	NEPHPLEX RX	216
<i>mupirocin</i>	248	<i>naproxen dr</i>	18	NEPTAZANE	74
<i>mupirocin calcium</i>	248	<i>naproxen sodium</i>	18	NERLYNX	54
Mvc-Fluoride	215	<i>naproxen sodium er</i>	18	NESINA	115
<i>m-vit</i>	215	<i>naproxen-esomeprazole</i>	19	NESTABS	216
<i>my way</i>	131	<i>naratriptan hcl</i>	104	NESTABS DHA	216
MYALEPT	135	NARCAN	112	Neuac	246
MYAMBUTOL	38	NARDIL	89	NEULASTA	169
MYCAPSSA	145	NASACORT ALLERGY		NEULASTA ONPRO	169
MYCOBUTIN	38	24HR	240	NEUPOGEN	169
<i>mycophenolate mofetil</i>	182	NASCOBAL	216	NEUPRO	92
<i>mycophenolate sodium</i>	182	NASONEX	240	NEURONTIN	83
MYDAYIS	100	NATACHEW	216	NEUTEK 2TEK TEST	199
MYDRIACYL	172	NATACYN	227	<i>neutragard advanced</i>	262
MYFORTIC	182	NATALVIT	216	<i>neutral sodium fluoride</i>	262
MYGLUCOHEALTH		NATAZIA	131	NEVANAC	229
LANCETS 30G	198	<i>nateglinide</i>	122	<i>nevirapine</i>	34
MYGLUCOHEALTH TEST		NATELLE ONE	216	<i>nevirapine er</i>	34
.....	199	NATESTO	113	NEWGEN	216
MYLERAN	47	NATPARA	145	NEXA PLUS	216
<i>mynatal</i>	216	NATROBA	262	NEXAVAR	54
<i>mynatal advance</i>	216	NATURE-THROID	149	NEXIUM	160

NEXIUM 24HR.....	160	<i>norethindrone acetate</i>	148	NOVOLIN R RELION.....	120
NEXLETOL.....	64	<i>norethindrone acet-ethinyl est.</i>	131	NOVOLOG.....	121
NEXLIZET.....	64	<i>norethindrone-eth estradiol</i>	138	NOVOLOG 70/30 FLEXPEN	
NEXPLANON.....	131	<i>norethin-eth estradiol-fe</i>	131	RELION.....	120
<i>next choice one dose</i>	131	<i>norgesic forte</i>	110	NOVOLOG FLEXPEN.....	120
NEXTSTELLIS.....	131	<i>norgestimate-eth estradiol</i>	131	NOVOLOG FLEXPEN	
<i>niacin (antihyperlipidemic)</i>	67	<i>norgestim-eth estrad triphasic</i> .	131	RELION.....	120
<i>niacin er (antihyperlipidemic)</i> ..	67	NORITATE.....	261	NOVOLOG MIX 70/30.....	121
NIACOR.....	67	<i>norlyroc</i>	132	NOVOLOG MIX 70/30	
NIASPAN.....	67	NORPACE.....	64	FLEXPEN.....	120
<i>nicardipine hcl</i>	72	NORPACE CR.....	64	NOVOLOG MIX 70/30	
<i>nicotine</i>	112	NORPRAMIN.....	89	RELION.....	121
<i>nicotine polacrilex</i>	112	NORTHERA.....	76	NOVOLOG PENFILL.....	121
NICOTROL.....	112	<i>nortrel 0.5/35 (28)</i>	132	NOVOLOG RELION.....	121
NICOTROL NS.....	113	<i>nortrel 1/35 (21)</i>	132	NOVOTWIST.....	199
<i>nifediac cc</i>	72	<i>nortrel 1/35 (28)</i>	132	NOVOTWIST PEN	
<i>nifedical xl</i>	72	<i>nortrel 7/7/7</i>	132	NEEDLE.....	184
<i>nifedipine</i>	72	<i>nortriptyline hcl</i>	89	NOXAFIL.....	29, 30
<i>nifedipine er</i>	72	NORTUSS-DE.....	237	<i>np thyroid</i>	149
<i>nifedipine er osmotic release</i>	72	<i>nortuss-ex</i>	237	NPLATE.....	169
NIFEREX.....	172	NORVASC.....	72	NUBEQA.....	51
<i>nikki</i>	131	NORVIR.....	34	NUCALA.....	235
NILANDRON.....	51	NOURIANZ.....	92	NUCYNTA.....	25
<i>nilutamide</i>	51	NOVA MAX GLUCOSE		NUCYNTA ER.....	25
<i>nimodipine</i>	72	TEST.....	199	NUEDEXTA.....	106
NINLARO.....	59	NOVA SAFETY LANCETS		NUFERA.....	172
<i>nisoldipine er</i>	72	23G.....	199	Nulev.....	151
<i>nitazoxanide</i>	31	NOVA SAFETY LANCETS		NULYTELY WITH	
<i>nitisinone</i>	135	28G.....	199	FLAVOR PACKS.....	157
NITRO-BID.....	77	NOVA SUREFLEX		NUPLAZID.....	95
NITRO-DUR.....	77	LANCETS.....	199	NURTEC.....	104
<i>nitrofurantoin</i>	32	<i>novarel</i>	139	NUTROPIN AQ NUSPIN 10	
<i>nitrofurantoin macrocrystal</i>	32	NOVOFINE.....	199	.....	144
<i>nitrofurantoin monohyd macro</i> ..	32	NOVOFINE AUTOCOVER	199	NUTROPIN AQ NUSPIN 20	
<i>nitroglycerin</i>	77	NOVOFINE AUTOCOVER		.....	144
NITROLINGUAL.....	77	PEN NEEDLE.....	184	NUTROPIN AQ NUSPIN 5	144
NITROMIST.....	77	NOVOFINE PEN NEEDLE	184	NUVAIL.....	260
NITROSTAT.....	77	NOVOLIN 70/30.....	120	NUVARING.....	132
NITYR.....	135	NOVOLIN 70/30 FLEXPEN		NUVESSA.....	166
NIVESTYM.....	169	RELION.....	120	NUVIGIL.....	111
<i>nizatidine</i>	154	NOVOLIN 70/30 RELION..	120	NUZYRA.....	47
NIZORAL.....	251	NOVOLIN N.....	120	Nyamyc.....	249
NOC DURNA.....	150	NOVOLIN N FLEXPEN.....	120	Nyata.....	249
NOCTIVA.....	150	NOVOLIN N FLEXPEN		NYMALIZE.....	72
<i>nora-be</i>	131	RELION.....	120	<i>nystatin</i>	30, 249, 262
NORCO.....	24	NOVOLIN N RELION.....	120	<i>nystatin-triamcinolone</i>	249
NORDITROPIN FLEXPRO		NOVOLIN R.....	120	Nystop.....	249
.....	143, 144	NOVOLIN R FLEXPEN.....	120	NYVEPRIA.....	169
<i>norethin ace-eth estrad-fe</i>	131	NOVOLIN R FLEXPEN		OB COMPLETE.....	216
<i>norethindrone</i>	131	RELION.....	120		

OB COMPLETE	ONCASPAR.....	57	ORENCIA.....	176
ADVANCED.....	<i>ondansetron</i>	153	ORENCIA CLICKJECT.....	176
OB COMPLETE GOLD.....	<i>ondansetron hcl</i>	153	ORENITRAM.....	78
OB COMPLETE ONE.....	ONETOUCH CLUB		ORFADIN.....	135
OB COMPLETE PREMIER	LANCETS FINE PT.....	199	ORGANIC NUTRITION	
OB COMPLETE/DHA.....	ONETOUCH DELICA		SHAKE.....	217
O-CAL FA.....	LANCETS 30G.....	199	ORGOVYX.....	51
O-CAL PRENATAL.....	ONETOUCH DELICA		ORIAHNN.....	138
OCALIVA.....	LANCETS 33G.....	199	ORILISSA.....	135
<i>ocella</i>	ONETOUCH DELICA		ORKAMBI.....	239
OCTAGAM.....	LANCETS FINE.....	199	ORLADEYO.....	172
<i>octreotide acetate</i>	ONETOUCH DELICA		<i>orphenadrine citrate er</i>	110
OCUFLOX.....	LANCING DEV.....	199	<i>orphenadrine-asa-caffeine</i>	110
OCUVEL.....	ONETOUCH DELICA		Orphengesic Forte.....	110
ODACTRA.....	SAFETY LANCING.....	199	<i>orsythia</i>	132
ODEFSEY.....	ONETOUCH FINEPOINT		ORTHO TRI-CYCLEN LO.	132
ODOMZO.....	LANCETS.....	199	ORTHO-NOVUM 7/7/7 (28)	132
OFEV.....	ONETOUCH LANCETS.....	199	ORTIKOS.....	155
<i>ofloxacin</i>	ONETOUCH SURESOFT		<i>oscimin</i>	151
<i>ogestrel</i>	LANCING DEV.....	199	<i>oscimin sr</i>	151
<i>olanzapine</i>	ONETOUCH ULTRA.....	199	<i>oseltamivir phosphate</i>	39
<i>olanzapine-fluoxetine hcl</i>	ONETOUCH ULTRA		OSENI.....	116
<i>olmesartan medoxomil</i>	BLUE.....	199	OSMOLEX ER.....	92
<i>olmesartan medoxomil-hctz</i>	ONETOUCH ULTRASOFT		OSMOPREP.....	157
<i>olmesartan-amlodipine-hctz</i>	LANCETS.....	200	OSPHENA.....	146
<i>olopatadine hcl</i>	ONETOUCH VERIO.....	200	OTEZLA.....	179
OLUMIANT.....	ONEXTON.....	246	OTIPRIO.....	263
OLUX.....	ONFI.....	83	OTOVEL.....	263
OLUX-E.....	ONGENTYS.....	92	OTREXUP.....	179
OLYSIO.....	ONGLYZA.....	116	OVIDE.....	262
OMECLAMOX-PAK.....	ONMEL.....	30	OVIDREL.....	140
<i>omega-3-acid ethyl esters</i>	ONUREG.....	48	OXANDRIN.....	114, 146
<i>omeprazole</i>	ONZETRA XSAIL.....	104	<i>oxandrolone</i>	114
<i>omeprazole magnesium</i>	OPANA.....	25	<i>oxaprozin</i>	18
<i>omeprazole-sodium</i>	OPANA ER.....	25	OXAYDO.....	25
<i>bicarbonate</i>	OPCICON ONE-STEP.....	132	<i>oxazepam</i>	79
OMNARIS.....	OPSUMIT.....	78	OXBRYTA.....	172
OMNIPOD 10 PACK.....	OPTICHAMBER FACE		<i>oxcarbazepine</i>	83
OMNIPOD DASH 5 PACK	MASK-LARGE.....	207	OXERVATE.....	172
PODS.....	OPTION 2.....	132	<i>oxiconazole nitrate</i>	249
OMNIPOD DASH SYSTEM	OPTIONS CONCEPTROL..	163	OXISTAT.....	249, 250
.....	OPTIONS GYNOL II		OXSORALEN ULTRA.....	251
OMNIPOD STARTER.....	CONTRACEPTIVE.....	163	OXTELLAR XR.....	83
OMNITROPE.....	ORACEA.....	261	<i>oxybutynin chloride</i>	166
ON CALL LANCETS.....	ORACIT.....	164	<i>oxybutynin chloride er</i>	166
ON CALL PLUS BLOOD	ORALAIR.....	173	<i>oxycodone hcl</i>	25
GLUCOSE.....	<i>oralone</i>	263	<i>oxycodone hcl er</i>	25
ON CALL PLUS LANCETS	ORAP.....	106	<i>oxycodone-acetaminophen</i>	25
ON CALL VIVID BLOOD	ORAPRED ODT.....	141	<i>oxycodone-aspirin</i>	25
GLUCOSE.....	ORAVIG.....	263	<i>oxycodone-ibuprofen</i>	25

OXYCONTIN.....	26	PARAGARD		PERFOROMIST.....	235
<i>oxymorphone hcl</i>	26	INTRAUTERINE COPPER	132	PERIDEX.....	263
<i>oxymorphone hcl er</i>	26	<i>paregoric</i>	158	<i>perindopril erbumine</i>	61
OXYTROL FOR WOMEN..	166	PAREMYD.....	172	<i>periogard</i>	263
OZEMPIC (0.25 OR 0.5		<i>paricalcitol</i>	124	<i>permethrin</i>	262
MG/DOSE).....	117	PARLODEL.....	92	<i>perphenazine</i>	95
OZEMPIC (1 MG/DOSE)....	117	PARNATE.....	89	<i>perphenazine-amitriptyline</i>	113
OZOBAX.....	110	<i>paroex</i>	263	PERSERIS.....	96
<i>pacerone</i>	64	<i>paromomycin sulfate</i>	28	PERTZYE.....	159
<i>pain relief maximum strength</i> ..	258	<i>paroxetine hcl</i>	89	PEXEVA.....	90
<i>pain relieving lidocaine</i>	258	<i>paroxetine hcl er</i>	89	PHARMACIST CHOICE	
PALFORZIA (12 MG		<i>paroxetine mesylate</i>	89	AUTOCODE.....	200
DAILY DOSE).....	174	PASER.....	38	PHARMACIST CHOICE	
PALFORZIA (120 MG		PATADAY.....	172	LANCETS.....	200
DAILY DOSE).....	174	PATANASE.....	230	<i>phenadoz</i>	153
PALFORZIA (160 MG		PATANOL.....	172	<i>phendimetrazine tartrate</i>	106
DAILY DOSE).....	174	PAXIL.....	90	<i>phendimetrazine tartrate er</i>	106
PALFORZIA (20 MG		PAXIL CR.....	90	<i>phenelzine sulfate</i>	90
DAILY DOSE).....	174	PAZEO.....	223	Phenergan.....	153
PALFORZIA (200 MG		PCE.....	42	<i>phenobarbital</i>	83
DAILY DOSE).....	174	PEDIAPRED.....	141	<i>phenoxybenzamine hcl</i>	76
PALFORZIA (240 MG		PEDIATRIC PANDA		<i>phentermine hcl</i>	106
DAILY DOSE).....	174	MASK.....	207	<i>phenylephrine hcl</i>	172
PALFORZIA (3 MG DAILY		<i>peg 3350</i>	157	PHENYTEK.....	83
DOSE).....	174	<i>peg 3350/electrolytes</i>	157	<i>phenytoin</i>	83
PALFORZIA (300 MG		<i>peg 3350-kcl-na bicarb-nacl</i>	157	<i>phenytoin infatabs</i>	83
MAINTENANCE).....	174	<i>peg-3350/electrolytes</i>	157	<i>phenytoin sodium extended</i>	83
PALFORZIA (300 MG		<i>peg-3350/electrolytes/lascorbat</i>	157	PHEXXI.....	163
TITRATION).....	174	PEGANONE.....	83	<i>philith</i>	132
PALFORZIA (40 MG		PEGASYS.....	44	PHOSLYRA.....	147
DAILY DOSE).....	174	PEGASYS PROCLICK.....	44	<i>phospha 250 neutral</i>	208
PALFORZIA (6 MG DAILY		PEGINTRON.....	44	PHOSPHOLINE IODIDE....	224
DOSE).....	174	<i>peg-kcl-nacl-nasulf-na asc-c</i>	157	<i>physiolyte</i>	229
PALFORZIA (80 MG		PEG-PREP.....	157	Physiosol Irrigation.....	229
DAILY DOSE).....	174	PEMAZYRE.....	58	<i>phytonadione</i>	217
PALFORZIA INITIAL		<i>pen needles</i>	200	PICATO.....	247
ESCALATION.....	174	<i>pen needles 1/2"</i>	200	PIFELTRO.....	34
<i>paliperidone er</i>	95	<i>pen needles 3/16"</i>	200	<i>pilocarpine hcl</i>	224, 263
PALYNZIQ.....	136	<i>pen needles 5/16"</i>	200	<i>pimecrolimus</i>	260
PAMELOR.....	89	<i>penicillamine</i>	126	<i>pimozide</i>	106
PAMINE.....	151	<i>penicillin v potassium</i>	45	<i>pimtrea</i>	132
PAMINE FORTE.....	151	PENLAC.....	250	<i>pindolol</i>	70
PANCREAZE.....	159	PENNSAID.....	260	<i>pioglitazone hcl</i>	121
PANDEL.....	256	<i>pentamidine isethionate</i>	32	<i>pioglitazone hcl-glimepiride</i>	122
<i>panlor</i>	26	PENTASA.....	155	<i>pioglitazone hcl-metformin hcl</i>	122
PANRETIN.....	260	<i>pentazocine-naloxone hcl</i>	19	PIQRAY (200 MG DAILY	
<i>pantoprazole sodium</i>	161	<i>pentoxifylline er</i>	172	DOSE).....	54
PANZYGA.....	181	PEPCID.....	154	PIQRAY (250 MG DAILY	
PARAFON FORTE DSC....	110	PERCOCET.....	26	DOSE).....	54
		PERCURA.....	217		

PIQRAY (300 MG DAILY DOSE).....	55	<i>pr natal 430 ec</i>	217	PREFERRED PLUS UNIFINE PENTIPS.....	201
<i>pirmella 1/35</i>	132	PRADAXA.....	168	PREFEST.....	138
<i>pirmella 7/7/7</i>	132	PRALUENT.....	68	<i>pregabalin</i>	84
<i>piroxicam</i>	18	<i>pramipexole dihydrochloride</i>	92	<i>pregabalin er</i>	83
PLAQUENIL.....	179	<i>pramipexole dihydrochloride er</i>	92	<i>pregen dha</i>	217
PLAVIX.....	173	PRAMOSONE.....	258	<i>pregenna</i>	217
PLEGRIDY.....	108, 109	PRAMOTIC.....	264	PREGNYL.....	140
PLEGRIDY STARTER PACK.....	108	PRANDIN.....	122	PREMARIN.....	138
PLENVU.....	157	<i>prasugrel hcl</i>	173	<i>premium lidocaine</i>	258
PLEXION.....	246	PRAVACHOL.....	66	PREMPHASE.....	138
PLEXION CLEANSER.....	246	<i>pravastatin sodium</i>	66	PREMPRO.....	138
PLEXION CLEANSING CLOTH.....	246	<i>praziquantel</i>	32	PRENAISSANCE.....	218
PNV FOLIC ACID + IRON.....	217	<i>prazosin hcl</i>	61	PRENAISSANCE BALANCE.....	218
<i>pnv prenatal plus multivitamin</i>	217	PRECISION PCX.....	200	PRENAISSANCE HARMONY DHA.....	218
<i>pnv-dha</i>	217	PRECISION PCX PLUS TEST.....	200	PRENAISSANCE NEXT.....	218
PNV-DHA+DOCUSATE....	217	PRECISION POINT OF CARE TEST.....	200	<i>prenaissance next-b</i>	218
PNV-OMEGA.....	217	PRECISION QID TEST.....	200	PRENAISSANCE PLUS.....	218
<i>pnv-select</i>	217	PRECISION SOF-TACT TEST.....	200	<i>prenara</i>	218
PNV-TOTAL.....	217	PRECISION SUREDOSE PLUS SYR.....	200	PRENATA.....	218
<i>pnv-vp-u</i>	217	PRECISION SURE-DOSE SYRINGE.....	200	<i>prenatabs rx</i>	218
POCKETCHEM EZ TEST...	200	PRECISION THIN LANCETS.....	200	<i>prenatal 19</i>	218
<i>podofilox</i>	260	PRECISION ULTRA LANCET.....	200	<i>prenatal low iron</i>	218
POGO AUTOMATIC TEST CARTRIDGES.....	200	PRECISION XTRA BLOOD GLUCOSE.....	200	PRENATAL PLUS IRON...	218
<i>polycin</i>	227	PRECOSE.....	114	PRENATAL-U.....	218
<i>polyethylene glycol 3350</i>	157, 229	PRED MILD.....	229	PRENATE.....	218
<i>polymyxin b-trimethoprim</i>	227	PRED-G.....	226	PRENATE DHA.....	218
POLY-PREP.....	157	PRED-G S.O.P.....	226	PRENATE ELITE.....	218
POLYTRIM.....	227	<i>prednicarbate</i>	256	PRENATE ESSENTIAL.....	218
POLY-VI-FLOR.....	217	<i>prednisolone</i>	141	PRENATE MINI.....	218
POMALYST.....	181	<i>prednisolone acetate</i>	229	<i>prenatvite complete</i>	218
PONSTEL.....	18	<i>prednisolone sodium phosphate</i>	141, 229	<i>prenatvite plus</i>	218
PONVORY.....	109	<i>prednisone</i>	141, 142	<i>prenatvite rx</i>	218
PONVORY STARTER PACK.....	109	PREDNISONE INTENSOL.....	141	PREPIDIL.....	146
<i>portia-28</i>	132	PREFERA OB.....	217	PREPOPIK.....	157
<i>posaconazole</i>	30	PREFERAOB ONE.....	217	PRESTALIA.....	60
<i>pot bicarb-pot chloride</i>	208	PREFERRED PLUS INSULIN SYRINGE.....	201	<i>pretab</i>	218
<i>potassium bicarbonate</i>	208	PREFERRED PLUS LANCETS COLORED.....	201	<i>pretomanid</i>	38
<i>potassium chloride</i>	208	PREFERRED PLUS LANCETS THIN.....	201	PREVACID.....	161
<i>potassium chloride crys er</i>	208			PREVACID 24HR.....	161
<i>potassium chloride er</i>	208			PREVACID SOLUTAB.....	161
<i>potassium citrate er</i>	164			<i>prevalite</i>	65
<i>potassium citrate-citric acid</i>	164			<i>previfem</i>	132
POTIGA.....	83			PREVPAC.....	162
<i>pr natal 400</i>	217			PREVYMIS.....	39
<i>pr natal 430</i>	217			PREZCOBIX.....	37
				PREZISTA.....	34
				PRIFTIN.....	38

PRILOSEC.....	161	<i>promethegan</i>	153	QUARTETTE.....	132
PRILOSEC OTC.....	161	PROMETRIUM.....	148	<i>quasense</i>	132
PRIMACARE.....	218	<i>propafenone hcl</i>	64	<i>quazepam</i>	102
<i>primaquine phosphate</i>	33	<i>propafenone hcl er</i>	64	QUDEXY XR.....	84
<i>primidone</i>	84	<i>propantheline bromide</i>	151	QUESTRAN.....	65
PRIMLEV.....	26	<i>proparacaine hcl</i>	172	QUESTRAN LIGHT.....	65
PRIMSOL.....	32	<i>propranolol hcl</i>	70	<i>quetiapine fumarate</i>	96
PRINIVIL.....	61	<i>propranolol hcl er</i>	70	<i>quetiapine fumarate er</i>	96
PRISTIQ.....	90	<i>propranolol-hctz</i>	68	QUFLORA FE PEDIATRIC	
PROAIR DIGIHALER.....	235	<i>propylthiouracil</i>	149	.....	219
PROAIR HFA.....	235	PROSCAR.....	163	QUILLICHEW ER.....	100
PROAIR RESPICLICK.....	235	PROSTIN E2.....	146	QUILLIVANT XR.....	100
<i>probenecid</i>	15	PROTEOLIN.....	219	<i>quinapril hcl</i>	61
PROCARDIA.....	72	PROTEOLIN DS.....	219	<i>quinapril-hydrochlorothiazide</i> ...	60
PROCARDIA XL.....	72	PROTONIX.....	161	<i>quinidine gluconate er</i>	64
Procentra.....	100	PROTOPIC.....	260	<i>quinidine sulfate</i>	64
<i>prochlorperazine</i>	153	<i>protriptyline hcl</i>	90	<i>quinine sulfate</i>	33
<i>prochlorperazine edisylate</i>	96	PROVENTIL HFA.....	235	QUINZYME.....	15
<i>prochlorperazine maleate</i>	153	PROVERA.....	148	QVAR.....	242
PROCRIT.....	169	PROVIGIL.....	111	QVAR REDIHALER.....	242
PROCTOCORT.....	162	PROZAC.....	90	<i>ra lice treatment</i>	262
PROCTOFOAM HC.....	162	PRUDOXIN.....	250	<i>ra lidocaine pain relieving</i>	259
Procto-Med Hc.....	162	<i>pseudoeph-chlorphen-hydrocod</i> 237		<i>ra pain relieving</i>	259
Procto-Pak.....	162	<i>psorcon</i>	256	<i>ra sleep aid</i>	102
<i>procto-pak</i>	162	PULMICORT.....	242	<i>ra urinary pain relief</i>	164
Proctosol Hc.....	162	PULMICORT		<i>rabeprazole sodium</i>	161
<i>proctosol hc</i>	162	FLEXHALER.....	242	RADIOGARDASE.....	172
Proctozone-Hc.....	162	PULMONA.....	219	RAGWITEK.....	174
<i>proctozone-hc</i>	162	Pulmosal.....	237	Rajani.....	132
PROCYSBI.....	164	PULMOZYME.....	242	<i>raloxifene hcl</i>	146
PRODIGY INSULIN		PURIXAN.....	48	<i>ramelteon</i>	102
SYRINGE.....	201	PYLERA.....	158	<i>ramipril</i>	61
PRODIGY LANCETS 28G..	201	<i>pyrazinamide</i>	38	RANEXA.....	76, 77
PRODIGY NO CODING		<i>pyridostigmine bromide</i>	106	<i>ranitidine hcl</i>	154
BLOOD GLUC.....	201	<i>pyridostigmine bromide er</i>	106	<i>ranolazine er</i>	76
PRODIGY TWIST TOP		<i>pyridoxine hcl</i>	219	RAPAFLO.....	163
LANCETS 28G.....	201	<i>pyrimethamine</i>	32	RAPAMUNE.....	183
<i>progesterone</i>	148	QBRELIS.....	61	<i>rasagiline mesylate</i>	92
<i>progesterone micronized</i>	148	QBREXZA.....	260	RASUVO.....	180
PROGLYCEM.....	143	<i>qc azo</i>	164	RAVICTI.....	136
PROGRAF.....	183	<i>qc lidocaine pain relief</i>	259	RAYALDEE.....	124
PROLATE.....	26	<i>qc urinary pain relief</i>	164	RAZADYNE.....	87
PROLENSA.....	229	QDOLO.....	26	RAZADYNE ER.....	87
PROLIA.....	146	QELBREE.....	100	REACT.....	132
PROMACTA.....	169, 170	QINLOCK.....	58	<i>reality insulin syringe</i>	201
<i>promethazine hcl</i>	153	QMIIZ ODT.....	18	REBETOL.....	44
<i>promethazine vc</i>	237	QNASL.....	240	REBIF.....	109
<i>promethazine vclcodeine</i>	237	QNASL CHILDRENS.....	240	REBIF REBIDOSE.....	109
<i>promethazine-dm</i>	237	QTERN.....	122	REBIF REBIDOSE	
<i>promethazine-phenylephrine</i> ... 237		QUALAQUIN.....	33	TITRATION PACK.....	109

REBIF TITRATION PACK 109	REPATHA..... 68	<i>ringers irrigation</i> 229
<i>reclipsen</i> 132	REPATHA PUSHTRONEX	RINVOQ.....177
RECTIV..... 162	SYSTEM.....68	RIOMET.....115
REDITREX..... 180	REPATHA SURECLICK..... 68	RIOMET ER..... 115
REFUAH PLUS BLOOD	REQUIP..... 92	<i>risedronate sodium</i>.....124
GLUCOSE TEST..... 201	REQUIP XL..... 92	RISPERDAL..... 96
REGLAN.....153	RESCRIPTOR.....34	RISPERDAL CONSTA..... 96
REGRANEX..... 262	RESCULA..... 224	RISPERDAL M-TAB..... 96
Relafen..... 18	<i>reserpine</i> 76	<i>risperidone</i> 96
RELAFEN DS.....18	RESTASIS..... 172	<i>risperidone m-tab</i> 96
RELENZA DISKHALER.....39	RESTASIS MULTIDOSE... 172	RITALIN..... 101
RELEXXII.....100	RESTORIL..... 102	RITALIN LA.....101
RELHIST.....237	RETACRIT..... 170	<i>ritonavir</i> 35
RELION BLOOD	RETEVMO..... 55	<i>rivastigmine</i>.....87
GLUCOSE TEST..... 201	RETIN-A..... 246	<i>rivastigmine tartrate</i>.....87
RELION GLUCOSE.....143	RETIN-A MICRO.....246	Rivelsa..... 132
RELION GLUCOSE	RETIN-A MICRO PUMP...246	<i>rizatriptan benzoate</i>.....104
DRINK..... 143	RETROVIR..... 34	ROBAXIN..... 110
RELION INSULIN	REVATIO.....78	ROBAXIN-750..... 110
SYRINGE.....201	REVEAL BLOOD	ROBINUL..... 151
RELI-ON INSULIN	GLUCOSE TEST..... 202	ROBINUL-FORTE..... 151
SYRINGE.....201	REVLIMID..... 181	ROCALTROL..... 124
RELION KETONE..... 201	REXULTI.....96	ROCKLATAN..... 229
RELION LANCETS	REYATAZ..... 35	<i>ropinirole hcl</i>.....93
STANDARD 21G.....201	REYVOW..... 104	<i>ropinirole hcl er</i> 92, 93
RELION LANCETS THIN	RHINOCORT ALLERGY .. 240	<i>rosadan</i> 261
26G.....201	RHOFADE.....261	<i>rosuvastatin calcium</i>.....66
RELION LANCETS	RHOPRESSA..... 229	ROSZET..... 67
ULTRA-THIN 30G.....201	<i>ribasphere</i> 44	Roweepra..... 84
RELION MINI PEN	RIBASPHERE RIBAPAK.... 44	ROXICODONE..... 26
NEEDLES..... 201	<i>ribavirin</i>.....39, 44	ROZEREM.....102
RELION PEN NEEDLES....201	RIDAURA..... 15	ROZLYTREK..... 55
RELION SHORT PEN	<i>rifabutin</i> 38	RUBRACA.....49
NEEDLES..... 202	RIFADIN..... 38	RUCONEST..... 172
RELION ULTRA THIN	RIFAMATE..... 38	<i>rufinamide</i>.....84
LANCETS 30G.....202	<i>rifampin</i> 38	RUKOBIA.....35
RELION ULTRA THIN	RIFAMPIN+SYRSPEND	RUZURGI.....107
PLUS LANCETS.....202	SF PH4..... 38	RYBELSUS..... 117
RELISTOR..... 158	RIFATER..... 38	RYCLORA..... 233
RELNATE DHA..... 219	RIGHTEST GL300	RYDAPT..... 49
RELPAK.....104	LANCETS..... 202	RYTARY.....93
RELTONE.....158	RIGHTEST GS100 BLOOD	RYTHMOL SR..... 64
REMERON..... 90	GLUCOSE.....202	RYVENT..... 233
REMERON SOLTAB..... 90	RIGHTEST GS300 BLOOD	SABRIL..... 84
REMODULIN..... 78	GLUCOSE.....202	SAFESNAP INSULIN
RENACIDIN.....164	RIGHTEST GS550 BLOOD	SYRINGE.....202
RENAGEL..... 147	GLUCOSE.....202	<i>safety lancet 21gl/pressure act.</i> 202
REVELA.....147	RILUTEK.....106	<i>safety lancet 28gl/pressure act.</i> 202
<i>repaglinide</i> 122	<i>riluzole</i>.....107	SAFETY LANCETS..... 202
<i>repaglinide-metformin hcl</i> 115	<i>rimantadine hcl</i> 39	SAFETY LANCETS 21G....202

<i>safety lancets 28g</i>	202	SEVENFACT.....	168	SMART SENSE SUPER	
SAFETY LET LANCETS....	202	SEYSARA.....	47	THIN LANCETS.....	202
SAFETY SEAL LANCETS..	202	<i>sf</i>	263	SMART SENSE THIN	
SAFETY-GLIDE SYRINGE		SFROWASA.....	155	LANCETS 26G.....	202
.....	202	<i>sharobel</i>	133	SMARTEST BLOOD	
SAFYRAL.....	132	SHOPKO UNIFINE		GLUCOSE TEST.....	202
SAIZEN.....	144	PENTIPS.....	202	SMARTEST LANCETS 28G	
SAIZEN CLICK.EASY.....	144	SHOPKO UNILET		.....	203
SAIZENPREP.....	144	LANCETS 28G.....	202	<i>sodium chloride</i>	164, 239
Sajazir.....	27	SHOPKO UNILET		<i>sodium fluoride</i>	219
SALAGEN.....	263	LANCETS 30G.....	202	<i>sodium phenylbutyrate</i>	136
<i>saline laxative</i>	157	SHUR-SEAL		<i>sodium polystyrene sulfonate</i> ..	126
SAMSCA.....	146	CONTRACEPTIVE.....	163	<i>sofosbuvir-velpatasvir</i>	44
SANCUSO.....	153	SIGNIFOR.....	146	SOLARAZE.....	260
SANDIMMUNE.....	183	SIGNIFOR LAR.....	146	<i>solia</i>	133
SANDOSTATIN.....	146	SIKLOS.....	172	<i>solifenacin succinate</i>	166
SANDOSTATIN LAR		<i>sildenafil citrate</i>	78	SOLIQUA.....	117
DEPOT.....	146	SILENOR.....	102	SOLODYN.....	47
SANTYL.....	260	SILIQ.....	251	SOLOSEC.....	32
SAPHRIS.....	96	<i>silodosin</i>	163	SOLTAMOX.....	51
<i>sapropterin dihydrochloride</i>	136	SILVADENE.....	260	SOLUS V2 LANCETS 28G..	203
SARAFEM.....	90	<i>silver sulfadiazine</i>	248	SOLUS V2 TEST.....	203
SAVAYSA.....	168	SIMBRINZA.....	224	SOLUS V2 TWIST	
SAVELLA.....	107	Simliya.....	133	LANCETS 30G.....	203
SAVELLA TITRATION		Simpesse.....	133	SOMA.....	110
PACK.....	107	SIMPONI.....	177	SOMATULINE DEPOT.....	146
<i>scopolamine</i>	153	<i>simvastatin</i>	67	SOMAVERT.....	146
SECONAL.....	84	SINEMET.....	93	SONATA.....	102
SECUADO.....	96	SINEMET CR.....	93	SOOLANTRA.....	261
SEEBRI NEOHALER.....	231	SINGLE-LET.....	202	<i>sorbitol-mannitol</i>	165
SEGLUROMET.....	122	SINGULAIR.....	238	SORIATANE.....	251
SELECT-OB.....	219	<i>sirolimus</i>	183	SORILUX.....	251
<i>selegiline hcl</i>	93	SIRTURO.....	38	<i>sorine</i>	64
<i>selenium sulfide</i>	251	SITAVIG.....	39	<i>sotalol hcl</i>	64
SELZENTRY.....	35	SIVEXTRO.....	32	<i>sotalol hcl (af)</i>	64
SEMGLEE.....	121	SKELAXIN.....	110	SOTYLIZE.....	70
SEMPREX-D.....	237	SKLICE.....	262	SOVALDI.....	44
<i>se-natal 19</i>	219	SKYLA.....	133	SPECTRACEF.....	41
SENSIPAR.....	124	SKYRIZI.....	177	<i>spinosad</i>	262
SENTRA AM.....	219	SKYRIZI (150 MG DOSE)..	177	SPIRIVA HANDIHALER... 231	
SENTRA PM.....	219	SKYRIZI PEN.....	177	SPIRIVA RESPIMAT... 231, 232	
SEREVENT DISKUS.....	235	<i>sleep-aid</i>	102	<i>spironolactone</i>	74, 75
SERNIVO.....	256	SLYND.....	133	<i>spironolactone-hctz</i>	75
SEROQUEL.....	96	<i>sm lice treatment</i>	262	SPORANOX.....	30
SEROQUEL XR.....	96	<i>sm sleep aid</i>	102	SPORANOX PULSEPAK....	30
SEROSTIM.....	144	SMART SENSE COLOR		<i>sprintec 28</i>	133
<i>sertraline hcl</i>	90	LANCETS 33G.....	202	SPRITAM.....	84
Setlakin.....	133	SMART SENSE		SPRIX.....	18
<i>sevelamer carbonate</i>	147	STANDARD LANCETS.....	202	SPRYCEL.....	55
<i>sevelamer hcl</i>	147			SPS.....	126

<i>sronyx</i>	133	SUNOSI.....	111	SYNAGIS.....	39
<i>ssd</i>	248	SUPER THIN LANCETS....	203	SYNALAR.....	256, 257
SSKI.....	238	SUPPRELIN LA.....	135	SYNALGOS-DC.....	26
<i>sss 10-5</i>	246	SUPRAX.....	41	SYNAREL.....	135
<i>st joseph aspirin</i>	28	SUPREP BOWEL PREP KIT	157	SYNDROS.....	153
STALEVO 100.....	93	SURE COMFORT		SYNERA.....	259
STALEVO 125.....	93	INSULIN SYRINGE.....	203	SYNJARDY.....	122
STALEVO 150.....	93	SURE COMFORT		SYNJARDY XR.....	122
STALEVO 200.....	93	LANCETS 28G.....	203	SYNTHROID.....	149
STALEVO 50.....	93	SURE COMFORT		SYPRINE.....	126
STALEVO 75.....	101	LANCETS 30G.....	203	TABLOID.....	48
STARLIX.....	122	<i>sure comfort pen needles</i>	203	TABRECTA.....	58
<i>stavudine</i>	35	SURE EDGE TEST.....	203	TACLONEX.....	257
STEGLATRO.....	123	SURECHEK BLOOD		<i>tacrolimus</i>	183, 260
STEGLUJAN.....	122	GLUCOSE TEST.....	203	<i>tadalafil</i>	164
STELARA.....	177	SURE-FINE PEN		<i>tadalafil (pah)</i>	78
STERILANCE PA.....	203	NEEDLES.....	203	TAFINLAR.....	55
STERILANCE TL.....	203	SURE-JECT INSULIN		TAGRISSE.....	55
STIMATE.....	150	SYRINGE.....	203	<i>take action</i>	133
STIOLTO RESPIMAT.....	231	SURE-LANCE FLAT		TAKHZYRO.....	172
STIVARGA.....	55	LANCETS.....	203	TALICIA.....	162
STRATTERA.....	101	SURE-LANCE THIN		TALTZ.....	178
STRENSIQ.....	125	LANCETS 28G.....	203	TALZENNA.....	49
STRIBILD.....	37	SURE-LANCE ULTRA		TAMIFLU.....	39
STRIVERDI RESPIMAT....	235	THIN LANCETS.....	203	<i>tamoxifen citrate</i>	51
SUBLOCADE.....	28	SURE-TEST EASYPLUS		<i>tamsulosin hcl</i>	163
SUBOXONE.....	19	MINI TEST.....	203	TANZEUM.....	121
SUBSYS.....	26	SURE-TOUCH LANCETS		TAPAZOLE.....	149
SUCRAID.....	159	UNIVERSAL.....	203	TAPERDEX 12-DAY.....	142
<i>sucralfate</i>	158	SURMONTIL.....	90	Taperdex 6-Day.....	142
SULAR.....	72	SUSTIVA.....	35	TAPERDEX 7-DAY.....	142
<i>sulconazole nitrate</i>	250	SUTAB.....	157	TARCEVA.....	55
<i>sulfacetamide sodium</i>	227, 247	SUTENT.....	55	Targadox.....	47
<i>sulfacetamide sodium (acne)</i> ..	246	<i>syeda</i>	133	TARGRETIN.....	58, 260
<i>sulfacetamide-prednisolone</i>	226	SYLATRON.....	58	Tarina 24 Fe.....	133
<i>sulfadiazine</i>	28	Symax-Sl.....	151	Tarina Fe 1/20.....	133
<i>sulfamethoxazole-trimethoprim</i>	32	Symax-Sr.....	152	TARKA.....	60
SULFAMYLON.....	248, 260	SYMBICORT.....	243	TARON-BC.....	219
<i>sulfasalazine</i>	155	SYMBYAX.....	113	TARON-C DHA.....	220
<i>sulfatrim pediatric</i>	32	SYMDEKO.....	240	<i>taron-crystals</i>	165
<i>sulfazine</i>	155	SYMFI.....	37	TARON-PREX.....	220
<i>sulindac</i>	18	SYMFI LO.....	37	TASIGNA.....	55
<i>sumatriptan</i>	104	SYMJEPI.....	230	TASMAR.....	93
<i>sumatriptan succinate</i>	104, 105	SYMLINPEN 120.....	114	TAVALISSE.....	173
<i>sumatriptan succinate refill</i>	104	SYMLINPEN 60.....	114	TAYTULLA.....	133
<i>sumatriptan-naproxen sodium</i> ..	105	SYMPAZAN.....	84	<i>tazarotene</i>	247, 251
SUMAVEL DOSEPRO.....	105	SYMPROIC.....	158	TAZORAC.....	251
SUMAXIN.....	247	SYMTUZA.....	37	<i>taztia xt</i>	72
SUMAXIN TS.....	247	SYNAGEX.....	219	TAZVERIK.....	58
<i>sunitinib malate</i>	55			TECFIDERA.....	109

TECHLITE AST LANCETS 203	THERAMINE PLUS..... 220	<i>tolazamide</i> 123
TECHLITE LANCETS..... 203	THINLETS LANCET..... 204	<i>tolbutamide</i> 123
TECHLITE LANCETS 30G 203	THIOLA..... 165	<i>tolcapone</i> 93
TECHNIVIE..... 44	THIOLA EC..... 165	<i>tolmetin sodium</i> 18
TEGRETOL..... 84	<i>thioridazine hcl</i> 96	<i>tolsura</i> 30
TEGRETOL-XR..... 84	<i>thiothixene</i> 96	<i>tolterodine tartrate</i> 166
TEGSEDI..... 111	THRIVE..... 113	<i>tolterodine tartrate er</i> 166
TEKTURNA..... 73	THYQUIDITY..... 149	<i>tolvaptan</i> 146, 147
TEKTURNA HCT..... 73	THYROLAR-1..... 149	TOPAMAX..... 84
TELCARE BLOOD	THYROLAR-1/2..... 149	TOPAMAX SPRINKLE..... 84
GLUCOSE TEST..... 204	THYROLAR-1/4..... 149	<i>topcare clickfine pen needles</i> ... 204
<i>telmisartan</i> 63	THYROLAR-2..... 149	TOPCARE ULTRA
<i>telmisartan-amlodipine</i> 62	THYROLAR-3..... 149	COMFORT INS SYR..... 204
<i>telmisartan-hctz</i> 62	Tiadylt Er..... 72	TOPICORT..... 257
<i>temazepam</i> 102	<i>tiagabine hcl</i> 84	TOPICORT SPRAY..... 257
TEMIXYS..... 37	TIAZAC..... 72	<i>topiramate</i> 84
TEMODAR..... 47	TIBSOVO..... 58	<i>topiramate er</i> 84
TEMOVATE..... 257	TICE BCG..... 58	TOPROL XL..... 70
<i>temozolomide</i> 47	<i>ticlopidine hcl</i> 173	<i>toremifene citrate</i> 51
<i>tencon</i> 16	TIGAN..... 153	<i>torsemide</i> 75
<i>tenofovir disoproxil fumarate</i> ... 35	TIGLUTIK..... 107	TOSYMRA..... 105
TENORETIC 100..... 68	TIKOSYN..... 64	TOUJEO MAX SOLOSTAR 121
TENORETIC 50..... 68	<i>tilia fe</i> 133	TOUJEO SOLOSTAR..... 121
TENORMIN..... 70	<i>timolol maleate</i> 70, 224, 225	TOVIAZ..... 166
TEPMETKO..... 56	<i>timolol maleate pf</i> 225	TRACLEER..... 78
TERAZOL 7..... 166	TIMOPTIC..... 225	TRADJENTA..... 116
<i>terazosin hcl</i> 61	TIMOPTIC OCUDOSE..... 225	<i>tramadol hcl</i> 26
<i>terbinafine hcl</i> 30	TIMOPTIC-XE..... 225	<i>tramadol hcl er</i> 26
<i>terbutaline sulfate</i> 235	TINDAMAX..... 28	<i>tramadol hcl er (biphasic)</i> 26
<i>terconazole</i> 166, 167	<i>tinidazole</i> 29	<i>tramadol-acetaminophen</i> 26
<i>teriparatide (recombinant)</i> 146	<i>tiopronin</i> 165	<i>trandolapril</i> 61
TESSALON PERLES..... 238	TIROSINT..... 149	<i>trandolapril-verapamil hcl er</i> 60
TESTIM..... 114	TIROSINT-SOL..... 150	<i>tranexamic acid</i> 173
<i>testosterone</i> 114	Tis-U-Sol..... 229	TRANSDERM-SCOP (1.5
<i>testosterone cypionate</i> 114	TIVICAY..... 35	MG)..... 153
<i>testosterone enanthate</i> 114	TIVICAY PD..... 35	TRANXENE-T..... 84
TESTRED..... 146	TIVORBEX..... 18	<i>tranylcypromine sulfate</i> 90
<i>tetrabenazine</i> 107	<i>tizanidine hcl</i> 110	TRAVATAN Z..... 225
<i>tetracycline hcl</i> 47	<i>tl-care dha</i> 220	<i>travoprost (bak free)</i> 225
TEXACORT..... 257	TL-SELECT..... 220	<i>trazodone hcl</i> 90
<i>tgq 15dm/5pehl/2cpm</i> 238	TOBI..... 29	TRECTOR..... 38
<i>tgq 30pse/150gfn/15dm</i> 238	TOBI PODHALER..... 29	TRELEGY ELLIPTA..... 231
<i>tgq 30pse/3brm/15dm</i> 238	TOBRADEX..... 226	TRELSTAR MIXJECT..... 51
THALOMID..... 181, 182	TOBRADEX ST..... 226	TREMFYA..... 178
THEO-24..... 243	<i>tobramycin</i> 29, 227	TREPADONE..... 220
<i>theochron</i> 243	<i>tobramycin-dexamethasone</i> 226	<i>treprostinil</i> 78
<i>theophylline</i> 243	TOBREX..... 227	TRESIBA..... 121
<i>theophylline er</i> 243	TODAY SPONGE..... 163	TRESIBA FLEXTOUCH..... 121
<i>theracare pain relief</i> 259	TOFRANIL..... 90	<i>tretinoin</i> 58, 247
THERAMINE..... 220	TOLAK..... 247	<i>tretinoin microsphere</i> 247

<i>tretinoin microsphere pump</i>	247	TRIPTODUR.....	135	TYBOST.....	35
TRETIN-X.....	247	<i>tri-sprintec</i>	134	Tydemy.....	134
TREXALL.....	48	<i>tristart dha</i>	220	TYKERB.....	56
TREXIMET.....	105	TRISTART FREE.....	220	TYLENOL WITH	
TREZIX.....	26	TRISTART ONE.....	220	CODEINE #3.....	26
Tri Femynor.....	133	<i>tri-tabs dha</i>	220	TYLENOL WITH	
<i>triamcinolone acetonide</i>		TRIUMEQ.....	38	CODEINE #4.....	27
.....	240, 257, 263	TRIVEEN-DUO DHA.....	220	TYMLOS.....	147
<i>triamterene</i>	75	TRI-VI-FLOR.....	220	TYVASO.....	78
<i>triamterene-hctz</i>	75	TRI-VI-FLORO.....	220	TYVASO REFILL.....	78
<i>triazolam</i>	102	<i>trivora (28)</i>	134	TYVASO STARTER.....	78
TRIBENZOR.....	63	Tri-Vylibra Lo.....	134	UBRELVY.....	105
<i>tricare</i>	220	TRIZIVIR.....	38	UCERIS.....	155
TRICARE PRENATAL		TROKENDI XR.....	85	UDENYCA.....	170
DHA ONE.....	220	<i>tropicamide</i>	173	UKONIQ.....	56
TRICITRASOL.....	168	<i>trospium chloride</i>	166	ULESFIA.....	262
<i>tricitrates</i>	165	<i>trospium chloride er</i>	166	ULORIC.....	15
TRICOR.....	66	TRUEPLUS INSULIN		ULTICARE INSULIN	
<i>triderm</i>	257	SYRINGE.....	204	SAFETY SYR.....	204
Triderm.....	257	TRUEPLUS LANCETS 28G.....	204	ULTICARE INSULIN	
TRIDESILON.....	258	TRUEPLUS LANCETS 30G.....	204	SYRINGE.....	204
<i>trientine hcl</i>	126	TRUEPLUS LANCETS 33G.....	204	ULTICARE MICRO PEN	
<i>tri-estarylla</i>	133	TRUEPLUS SAFETY		NEEDLES.....	204
<i>trifluoperazine hcl</i>	96	LANCETS 28G.....	204	ULTICARE MINI PEN	
<i>trifluridine</i>	227	TRUETEST TEST.....	204	NEEDLES.....	204
TRIGLIDE.....	66	TRUETRACK TEST.....	204	ULTICARE PEN NEEDLES	
<i>trihexyphenidyl hcl</i>	93	TRULANCE.....	156	.....	204
TRIJARDY XR.....	116	TRULICITY.....	117	ULTICARE SHORT PEN	
TRIKAFTA.....	240	TRUSELTIQ (100MG		NEEDLES.....	205
<i>tri-legest fe</i>	133	DAILY DOSE).....	56	ULTILET CLASSIC	
TRILEPTAL.....	84, 85	TRUSELTIQ (125MG		LANCETS.....	205
<i>tri-linyah</i>	133	DAILY DOSE).....	56	ULTILET LANCETS.....	205
TRILIPIX.....	66	TRUSELTIQ (50MG DAILY		ULTILET SAFETY	
Tri-Lo-Estarylla.....	133	DOSE).....	56	LANCETS 23G.....	205
Tri-Lo-Marzia.....	133	TRUSELTIQ (75MG DAILY		ULTIMA TEST.....	205
Tri-Lo-Sprintec.....	133	DOSE).....	56	<i>ultimatecare one</i>	220
<i>trilyte</i>	157	TRUSOPT.....	225	ULTRA COMFORT	
<i>trimethobenzamide hcl</i>	153	TRUVADA.....	38	INSULIN SYRINGE.....	205
<i>trimethoprim</i>	32	TUDORZA PRESSAIR.....	232	ULTRACET.....	27
Tri-Mili.....	133	TUKYSA.....	56	ULTRA-COMFORT	
<i>trimipramine maleate</i>	90	Tulana.....	134	INSULIN SYRINGE.....	205
<i>trimpex</i>	32	TURALIO.....	56	ULTRALANCE.....	205
<i>trinatal rx 1</i>	220	TUSSICAPS.....	238	ULTRAM.....	27
TRINATE.....	220	<i>tussigon</i>	238	ULTRA-THIN II AUTO	
<i>trinaz</i>	220	TUSSIONEX		LANCET.....	205
<i>trinessa (28)</i>	133	PENNKINETIC ER.....	238	ULTRA-THIN II INS SYR	
Trinessa Lo.....	134	TUXARIN ER.....	238	SHORT.....	205
TRI-NORINYL (28).....	134	TUZISTRA XR.....	238	ULTRA-THIN II INSULIN	
TRINTELLIX.....	90	TWIRLA.....	134	SYRINGE.....	205
<i>tri-previfem</i>	134	TWYNSTA.....	63		

ULTRA-THIN II LANCETS.....205	VAGIFEM.....138	VCF VAGINAL CONTRACEPTIVE.....163, 164
ULTRA-THIN II MINI PEN NEEDLE.....205	valacyclovir hcl.....39	VECAMYL.....76
ULTRA-THIN II PEN NEEDLE SHORT.....205	VALCHLOR.....261	VECTICAL.....251
ULTRA-THIN II PEN NEEDLES.....205	VALCYTE.....39	VELETRI.....78
ULTRATRAK PRO TEST..205	valganciclovir hcl.....39	velivet.....134
ULTRATRAK ULTIMATE TEST.....205	VALIUM.....85	VELPHORO.....148
ULTRAVATE.....258	valproate sodium.....85	VELTASSA.....126
UNIFINE PENTIPS.....205	valproic acid.....85	VEMAVITE-PRX 2.....221
UNILET COMFORTOUCH LANCET.....205	valsartan.....63	VEMLIDY.....40
UNILET EXCELITE.....205	valsartan-hydrochlorothiazide...63	VENA-BAL DHA.....221
UNILET EXCELITE II.....206	VALTOCO 10 MG DOSE.....85	VENCLEXTA.....59
UNILET G.P. LANCET.....206	VALTOCO 15 MG DOSE.....85	VENCLEXTA STARTING PACK.....59
UNILET G.P. SUPERLITE LANCET.....206	VALTOCO 20 MG DOSE.....85	venlafaxine hcl.....91
UNILET GP 28 ULTRA THIN.....206	VALTOCO 5 MG DOSE.....85	venlafaxine hcl er.....90
UNILET LANCET.....206	VALTrex.....40	VENTAVIS.....78
UNILET SUPERLITE LANCET.....206	VALUE HEALTH INSULIN SYRINGE.....206	VENTOLIN HFA.....235
UNISTIK 3 COMFORT.....206	value plus glucose.....143	verapamil hcl.....73
UNISTIK 3 EXTRA.....206	VALUE PLUS LANCET STANDARD 21G.....206	verapamil hcl er.....73
UNISTIK 3 NORMAL.....206	VALUE PLUS LANCETS SUPER THIN.....206	VERDESO.....258
UNISTIK CZT COMFORT.....206	VALUE PLUS LANCETS THIN 26G.....206	VERDROCET.....27
UNISTIK CZT NORMAL...206	VALUMARK LANCET SUPER THIN 30G.....206	VEREGEN.....261
unithroid.....150	VALUMARK LANCET ULTRA THIN 28G.....206	VERELAN.....73
Unithroid.....150	VALUMARK PEN NEEDLES.....206	VERELAN PM.....73
Unithroid Direct.....150	Vanadom.....110	VERIPRED 20.....142
UNIVERSAL 1 LANCETS THIN 26G.....206	Vanatol Lq.....16	VERQUVO.....75
UNIVERSAL 1 LANCETS ULTRA THIN.....206	Vanatol S.....16	VERSACLOZ.....97
UPNEEQ.....173	VANCOCIN HCL.....32	VERZENIO.....49
UPTRAVI.....78	vancomycin hcl.....32	VESICARE.....166
URECHOLINE.....159	vandazole.....167	VESICARE LS.....166
URISTIX.....206	VANISHPOINT INSULIN SYRINGE.....206	vestura.....134
URISTIX 4.....206	VANOS.....258	VEXOL.....225
UROCIT-K 10.....165	VARUBI.....153	VFEND.....30
UROCIT-K 15.....165	VARUBI (180 MG DOSE)...153	V-GO 20.....206
UROCIT-K 5.....165	VASCAZEN.....221	V-GO 30.....206
UROXATRAL.....163	VASCEPA.....67	V-GO 40.....206
URSO 250.....159	VASCULERA.....221	VIBERZI.....156
URSO FORTE.....159	VASERETIC.....60	VIBRAMYCIN.....47
ursodiol.....159	VASOTEC.....61	vicodin.....27
UTIBRON NEOHALER.....231	VAYACOG.....221	vicodin es.....27
	VAYARIN.....221	vicodin hp.....27
	VAYAROL.....221	VICTORY AGM-4000 TEST206
		VICTOZA.....117
		VIDA MIA UNIFINE PENTIPS.....206
		VIDA MIA UNILET LANCETS 28G.....206
		VIDA MIA UNILET LANCETS 30G.....206

VIDEX.....	35	VIVITROL.....	113	WIDE-SEAL DIAPHRAGM	
VIDEX EC.....	35	VIVLODEX.....	18	70.....	183
VIEKIRA PAK.....	44	VIZIMPRO.....	56	WIDE-SEAL DIAPHRAGM	
VIEKIRA XR.....	44	VOCAL POINT BLOOD		75.....	183
Vienna.....	134	GLUCOSE TEST.....	207	WIDE-SEAL DIAPHRAGM	
<i>vigabatrin</i>	85	VOGELXO.....	114	80.....	184
Vigadrone.....	85	VOGELXO PUMP.....	114	WIDE-SEAL DIAPHRAGM	
VIGAMOX.....	227	VOL-NATE.....	222	85.....	184
VIIBRYD.....	91	VOL-PLUS.....	222	WIDE-SEAL DIAPHRAGM	
VIIBRYD STARTER PACK.....	91	VOL-TAB RX.....	222	90.....	184
VIMOVO.....	19	VOLTAREN.....	261	WIDE-SEAL DIAPHRAGM	
VIMPAT.....	85	<i>voriconazole</i>	30	95.....	184
<i>vinate ii</i>	221	VOSEVI.....	44	WINLEVI.....	247
<i>vinate one</i>	221	VOSPIRE ER.....	235	Wixela Inhub.....	243
VIOKACE.....	159	VOTRIENT.....	56	WP THYROID.....	150
<i>viorele</i>	134	VP-CH-PNV.....	222	<i>wymzya fe</i>	134
VIRACEPT.....	35	VP-GGR-B6 PRENATAL.....	222	WYNZORA.....	251
VIRAMUNE.....	35	<i>vp-gstn</i>	222	XADAGO.....	93
VIRAMUNE XR.....	36	<i>vp-heme ob</i>	222	XALATAN.....	225
VIREAD.....	36	<i>vp-heme ob + dha</i>	222	XALKORI.....	56
VIROPTIC.....	227	<i>vp-heme one</i>	222	XANAX.....	79
<i>virt nate</i>	221	VP-PNV-DHA.....	222	XANAX XR.....	79
<i>virt-advance</i>	221	VRAYLAR.....	97	XARELTO.....	168
<i>virt-phos 250 neutral</i>	208	VSL#3.....	159	XARELTO STARTER	
VIRT-PN.....	221	VSL#3 JUNIOR.....	159	PACK.....	168
VIRT-PN DHA.....	221	VTOL LQ.....	16	XATMEP.....	48
<i>virt-pn plus</i>	221	VUMERITY.....	109	XCOPRI.....	85
<i>virtprex</i>	221	VUMERITY (STARTER)....	109	XCOPRI (250 MG DAILY	
<i>virtrate-3</i>	165	<i>vyfemla</i>	134	DOSE).....	85
VIRT-SELECT.....	221	VYLEESI.....	113	XCOPRI (350 MG DAILY	
<i>virt-vite forte</i>	221	VYNDAMAX.....	76	DOSE).....	85
<i>virt-vite gt</i>	221	VYND AQEL.....	76	XELJANZ.....	178
VISTARIL.....	233	VYTORIN.....	67	XELJANZ XR.....	179
VISTOGARD.....	58	VYVANSE.....	101	XELODA.....	48
Vitafol.....	222	VYZULTA.....	225	XELPROS.....	225
VITAFOL FE+.....	221	WAKIX.....	111	XEMBIFY.....	181
VITAFOL STRIPS.....	222	<i>wal-som</i>	102	XENAZINE.....	107
VITAFOL-OB.....	222	<i>warfarin sodium</i>	168	XENLETA.....	32
VITAFOL-ONE.....	222	WAVESENSE PRESTO.....	207	XEPI.....	248
VITAL HP 1.0 CAL.....	222	WELCHOL.....	65	XERAC AC.....	261
VITAL-D RX.....	222	WELLBUTRIN SR.....	91	XERESE.....	40
VITAMEDMD ONE		WELLBUTRIN XL.....	91	XERMELO.....	159
RX/QUATREFOLIC.....	222	<i>wera</i>	134	XGEVA.....	147
<i>vitamin b-6</i>	222	<i>westab max</i>	223	XHANCE.....	240
<i>vitamin d2</i>	222	WESTCORT.....	258	XIFAXAN.....	32
<i>vitamin d3</i>	222	WESTHROID.....	150	XIGDUO XR.....	122
VITAPEARL.....	222	WIDE-SEAL DIAPHRAGM		XIIDRA.....	229
VITRAKVI.....	56	60.....	183	XIMINO.....	47
VIVA DHA.....	222	WIDE-SEAL DIAPHRAGM		XODOL.....	27
VIVELLE-DOT.....	138	65.....	183	XOFLUZA (40 MG DOSE)...	40

XOFLUZA (80 MG DOSE)...	40	ZAVESCA.....	136	<i>zolmitriptan</i>	105
XOLAIR.....	235, 236	zcort 7-day.....	142	ZOLOFT.....	91
XOLEGEL.....	250	zebutal.....	16	<i>zolpidem tartrate</i>	103
XOPENEX.....	235	ZEGALOGUE.....	143	<i>zolpidem tartrate er</i>	103
XOPENEX		ZEGERID.....	161, 162	ZOLPIMIST.....	103
CONCENTRATE.....	235	ZEGERID OTC.....	162	ZOMACTON.....	144
XOPENEX HFA.....	235	ZEJULA.....	49	ZOMACTON (FOR ZOMA-	
XOSPATA.....	56	ZELAPAR.....	93	JET 10).....	144
XPOVIO (100 MG ONCE		ZELBORAF.....	56	ZOMIG.....	105
WEEKLY).....	58	ZELNORM.....	156	ZOMIG ZMT.....	105
XPOVIO (40 MG ONCE		ZEMBRACE SYMTOUCH.....	105	ZONACORT 11 DAY.....	142
WEEKLY).....	58	ZEMPLAR.....	125	ZONACORT 7 DAY.....	142
XPOVIO (40 MG TWICE		Zenatane.....	247	ZONALON.....	250
WEEKLY).....	58	<i>zenchent</i>	134	ZONATUSS.....	238
XPOVIO (60 MG ONCE		ZENPEP.....	160	ZONEGRAN.....	86
WEEKLY).....	58	Zenzedi.....	101	<i>zonisamide</i>	86
XPOVIO (60 MG TWICE		ZENZEDI.....	101	ZONTIVITY.....	173
WEEKLY).....	58	ZEPATIER.....	44	ZORBTIVE.....	144
XPOVIO (80 MG ONCE		ZEPOSIA.....	109	ZORTRESS.....	183
WEEKLY).....	58	ZEPOSIA 7-DAY STARTER		ZORVOLEX.....	18
XPOVIO (80 MG TWICE		PACK.....	109	<i>zovia 1/35e (28)</i>	134
WEEKLY).....	59	ZEPOSIA STARTER KIT ..	109	<i>zovia 1/50e (28)</i>	134
XTAMPZA ER.....	27	ZERIT.....	36	ZOVIRAX.....	40, 261
XTANDI.....	51	ZERVIAE.....	223	ZUBSOLV.....	19
<i>xulane</i>	134	ZESTORETIC.....	60	Zumandimine.....	134
XULTOPHY.....	117	ZESTRIL.....	61	ZUPLENZ.....	153
XURIDEN.....	147	ZETIA.....	65	ZURAMPIC.....	15
XYLOCAINE.....	259	ZETONNA.....	240	ZUTRIPRO.....	238
Xylon.....	27	ZIAC.....	68	ZYCLARA.....	247
XYOSTED.....	114	ZIAGEN.....	36	ZYCLARA PUMP.....	247, 261
XYREM.....	111	<i>zidovudine</i>	36	ZYDELIG.....	56
XYWAV.....	111	ZIEXTENZO.....	170	ZYFLO.....	238
XYZAL ALLERGY 24HR...	234	<i>zileuton er</i>	238	ZYFLO CR.....	239
XYZAL ALLERGY 24HR		ZILXI.....	261	ZYKADIA.....	56, 59
CHILDRENS.....	234	ZIOPTAN.....	225	ZYLET.....	226
YONSA.....	51	<i>ziprasidone hcl</i>	97	ZYLOPRIM.....	15
YOSPRALA.....	173	<i>ziprasidone mesylate</i>	97	ZYMAXID.....	227
YUPELRI.....	232	ZIPSOR.....	18	ZYPITAMAG.....	67
Yuvaferm.....	138	ZIRGAN.....	227	ZYPREXA.....	97
ZADITOR.....	173	ZITHROMAX.....	42	ZYPREXA RELPREVV.....	97
<i>zafirlukast</i>	239	ZITHROMAX TRI-PAK.....	42	ZYPREXA ZYDIS.....	97
<i>zaleplon</i>	102	ZITHROMAX Z-PAK.....	42	ZYRTEC ALLERGY.....	234
ZAMICET.....	27	ZMAX.....	42	ZYRTEC CHILDRENS	
ZANAFLEX.....	110, 111	ZOCOR.....	67	ALLERGY.....	234
ZANTAC.....	154	ZODEX 12-DAY.....	142	ZYRTEC-D ALLERGY &	
<i>zarah</i>	134	ZOFRAN.....	153	CONGESTION.....	238
ZARONTIN.....	85, 86	ZOFRAN ODT.....	153	ZYTAZE.....	223
ZARXIO.....	170	ZOHYDRO ER.....	27	ZYTIGA.....	51
ZATEAN-PN DHA.....	223	ZOKINVY.....	147	ZYVOX.....	32
ZATEAN-PN PLUS.....	223	ZOLINZA.....	49		