Plan for your best health

2021 Aetna Pharmacy Drug Guide

Standard Opt Out Plan - Aetna:
Texas Health + Aetna

Aetna.com

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Table of Contents

INFORMATIONAL SECTION 4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION 14
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS 27
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER 41
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 51
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS 52
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS 62
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES 87
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS 109
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS 115
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS 118
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM 125
MEDICAL DEVICES 135
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS 142
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS 144
OTHER 149
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS 149
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS 157

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.

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

We provide 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,
1-800-648-7817, TTY: 711,
Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

လၢတၢ်ကမၤနၣ်ကျိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟူၣ်အီၤဘၣ်နၣ်.ကိးဘၣ်လီတဲစိနီၣ်ကၢ်လၢအိၣ်လၢနတၢ်ဂီၤဆိၣ် (ID) အခးလီၤနၣ်တက့ၢ် (Karen)

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

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

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

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.
G = Generic
NF = Non-formulary, not covered unless exception request granted
NPB = Non-Preferred Brands
NPSP = Non-Preferred Specialty
PB = Preferred Brand
PSP = Preferred Specialty

Coverage Requirements and Limits
AL = Age Limit
IBC = Indication Based Coverage
LGC = Lowest Generic Copay
N10 = Drug Coverage for Student Health members.
N7 = Drug tier when CE does not apply
N8 = Drug Specific Coverage
PA = Prior Authorization
QL = Quantity Limit
Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.
SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.
ST = Step Therapy
STX = Safer and/or more effective treatments are available

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	G	
GOUT - DRUGS TO TREAT GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	
colchicine oral capsule 0.6 mg	G	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
febuxostat oral tablet 40 mg, 80 mg	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	PA
probenecid oral tablet 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	NPSP	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NPB	STX; QL (96 TABLETS per 25 days)
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	G	STX; QL (48 tablets per 25 days)
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	NF	
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	NF	
butalbital-acetaminophen oral tablet 25-325 mg	G	STX; QL (96 TABLETS per 25 DAYs)
butalbital-acetaminophen oral tablet 50-325 mg	G	STX; QL (48 TABLETS per 25 DAYs)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	STX; QL (48 TABLETS per 25 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NPB	STX; QL (48 TABLETS per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NPB	STX; QL (48 CAPSULES per 25 DAYs)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (*butalbital-apap-caffeine*)	G	STX; QL (720 ML per 25 DAYs)
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	PB	
diclofenac oral capsule 35 mg	NF	
diclofenac potassium oral tablet 50 mg	G	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 200 mg, 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
fenoprofen calcium oral tablet 600 mg	NF	
FENORTHO ORAL CAPSULE 200 MG (*fenoprofen calcium*)	NF	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen (Ibu Oral Tablet 600 Mg)	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	NF	
indomethacin oral capsule 20 mg	NF	
indomethacin oral capsule 25 mg, 50 mg	G	STX
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketoprofen oral capsule 25 mg	NF	
ketoprofen oral capsule 50 mg, 75 mg	G	
ketorolac tromethamine nasal solution 15.75 mg/spray	NF	
ketorolac tromethamine oral tablet 10 mg	G	QL (20 TABLETS per 25 DAYs)
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	G	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral tablet 15 mg, 7.5 mg	G	
nabumetone oral tablet 500 mg, 750 mg	G	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (*naproxen sodium*)	NF	
NAPROSYN ORAL TABLET 500 MG (*naproxen*)	NPB	
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	G	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*)	NF	
NSAIDS, COMBINATIONS		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	NF	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (90 FILMS per 25 DAYs)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	G	QL (60 FILM per 25 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	G	QL (90 FILM per 25 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	CE	N7 (G); QL (90 TABLETS per 25 DAYs)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	G	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG (*buprenorphine hcl-naloxone hcl*)	NPB	QL (60 FILMS per 25 DAYs)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NPB	QL (90 FILM per 25 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (90 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (30 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (60 TABLETS per 25 DAYs)
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen-codeine #2 oral tablet 300-15 mg	G	N8 (Subject to initial limit); QL (400 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine #3 oral tablet 300-30 mg	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
acetaminophen-codeine #4 oral tablet 300-60 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	G	N8 (Subject to initial limit); QL (2700 ML per 25 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NPB	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NPB	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	G	N8 (Subject to initial limit); QL (300 TABLETS per 25 DAYs)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NPB	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
butorphanol tartrate nasal solution 10 mg/ml	G	QL (2 BOTTLES per 25 DAYs)
codeine sulfate oral tablet 30 mg	G	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
codeine sulfate oral tablet 60 mg	NPB	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*tramadol hcl*)	NPB	ST; QL (30 CAPSULES per 25 DAYs)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (*tramadol hcl*)	NPB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	PA; QL (120 TABLETS per 25 DAYs)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	ST
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr	G	ST; QL (10 PATCHES per 25 DAYs)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NPB	PA; QL (120 TABLETS per 25 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	NPB	STX; QL (48 CAPSULES per 25 DAYs)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	G	ST; QL (60 capsules per 25 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	G	ST
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	G	ST
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	G	ST; QL (30 TABLETS per 25 DAYs)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	NPB	N8 (Subject to initial limit); QL (2700 ML per 25 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	G	N8 (Subject to initial limit); QL (2700 ML per 25 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
hydrocodone-acetaminophen oral tablet 5-300 mg	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYs)
hydrocodone-acetaminophen oral tablet 5-325 mg	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	G	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	G	ST; QL (30 TABLETS per 25 DAYs)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	G	ST
hydromorphone hcl oral liquid 1 mg/ml	G	N8 (Subject to initial limit); QL (600 ML per 25 days)
hydromorphone hcl oral tablet 2 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
hydromorphone hcl oral tablet 4 mg	G	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)
hydromorphone hcl oral tablet 8 mg	G	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
hydromorphone hcl rectal suppository 3 mg	NPB	N8 (Subject to initial limit); QL (120 SUPPOSITORY per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG (*hydrocodone bitartrate*)	NPB	ST
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NPB	ST; QL (30 TABLETS per 25 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (*fentanyl citrate*)	NF	
levorphanol tartrate oral tablet 2 mg, 3 mg	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML (*hydrocodone-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (2025 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meperidine hcl oral solution 50 mg/5ml	G	N8 (Subject to initial limit); QL (90 ML per 25 days)
meperidine hcl oral tablet 50 mg	G	N8 (Subject to initial limit); QL (18 TABLETS per 25 days)
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	G	ST; QL (60 ML per 25 DAYs)
methadone hcl oral concentrate 10 mg/ml	G	QL (30 ML per 25 DAYs)
methadone hcl oral solution 10 mg/5ml	G	ST; QL (300 ML per 25 DAYs)
methadone hcl oral solution 5 mg/5ml	G	ST; QL (450 ML per 25 DAYs)
methadone hcl oral tablet 10 mg	G	ST; QL (60 TABLETS per 25 DAYs)
methadone hcl oral tablet 5 mg	G	ST; QL (90 TABLETS per 25 DAYs)
methadone hcl oral tablet soluble 40 mg	G	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	QL (30 ML per 25 DAYs)
morphine sulfate (concentrate) oral solution 100 mg/5ml	G	N8 (Subject to initial limit); QL (135 ML per 25 days)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	G	ST
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	ST; QL (30 CAPSULES per 25 DAYs)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	G	ST; QL (60 CAPSULES per 25 DAYs)
morphine sulfate er oral capsule extended release 24 hour 100 mg	G	ST
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	G	ST; QL (30 CAPSULES per 25 DAYs)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	G	ST
morphine sulfate er oral tablet extended release 15 mg, 30 mg	G	ST; QL (90 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate oral solution 10 mg/5ml	G	N8 (Subject to initial limit); QL (900 ML per 25 days)
morphine sulfate oral solution 20 mg/5ml	G	N8 (Subject to initial limit); QL (675 ML per 25 days)
morphine sulfate oral tablet 15 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
morphine sulfate oral tablet 30 mg	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
morphine sulfate rectal suppository 10 mg, 5 mg	G	N8 (Subject to initial limit); QL (180 SUPPOSITORY per 25 days)
morphine sulfate rectal suppository 20 mg	G	N8 (Subject to initial limit); QL (120 SUPPOSITORY per 25 days)
morphine sulfate rectal suppository 30 mg	G	N8 (Subject to initial limit); QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (*morphine sulfate*)	NPB	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (*morphine sulfate*)	NPB	ST; QL (90 TABLETS per 25 DAYs)
nalocet oral tablet 2.5-300 mg	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (*tapentadol hcl*)	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (*tapentadol hcl*)	PB	ST
NUCYNTA ORAL TABLET 100 MG (*tapentadol hcl*)	PB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG (*tapentadol hcl*)	PB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG (*tapentadol hcl*)	PB	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXAYDO ORAL TABLET 5 MG, 7.5 MG (*oxycodone hcl*)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	G	ST; QL (60 tablets per 25 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg	G	ST; QL (60 TABLETS per 25 DAYs)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg	G	ST
oxycodone hcl oral capsule 5 mg	G	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
oxycodone hcl oral concentrate 100 mg/5ml	G	N8 (Subject to initial limit); QL (90 ML per 25 days)
oxycodone hcl oral solution 5 mg/5ml	G	N8 (Subject to initial limit); QL (900 ML per 25 days)
oxycodone hcl oral tablet 10 mg, 5 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
oxycodone hcl oral tablet 15 mg	G	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
oxycodone hcl oral tablet 20 mg	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
oxycodone hcl oral tablet 30 mg	G	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
oxycodone-acetaminophen oral solution 10-300 mg/5ml	NPB	N8 (Subject to initial limit); QL (900 ML per 25 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg	NF	
oxycodone-acetaminophen oral tablet 10-325 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
oxycodone-acetaminophen oral tablet 2.5-300 mg	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 7.5-325 mg	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG (*oxycodone hcl*)	PB	ST; QL (60 TABLETS per 25 DAYs)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	PB	ST
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	G	ST; QL (60 TABLETS per 25 days)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	G	ST
oxymorphone hcl oral tablet 10 mg	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
oxymorphone hcl oral tablet 5 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG (*oxycodone-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (*oxycodone-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
PERCOCET ORAL TABLET 7.5-325 MG (*oxycodone-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (900 ML per 25 DAYs)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	NPB	N8 (Subject to initial limit); QL (1800 ML per 25 DAYs)
ROXICODONE ORAL TABLET 15 MG (*oxycodone hcl*)	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (*oxycodone hcl*)	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROXICODONE ORAL TABLET 5 MG (*oxycodone hcl*)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG (*fentanyl*)	PB	PA; QL (120 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG (*fentanyl*)	PB	PA; QL (240 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG (*fentanyl*)	PB	PA; QL (120 LIQUID per 25 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg	G	ST; QL (30 TABLETS per 25 DAYs)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	G	ST
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
tramadol hcl er oral tablet extended release 24 hour 100 mg	G	ST; QL (30 TABLETS per 25 DAYs)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	G	ST
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	G	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
ULTRACET ORAL TABLET 37.5-325 MG (*tramadol-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
ULTRAM ORAL TABLET 50 MG (*tramadol hcl*)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG (*hydrocodone-acetaminophen*)	NPB	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (*oxycodone*)	PB	ST; QL (60 CAPSULES per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (*oxycodone*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (*buprenorphine hcl*)	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	ST
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	CE	N7 (G); QL (90 TABLETS per 25 DAYs)
buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	G	ST; QL (4 PATCHES per 25 DAYs)
buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr	G	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NPB	ST; QL (4 PATCH WEEKLY per 25 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR (*buprenorphine*)	NPB	ST
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	PSP	
SALICYLATES		
aspirin childrens oral tablet chewable 81 mg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
aspirin ec oral tablet delayed release 81 mg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
diflunisal oral tablet 500 mg	G	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (*cross-linked hyaluronate*)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	PSP	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan*)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan*)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	NPSP	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	PSP	PA; QL (224 ML per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NPSP	PA; QL (280 ML per 28 days)
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tinidazole oral tablet 250 mg, 500 mg	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NF	
tobramycin inhalation nebulization solution 300 mg/4ml	PSP	PA; QL (224 ML per 28 DAYs)
tobramycin inhalation nebulization solution 300 mg/5ml	PSP	PA; QL (280 ML per 28 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	STX
nystatin oral tablet 500000 unit	G	
posaconazole oral tablet delayed release 100 mg	NF	
terbinafine hcl oral tablet 250 mg	G	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	PB	
VFEND ORAL TABLET 200 MG, 50 MG (*voriconazole*)	PB	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole oral tablet 200 mg	G	QL (336 TABLETS per 365 DAYs)
ALBENZA ORAL TABLET 200 MG (*albendazole*)	NPB	QL (336 TABLETS per 365 DAYs)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NPB	QL (540 ML per 25 DAYs); AL (Min 1 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NPB	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
atovaquone oral suspension 750 mg/5ml	G	
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NPB	QL (24 TABLETS per 365 DAYs)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NPSP	PA; QL (84 ML per 28 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	PB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	PB	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
colistimethate sodium (cba) injection solution reconstituted 150 mg	G	
dapsone oral tablet 100 mg, 25 mg	G	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	PB	QL (12 TABLETS per 365 DAYs)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NPB	QL (450 ML per 10 DAYs)
ivermectin oral tablet 3 mg	G	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	PB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NF	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 250 mg, 500 mg	G	
nitazoxanide oral tablet 500 mg	G	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	G	
nitrofurantoin monohyd macro oral capsule 100 mg	G	
nitrofurantoin oral suspension 25 mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pentamidine isethionate inhalation solution reconstituted 300 mg	G	
praziquantel oral tablet 600 mg	G	QL (24 TABLETS per 365 DAYs)
pyrimethamine oral tablet 25 mg	G	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
trimethoprim oral tablet 100 mg	G	
VANCOCIN HCL ORAL CAPSULE 125 MG (*vancomycin hcl*)	PB	QL (80 CAPSULES per 10 DAYs)
VANCOCIN ORAL CAPSULE 250 MG (*vancomycin hcl*)	PB	QL (80 capsules per 10 days)
vancomycin hcl oral capsule 125 mg, 250 mg	G	QL (80 CAPSULES per 10 DAYs)
vancomycin hcl oral solution reconstituted 250 mg/5ml	NPB	QL (450 ML per 10 DAYs)
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	PB	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	G	
quinine sulfate oral capsule 324 mg	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	QL (900 ML per 30 DAYs)
abacavir sulfate oral tablet 300 mg	G	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NF	
atazanavir sulfate oral capsule 150 mg, 300 mg	G	QL (30 CAPSULES per 30 DAYs)
atazanavir sulfate oral capsule 200 mg	G	QL (60 CAPSULES per 30 DAYs)
CRIXIVAN ORAL CAPSULE 400 MG (*indinavir sulfate*)	NPB	QL (180 CAPSULES per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	PB	QL (60 TABLETS per 30 DAYs)
efavirenz oral capsule 200 mg, 50 mg	G	QL (90 CAPSULES per 30 DAYs)
efavirenz oral tablet 600 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine oral capsule 200 mg	G	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	NPB	QL (900 mls per 30 days)
EPIVIR ORAL TABLET 150 MG (*lamivudine*)	NPB	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (*lamivudine*)	NPB	QL (30 tablets per 30 days)
etravirine oral tablet 100 mg	G	QL (120 TABLETS per 30 DAYs)
etravirine oral tablet 200 mg	G	QL (60 TABLETS per 30 DAYs)
fosamprenavir calcium oral tablet 700 mg	G	QL (120 TABLETS per 30 DAYs)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG (*etravirine*)	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG (*etravirine*)	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET 500 MG (*saquinavir mesylate*)	NF	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	QL (180 TABLETS per 30 DAYs)
lamivudine oral solution 10 mg/ml	G	QL (900 ML per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral tablet 150 mg	G	QL (60 TABLETS per 30 DAYs)
lamivudine oral tablet 300 mg	G	QL (30 TABLETS per 30 DAYs)
LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*)	NF	
LEXIVA ORAL TABLET 700 MG (*fosamprenavir calcium*)	NF	
nevirapine er oral tablet extended release 24 hour 100 mg	G	QL (90 TABLETS per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	G	QL (30 TABLETS per 30 DAYs)
nevirapine oral suspension 50 mg/5ml	G	QL (1200 ML per 30 DAYs)
nevirapine oral tablet 200 mg	G	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION 80 MG/ML (*ritonavir*)	PB	QL (480 ML per 30 DAYs)
NORVIR ORAL TABLET 100 MG (*ritonavir*)	PB	QL (360 TABLETS per 30 DAYs)
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir ethanolate*)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (*darunavir ethanolate*)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (*darunavir ethanolate*)	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (*darunavir ethanolate*)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (*darunavir ethanolate*)	PB	QL (30 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NPB	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NPB	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (*atazanavir sulfate*)	NPB	QL (30 CAPSULES per 30 days)
REYATAZ ORAL CAPSULE 200 MG (*atazanavir sulfate*)	NPB	QL (60 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NPB	QL (180 PACKET per 30 days)
ritonavir oral tablet 100 mg	G	QL (360 TABLETS per 30 DAYs)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NPB	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	NPB	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG (*maraviroc*)	NPB	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG (*maraviroc*)	NPB	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG (*maraviroc*)	NPB	QL (120 TABLETS per 30 DAYs)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	G	QL (60 CAPSULES per 30 DAYs)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (*efavirenz*)	NPB	QL (90 CAPSULES per 30 DAYs)
SUSTIVA ORAL TABLET 600 MG (*efavirenz*)	NPB	QL (30 TABLETS per 30 DAYs)
tenofovir disoproxil fumarate oral tablet 300 mg	G	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 10 MG (*dolutegravir sodium*)	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG (*dolutegravir sodium*)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PB	QL (360 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NPB	QL (30 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NF	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (*nevirapine*)	NPB	QL (30 TABLETS per 30 DAYs)
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NPB	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NPB	QL (30 TABLETS per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	NPB	QL (900 mls per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIAGEN ORAL TABLET 300 MG (*abacavir sulfate*)	NPB	QL (60 tablets per 30 days)
zidovudine oral capsule 100 mg	G	QL (180 CAPSULES per 30 DAYs)
zidovudine oral syrup 50 mg/5ml	G	QL (1800 ML per 30 DAYs)
zidovudine oral tablet 300 mg	G	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	QL (30 TABLETS per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	G	QL (60 TABLETS per 30 DAYs)
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofovir*)	NPB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PB	QL (30 TABLETS per 30 DAYs)
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
COMBIVIR ORAL TABLET 150-300 MG (*lamivudine-zidovudine*)	NPB	QL (60 tablets per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NF	
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PB	QL (30 TABLETS per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PB	QL (30 TABLETS per 30 days)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	G	QL (30 TABLETS per 30 DAYs)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	N7 (G); N8 ($0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPZICOM ORAL TABLET 600-300 MG (*abacavir sulfate-lamivudine*)	NPB	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPB	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	NPB	QL (390 ML per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG (*lopinavir-ritonavir*)	NPB	QL (240 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG (*lopinavir-ritonavir*)	NPB	QL (120 TABLETS per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	G	QL (60 TABLETS per 30 DAYs)
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	QL (390 ML per 30 DAYs)
lopinavir-ritonavir oral tablet 100-25 mg	G	QL (240 TABLETS per 30 DAYs)
lopinavir-ritonavir oral tablet 200-50 mg	G	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PB	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPB	QL (30 TABLETS per 30 days)
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPB	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PB	QL (30 TABLETS per 30 days)
TEMIXYS ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIZIVIR ORAL TABLET 300-150-300 MG (*abacavir-lamivudine-zidovudine*)	NPB	QL (60 TABLETS per 30 DAYs)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	NPB	QL (30 TABLETS per 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral syrup 50 mg/5ml	G	
isoniazid oral tablet 100 mg, 300 mg	G	
MYAMBUTOL ORAL TABLET 400 MG (*ethambutol hcl*)	PB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
rifampin oral capsule 150 mg, 300 mg	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPSP	PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg, 800 mg	G	
adefovir dipivoxil oral tablet 10 mg	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	PSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NF	
cidofovir intravenous solution 75 mg/ml	G	
entecavir oral tablet 0.5 mg, 1 mg	G	QL (30 TABLETS per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (*lamivudine*)	NF	
EPIVIR HBV ORAL TABLET 100 MG (*lamivudine*)	NF	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
ganciclovir sodium intravenous solution reconstituted 500 mg	G	
HEPSERA ORAL TABLET 10 MG (*adefovir dipivoxil*)	NF	
lamivudine oral tablet 100 mg	G	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	G	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NPB	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (*zanamivir*)	PB	
rimantadine hcl oral tablet 100 mg	G	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	NPSP	PA
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NPB	PA; QL (1000 ML per 30 days)
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NPB	PA; QL (120 TABLETS per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	PA; QL (1000 ML per 30 days)
valganciclovir hcl oral tablet 450 mg	G	PA; QL (120 TABLETS per 30 days)
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	PA; QL (30 TABLETS per 30 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor oral capsule 250 mg, 500 mg	G	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	G	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefprozil oral tablet 250 mg, 500 mg	G	
cefuroxime axetil oral tablet 250 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cephalexin oral capsule 250 mg, 500 mg, 750 mg	G	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cephalexin oral tablet 250 mg, 500 mg	G	
SUPRAX ORAL CAPSULE 400 MG (*cefixime*)	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (*cefixime*)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (*cefixime*)	PB	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral packet 1 gm	G	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	G	
clarithromycin er oral tablet extended release 24 hour 500 mg	G	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
clarithromycin oral tablet 250 mg, 500 mg	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	PB	
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	G	
erythromycin base oral capsule delayed release particles 250 mg	G	
erythromycin base oral tablet 250 mg, 500 mg	G	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin ethylsuccinate oral tablet 400 mg	G	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	G	
levofloxacin oral solution 25 mg/ml	G	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	G	
moxifloxacin hcl oral tablet 400 mg	G	
HEPATITIS C		
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYs)
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	PSP	PA; QL (28 PACKET per 28 DAYs)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg	NF	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NF	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (*peginterferon alfa-2a*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	NF	
ribavirin oral capsule 200 mg	G	PA
ribavirin oral tablet 200 mg	G	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NPSP	PA; ST; QL (28 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NPSP	PA; ST; QL (28 TABLETS per 28 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (*ombitas-paritapre-ritona-dasab*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin oral tablet chewable 125 mg, 250 mg	G	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	G	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	G	
ampicillin oral capsule 500 mg	G	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg, 20 mg	G	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	NF	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg, 80 mg	G	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
MINOCIN ORAL CAPSULE 100 MG (*minocycline hcl*)	NF	
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	NF	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
tetracycline hcl oral capsule 250 mg, 500 mg	G	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	PB	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (*doxycycline calcium*)	PB	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS - CHEMOTHERAPY DRUGS		
ALKERAN ORAL TABLET 2 MG (*melphalan*)	CE	N7 (PB)
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N7 (G)
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	CE	N7 (PB)
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	CE	N7 (PB)
melphalan oral tablet 2 mg	CE	N7 (G)
MYLERAN ORAL TABLET 2 MG (*busulfan*)	CE	N7 (PB)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (*temozolomide*)	CE	PA; ST; N7 (NPSP)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	CE	PA; N7 (G)
ANTIMETABOLITES - CHEMOTHERAPY DRUGS		
capecitabine oral tablet 150 mg, 500 mg	CE	PA; N7 (G)
mercaptopurine oral tablet 50 mg	CE	N7 (G)
methotrexate oral tablet 2.5 mg	CE	N7 (G)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution reconstituted 1 gm	G	
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	CE	PA; N7 (NPSP)
TABLOID ORAL TABLET 40 MG (*thioguanine*)	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N7 (NPSP)
XELODA ORAL TABLET 150 MG (*capecitabine*)	CE	PA; ST; N7 (NPSP); QL (120 TABLETS per 30 days)
XELODA ORAL TABLET 500 MG (*capecitabine*)	CE	PA; ST; N7 (NPSP); QL (300 TABLETS per 30 days)
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (*panobinostat lactate*)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (*talazoparib tosylate*)	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
ZEJULA ORAL CAPSULE 100 MG (*niraparib tosylate*)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
abiraterone acetate oral tablet 500 mg	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
anastrozole oral tablet 1 mg	CE	N7 (G); AL (Min 35 Years)
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	CE	N7 (PB)
AROMASIN ORAL TABLET 25 MG (*exemestane*)	CE	N7 (PB)
bicalutamide oral tablet 50 mg	CE	N7 (G)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	PSP	PA
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
exemestane oral tablet 25 mg	CE	N7 (G); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (*fulvestrant*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	CE	N7 (PB)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	PSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	PSP	PA
flutamide oral capsule 125 mg	CE	N7 (PG)
fulvestrant intramuscular solution 250 mg/5ml	PSP	PA
letrozole oral tablet 2.5 mg	CE	N7 (G)
leuprolide acetate injection kit 1 mg/0.2ml	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (*leuprolide acetate (3 month)*)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	N7 (PB)
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	CE	N7 (G)
megestrol acetate oral tablet 20 mg, 40 mg	CE	N7 (G)
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	CE	N7 (NF)
nilutamide oral tablet 150 mg	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	CE	N7 (NF)
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	N7 (G); AL (Min 35 Years)
toremifene citrate oral tablet 60 mg	CE	N7 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NF	
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YONSA ORAL TABLET 125 MG (*abiraterone acetate*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (*everolimus*)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (*everolimus*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
AFINITOR ORAL TABLET 10 MG (*everolimus*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (*brigatinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (*brigatinib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BALVERSA ORAL TABLET 3 MG (*erdafitinib*)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 4 MG (*erdafitinib*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 5 MG (*erdafitinib*)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 DAYs)
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL CAPSULE 100 MG (*acalabrutinib*)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	PA; N7 (NPSP); QL (63 TABLETS per 21 days)
erlotinib hcl oral tablet 100 mg, 150 mg	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
erlotinib hcl oral tablet 25 mg	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
everolimus oral tablet soluble 2 mg, 5 mg	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
everolimus oral tablet soluble 3 mg	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
EXKIVITY ORAL CAPSULE 40 MG (*mobocertinib succinate*)	CE	N7 (NF)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	CE	N7 (NF)
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	CE	N7 (NF)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
imatinib mesylate oral tablet 100 mg	CE	PA; N7 (G); QL (90 TABLETS per 30 days)
imatinib mesylate oral tablet 400 mg	CE	PA; N7 (G); QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (*axitinib*)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (*axitinib*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
lapatinib ditosylate oral tablet 250 mg	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORBRENA ORAL TABLET 100 MG (*lorlatinib*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (*lorlatinib*)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (*entrectinib*)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (*entrectinib*)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (*dasatinib*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG (*erlotinib hcl*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (*erlotinib hcl*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	CE	N7 (NF)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (*infigratinib phosphate*)	CE	N7 (NF)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (*infigratinib phosphate*)	CE	N7 (NF)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	N7 (NF)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 200 MG (*pexidartinib hcl*)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
UKONIQ ORAL TABLET 200 MG (*umbralisib tosylate*)	CE	N7 (NF)
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	CE	PA; N7 (NPSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 DAYs)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	NPSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	CE	N7 (NF)
bexarotene oral capsule 75 mg	CE	PA; N7 (PSP)
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	N7 (NF)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	CE	N7 (PB)
hydroxyurea oral capsule 500 mg	CE	N7 (G)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
LONSURF ORAL TABLET 15-6.14 MG (*trifluridine-tipiracil*)	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (*trifluridine-tipiracil*)	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (*leuprolide acetate (3 month)*)	NF	
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	N7 (PSP)
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	N7 (NF)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	PA; ST; N7 (NPSP)
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
tretinoin oral capsule 10 mg	CE	N7 (G)
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PSP	QL (20 PACKETS per 5 DAYs)
WELIREG ORAL TABLET 40 MG (*belzutifan*)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	N7 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	N7 (NF)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
PROTECTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N7 (G)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N7 (G)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	PA; N7 (NPSP)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (*venetoclax*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	CE	PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	LGC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	G	LGC
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	G	LGC
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	LGC
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	PB	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	G	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	LGC
enalapril maleate oral solution 1 mg/ml	G	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	LGC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
lisinopril oral tablet 30 mg, 40 mg	G	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	LGC
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	LGC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone oral tablet 25 mg, 50 mg	G	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	PB	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	G	LGC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	LGC
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	LGC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	LGC
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	LGC
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	LGC
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	G	LGC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	LGC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	LGC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	LGC
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	LGC
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	LGC
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	LGC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	G	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PSP	PA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	PB	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (*propafenone hcl*)	PB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPSP	PA; ST
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	PB	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	PB	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light oral packet 4 gm	G	
cholestyramine light oral powder 4 gm/dose	G	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe oral tablet 10 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, FIBRATES		
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	
fenofibrate oral capsule 150 mg	G	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	G	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg, 35 mg	G	
FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*)	NF	
gemfibrozil oral tablet 600 mg	G	LGC
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	G	LGC
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	LGC
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	G	LGC
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NPSP	PA; QL (28 CAPSULES per 28 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	PB	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	PSP	PA; QL (2 PENS per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	NF	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	G	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	G	LGC
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (*metoprolol-hydrochlorothiazide*)	NF	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	G	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (*bisoprolol-hydrochlorothiazide*)	PB	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	G	
atenolol oral tablet 100 mg, 25 mg, 50 mg	G	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NF	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	G	LGC
metoprolol tartrate oral tablet 37.5 mg, 75 mg	G	
nadolol oral tablet 20 mg, 40 mg, 80 mg	G	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	
pindolol oral tablet 10 mg, 5 mg	G	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	G	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	G	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC
propranolol hcl oral tablet 60 mg	G	
sotalol hcl (af) oral tablet 120 mg	G	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 80 mg	G	LGC
sotalol hcl oral tablet 160 mg, 240 mg	G	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG (*metoprolol succinate*)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	G	LGC
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	G	LGC
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (*amlodipine besylate-celecoxib*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	LGC
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
isradipine oral capsule 2.5 mg, 5 mg	G	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	G	
nicardipine hcl oral capsule 20 mg, 30 mg	G	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nimodipine oral capsule 30 mg	G	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	G	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	
verapamil hcl er oral tablet extended release 120 mg	G	LGC
verapamil hcl er oral tablet extended release 180 mg, 240 mg	G	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	LGC
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin oral solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	NF	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	PB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	PB	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	LGC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	LGC
hydrochlorothiazide oral capsule 12.5 mg	G	LGC
hydrochlorothiazide oral tablet 12.5 mg	G	
hydrochlorothiazide oral tablet 25 mg, 50 mg	G	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NPSP	PA; QL (120 TABLETS per 30 days)
methazolamide oral tablet 25 mg, 50 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
spironolactone oral tablet 100 mg, 50 mg	G	
spironolactone oral tablet 25 mg	G	LGC
spironolactone-hctz oral tablet 25-25 mg	G	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	LGC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	LGC
MISCELLANEOUS		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	PB	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	PB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	PB	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	LGC
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	G	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NPB	
droxidopa oral capsule 100 mg	PSP	PA; QL (90 CAPSULES per 30 DAYs)
droxidopa oral capsule 200 mg, 300 mg	PSP	PA; QL (180 CAPSULES per 30 DAYs)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg	G	
hydralazine hcl oral tablet 25 mg	G	LGC
methyldopa oral tablet 250 mg, 500 mg	G	
metyrosine oral capsule 250 mg	G	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	NF	
phenoxybenzamine hcl oral capsule 10 mg	G	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NPB	PA
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NF	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (*nitroglycerin*)	PB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	PSP	PA; QL (90 TABLETS per 30 days)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYs)
ambrisentan oral tablet 10 mg, 5 mg	PSP	PA; QL (30 TABLETS per 30 DAYs)
bosentan oral tablet 125 mg, 62.5 mg	PSP	PA; QL (60 TABLETS per 30 DAYs)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NF	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	NF	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NF	
sildenafil citrate intravenous solution 10 mg/12.5ml	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil citrate oral suspension reconstituted 10 mg/ml	PSP	PA; QL (224 ML per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	G	SPC
sildenafil citrate oral tablet 20 mg	G	PA; QL (90 TABLETS per 30 days)
tadalafil (pah) oral tablet 20 mg	PSP	PA; QL (60 TABLETS per 30 days)
tadalafil oral tablet 10 mg, 20 mg	G	SPC
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NF	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	PSP	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (*selexipag*)	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	NPSP	PA; QL (270 ML per 30 days)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 25 DAYs)
alprazolam er oral tablet extended release 24 hour 3 mg	G	QL (90 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	NPB	QL (300 ML per 25 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 25 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 25 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NPB	QL (150 TABLETS per 25 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	QL (360 CAPSULES per 25 DAYs)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	G	QL (150 ML per 25 DAYs)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	QL (150 TABLETS per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG (*lorazepam*)	NPB	QL (150 CAPSULES per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (*lorazepam*)	NPB	QL (90 CAPSULES per 25 DAYs)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	QL (120 CAPSULES per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NPB	QL (150 TABLETS per 25 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NPB	QL (150 TABLETS per 25 DAYs)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (*alprazolam*)	NPB	QL (90 TABLETS per 25 DAYs)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg	G	
clobazam oral suspension 2.5 mg/ml	G	
clobazam oral tablet 10 mg, 20 mg	G	
clonazepam oral tablet 0.5 mg, 2 mg	G	QL (300 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clonazepam oral tablet 1 mg	G	QL (300 TABLETS per 25 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (300 TABLETS per 25 DAYs)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	QL (180 TABLETS per 25 days)
DIACOMIT ORAL CAPSULE 250 MG (*stiripentol*)	NPSP	QL (360 CAPSULES per 30 DAYs)
DIACOMIT ORAL CAPSULE 500 MG (*stiripentol*)	NPSP	QL (180 CAPSULES per 30 DAYs)
DIACOMIT ORAL PACKET 250 MG (*stiripentol*)	NPSP	QL (360 PACKET per 30 DAYs)
DIACOMIT ORAL PACKET 500 MG (*stiripentol*)	NPSP	QL (180 PACKET per 30 DAYs)
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	G	QL (240 ML per 25 DAYs)
diazepam oral solution 5 mg/5ml	G	QL (1200 ML per 25 DAYs)
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	QL (120 TABLETS per 25 DAYs)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	G	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	PA; QL (800 ML per 30 days)
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	
felbamate oral tablet 400 mg, 600 mg	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NPSP	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	PB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral tablet 600 mg, 800 mg	G	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NPB	QL (300 TABLETS per 25 DAYs)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	
lamotrigine oral kit 25 & 50 & 100 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	G	
lamotrigine starter kit-blue oral kit 35 x 25 mg	G	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	G	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	G	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	G	
levetiracetam oral solution 100 mg/ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	NPB	QL (10 SOLUTION per 25 DAYs)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NPB	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	NPB	
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
phenobarbital oral elixir 20 mg/5ml	G	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	G	
phenytoin oral suspension 125 mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin oral tablet chewable 50 mg	G	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	G	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	G	
pregabalin oral solution 20 mg/ml	G	
primidone oral tablet 250 mg, 50 mg	G	
rufinamide oral suspension 40 mg/ml	G	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NF	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NF	
topiramate oral capsule sprinkle 15 mg, 25 mg	G	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TRANXENE-T ORAL TABLET 7.5 MG (*clorazepate dipotassium*)	NPB	QL (180 TABLETS per 25 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	PB	QL (120 TABLETS per 25 DAYs)
valproic acid oral capsule 250 mg	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	NPB	QL (10 BLISTER per 25 days)
vigabatrin oral packet 500 mg	PSP	PA; QL (180 PACKET per 30 days)
vigabatrin oral tablet 500 mg	PSP	PA; QL (180 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vigabatrin (Vigadrone Oral Packet 500 Mg)	PSP	PA; QL (180 PACKETS per 30 DAYs)
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral solution 2 mg/ml	G	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	G	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	PB	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	G	
citalopram hydrobromide oral solution 10 mg/5ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	LGC
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	G	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
doxepin hcl oral concentrate 10 mg/ml	G	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	
escitalopram oxalate oral solution 5 mg/5ml	G	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	PB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	PB	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	G	LGC
fluoxetine hcl oral capsule delayed release 90 mg	G	
fluoxetine hcl oral solution 20 mg/5ml	G	
fluoxetine hcl oral tablet 10 mg, 20 mg	G	
fluoxetine hcl oral tablet 60 mg	NF	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	PB	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	PB	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	PB	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	PB	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	G	
paroxetine hcl oral suspension 10 mg/5ml	G	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	LGC
paroxetine mesylate oral capsule 7.5 mg	NF	
phenelzine sulfate oral tablet 15 mg	G	
protriptyline hcl oral tablet 10 mg, 5 mg	G	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	PA
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	G	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*)	PB	
ANTI-OBESITY DRUGS		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NPB	SPC
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	
amantadine hcl oral solution 50 mg/5ml	G	
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NF	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	G	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPSP	PA
entacapone oral tablet 200 mg	G	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	PSP	PA; QL (300 CAPSULES per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*apomorphine hcl*)	PSP	PA; QL (150 FILMS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NPSP	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	G	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	
selegiline hcl oral capsule 5 mg	G	
selegiline hcl oral tablet 5 mg	G	
trihexyphenidyl hcl oral solution 0.4 mg/ml	G	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PB	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	G	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	G	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
haloperidol lactate oral concentrate 2 mg/ml	G	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	G	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	PB	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	PB	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	G	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NPSP	PA
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NPSP	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	G	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	G	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	PB	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	PB	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	G	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	G	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NPB	QL (90 TABLETS per 25 DAYs)
ADDERALL ORAL TABLET 15 MG, 20 MG (*amphetamine-dextroamphetamine*)	NPB	QL (60 TABLETS per 25 DAYs)
ADDERALL ORAL TABLET 30 MG (*amphetamine-dextroamphetamine*)	NPB	QL (30 TABLETS per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*amphetamine-dextroamphetamine*)	NPB	QL (90 CAPSULES per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (*amphetamine-dextroamphetamine*)	NPB	QL (30 CAPSULES per 25 DAYs)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG (*methylphenidate hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 55 MG, 70 MG, 85 MG (*methylphenidate hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG (*amphetamine*)	NPB	QL (30 TABLETS per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NPB	QL (60 TABLETS per 25 DAYs)
amphetamine er oral suspension extended release 1.25 mg/ml	G	QL (450 ML per 25 DAYs)
amphetamine sulfate oral tablet 10 mg, 5 mg	G	STX; QL (120 TABLETS per 25 DAYs)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (90 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	G	QL (30 CAPSULES per 25 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 5 mg	G	QL (90 TABLETS per 25 DAYs)
amphetamine-dextroamphetamine oral tablet 12.5 mg, 7.5 mg	G	QL (90 TABLETS per 25 days)
amphetamine-dextroamphetamine oral tablet 15 mg	G	QL (60 TABLETS per 25 days)
amphetamine-dextroamphetamine oral tablet 20 mg	G	QL (60 TABLETS per 25 DAYs)
amphetamine-dextroamphetamine oral tablet 30 mg	G	QL (30 TABLETS per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (*methylphenidate hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	G	QL (120 CAPSULES per 25 DAYs)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	G	QL (30 CAPSULES per 25 DAYs)
atomoxetine hcl oral capsule 40 mg	G	QL (60 CAPSULES per 25 DAYs)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	NPB	QL (30 CAPSULES per 25 DAYs)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (*methylphenidate hcl*)	NPB	QL (60 TABLETS per 25 DAYs)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (*methylphenidate hcl*)	NPB	QL (30 TABLETS per 25 DAYs)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NPB	QL (60 TABLETS per 25 DAYs)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NPB	QL (30 PATCHES per 25 DAYs)
DESOXYN ORAL TABLET 5 MG (*methamphetamine hcl*)	NPB	QL (150 TABLETS per 25 DAYs)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*dextroamphetamine sulfate*)	NPB	QL (120 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (*dextroamphetamine sulfate*)	NPB	QL (60 CAPSULES per 25 DAYs)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	G	QL (60 CAPSULES per 25 DAYs)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	G	QL (30 CAPSULES per 25 DAYs)
dexmethylphenidate hcl oral tablet 10 mg	G	QL (60 TABLETS per 25 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	G	QL (120 TABLETS per 25 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (120 CAPSULES per 25 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	G	QL (60 CAPSULES per 25 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	G	QL (1200 ML per 25 DAYs)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	QL (120 TABLETS per 25 DAYs)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NPB	QL (240 ML per 25 DAYs)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*amphetamine sulfate*)	NPB	QL (120 TABLETS per 25 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG (*amphetamine sulfate*)	NPB	QL (60 TABLETS per 25 days)
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NPB	STX; QL (120 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 10 MG (*dexmethylphenidate hcl*)	NPB	QL (60 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	NPB	QL (120 TABLETS per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (*dexmethylphenidate hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (*dexmethylphenidate hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (*methylphenidate hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
methamphetamine hcl oral tablet 5 mg	G	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*)	NPB	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*)	NPB	QL (1800 ML per 25 DAYs)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	G	QL (30 CAPSULES per 25 DAYs)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	G	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg	G	QL (60 CAPSULES per 25 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	G	QL (30 CAPSULES per 25 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	G	QL (30 CAPSULES per 25 DAYs)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	G	QL (90 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg	G	QL (60 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	G	QL (60 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	G	QL (30 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 54 mg	G	QL (30 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 72 mg	NPB	QL (30 TABLETS per 25 days)
methylphenidate hcl oral solution 10 mg/5ml	G	QL (900 ML per 25 DAYs)
methylphenidate hcl oral solution 5 mg/5ml	G	QL (1800 ML per 25 DAYs)
methylphenidate hcl oral tablet 10 mg, 5 mg	G	QL (180 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral tablet 20 mg	G	QL (90 TABLETS per 25 DAYs)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	G	QL (180 TABLETS per 25 DAYs)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG (*amphetamine-dextroamphetamine*)	PB	QL (60 CAPSULES per 25 DAYs)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	PB	QL (30 CAPSULES per 25 DAYs)
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	G	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (*methylphenidate hcl*)	NPB	QL (60 TABLETS per 25 DAYs)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (*methylphenidate hcl*)	NPB	QL (30 TABLETS per 25 DAYs)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NPB	QL (360 ML per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*)	NPB	QL (30 TABLETS per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (*methylphenidate hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	NPB	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NPB	QL (90 TABLETS per 25 DAYs)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (*atomoxetine hcl*)	NPB	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (*atomoxetine hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG (*atomoxetine hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	PB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	PB	QL (30 CAPSULES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	PB	QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	PB	QL (30 TABLETS per 25 DAYs)
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 20 Mg)	G	QL (60 tablets per 25 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	G	QL (120 tablets per 25 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)	G	QL (30 tablets per 25 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	PB	
doxepin hcl oral tablet 3 mg, 6 mg	G	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
flurazepam hcl oral capsule 15 mg, 30 mg	G	STX
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NPSP	PA; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPSP	PA; QL (30 CAPSULES per 30 days)
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	NF	
ramelteon oral tablet 8 mg	G	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (*zolpidem tartrate*)	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (*dihydroergotamine mesylate*)	PB	
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	
ergotamine-caffeine oral tablet 1-100 mg	NF	
frovatriptan succinate oral tablet 2.5 mg	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NPB	QL (8 ML per 25 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	PB	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	PB	
rizatriptan benzoate oral tablet 10 mg, 5 mg	G	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	G	
sumatriptan nasal solution 20 mg/act, 5 mg/act	G	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	G	
sumatriptan-naproxen sodium oral tablet 85-500 mg	NF	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	NPB	QL (3 PACKAGES per 25 DAYs)
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	PB	
zolmitriptan nasal solution 2.5 mg, 5 mg	G	
zolmitriptan oral tablet 2.5 mg, 5 mg	G	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	PB	
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (*deutetrabenazine*)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (*deutetrabenazine*)	PSP	PA; QL (60 TABLETS per 30 days)
benzphetamine hcl oral tablet 25 mg, 50 mg	G	SPC
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	G	SPC
diethylpropion hcl oral tablet 25 mg	G	SPC
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPSP	PA; QL (2 BOTTLES per 24 days)
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPSP	PA; QL (240 TABLETS per 30 DAYs)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lithium carbonate er oral tablet extended release 300 mg, 450 mg	G	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	G	
lithium carbonate oral tablet 300 mg	G	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	PB	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	PB	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	PB	
phendimetrazine tartrate oral tablet 35 mg	G	SPC
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	G	SPC
phentermine hcl oral tablet 37.5 mg	G	SPC
pimozide oral tablet 1 mg, 2 mg	G	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 30 mg, 60 mg	G	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	PB	
riluzole oral tablet 50 mg	G	
RUZURGI ORAL TABLET 10 MG (*amifampridine*)	NPSP	PA; QL (300 TABLETS per 30 DAYs)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	PB	
tetrabenazine oral tablet 12.5 mg	PSP	PA; QL (240 TABLETS per 30 days)
tetrabenazine oral tablet 25 mg	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NPSP	PA; ST; QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PSP	PA; QL (30 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	NF	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	PA; QL (14 INJECTIONS per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	PSP	PA; QL (12 ML per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	PSP	PA; QL (60 TABLETS per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	PSP	PA; QL (14 CAPSULES per 28 DAYs)
dimethyl fumarate oral capsule delayed release 240 mg	PSP	PA; QL (60 CAPSULES per 30 DAYs)
dimethyl fumarate starter pack oral 120 & 240 mg	PSP	PA; QL (1 KIT per 30 DAYs)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NF	
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	PSP	PA; QL (30 CAPSULES per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	PSP	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	PSP	PA; QL (12 ML per 28 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	PSP	PA; QL (30 ML per 30 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	PSP	PA; QL (1 PEN per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	PSP	PA; QL (112 TABLETS per 28 DAYs)
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	PSP	PA; QL (30 TABLETS per 30 DAYs)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	PSP	PA; QL (12 TABLETS per 5 Days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NF	
PONVORY ORAL TABLET 20 MG (*ponesimod*)	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; QL (12 SYRINGES per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; QL (12 SYRINGES per 28 DAYs)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	PA; QL (1 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	PSP	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	PSP	PA; QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	PSP	PA; QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (*ozanimod hcl*)	PSP	PA; QL (1 KIT per 30 days)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	NPSP	PA
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	G	QL (84 TABLETS per 28 DAYs)
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	G	QL (168 TABLETS per 25 days)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	G	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (*dantrolene sodium*)	PB	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	NPSP	PA
metaxalone oral tablet 400 mg	NF	
metaxalone oral tablet 800 mg	G	
methocarbamol oral tablet 500 mg, 750 mg	G	
norgesic forte oral tablet 50-770-60 mg	NF	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	NF	
SKELAXIN ORAL TABLET 800 MG (*metaxalone*)	PB	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NPB	QL (84 TABLETS per 28 DAYs)
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	NPSP	PA
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	G	
modafinil oral tablet 100 mg, 200 mg	G	
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	NF	
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NPSP	PA; QL (540 ML per 25 days)
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	NF	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	PSP	PA; QL (4 syringes per 28 days)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	PB	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	G	
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium oral tablet delayed release 333 mg	G	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N7 (G); QL (2 TREATMENT CYCLES per 365 days)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	G	
cvs nicotine mouth/throat gum 4 mg	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYs)
cvs nicotine polacrilex mouth/throat gum 2 mg	CE	N7 (Not Covered); QL (2 TREATMENT per 365 DAYs)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYs)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYs)
disulfiram oral tablet 250 mg, 500 mg	G	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NPB	QL (4 SPRAYS per 180 DAYs)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	G	
naloxone hcl injection solution cartridge 0.4 mg/ml	G	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	G	
naltrexone hcl oral tablet 50 mg	CE	N7 (G)
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	PB	QL (4 SPRAYS per 180 DAYs)
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	N7 (NPB); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N7 (NPB); QL (168 DAYS OF TREATMENT per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	G	
varenicline tartrate oral tablet 0.5 mg, 1 mg	CE	N7 (NP); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYs)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPSP	QL (380 MG per 28 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	PB	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	NPSP	PA
methyltestosterone oral capsule 10 mg	G	STX
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	
oxandrolone oral tablet 10 mg, 2.5 mg	G	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	
testosterone enanthate intramuscular solution 200 mg/ml	G	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	G	
testosterone transdermal solution 30 mg/act	G	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (*acarbose*)	PB	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NF	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg	G	LGC
metformin hcl er oral tablet extended release 24 hour 750 mg	G	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	G	LGC
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	LGC
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	PB	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	G	
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	PB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	PB	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML (*semaglutide*)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	PB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin lispro*)	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	PB	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	PB	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	PB	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	PB	
insulin aspart subcutaneous solution 100 unit/ml	PB	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	PB	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	PB	
insulin lispro subcutaneous solution 100 unit/ml	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	PB	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	PB	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NPB	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	G	
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	G	LGC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	LGC
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB		
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	PB	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	PB	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBO		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	PB	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	PB	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB(SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	LGC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	LGC
glipizide oral tablet 10 mg, 5 mg	G	LGC
ANTI-OBESITY DRUGS		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	PB	SPC
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	NPB	SPC
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	G	
ibandronate sodium intravenous solution 3 mg/3ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ibandronate sodium oral tablet 150 mg	G	
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	G	
pamidronate disodium intravenous solution 6 mg/ml	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	PA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	
risedronate sodium oral tablet delayed release 35 mg	G	
zoledronic acid intravenous concentrate 4 mg/5ml	G	PA
zoledronic acid intravenous solution 5 mg/100ml	G	PA
zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml	PSP	PA
zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml	NPSP	PA
CALCIUM RECEPTOR AGONISTS - DRUGS TO REGULATE HORMONES		
cinacalcet hcl oral tablet 30 mg, 60 mg	PSP	PA; QL (60 TABLETS per 30 days)
cinacalcet hcl oral tablet 90 mg	PSP	PA; QL (120 TABLETS per 30 days)
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (*etelcalcetide hcl*)	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG (*cinacalcet hcl*)	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (*cinacalcet hcl*)	NPSP	PA; QL (120 TABLETS per 30 days)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	PB	
penicillamine oral capsule 250 mg	PSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
penicillamine oral tablet 250 mg	G	
sodium polystyrene sulfonate oral powder	G	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg	PSP	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
CHELATING AGENTS - DRUGS TO TREAT IRON TOXICITY		
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	PSP	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PSP	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	PSP	PA
deferiprone oral tablet 500 mg	PSP	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (*deferiprone*)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	N7 (G)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	N7 (PB); QL (1 RING per 300 days)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	CE	N7 (NPB)
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (G)
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	PB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	N7 (PB); QL (4 ML per 300 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N7 (G)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	CE	N7 (G)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	CE	N7 (G)
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	N7 (NPB)
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (G); QL (13 RING per 300 DAYs)
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	CE	N7 (G)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	N7 (G); QL (13 RING per 300 DAYs)
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	CE	N7 (G)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (*levonorgestrel*)	CE	N7 (Not Covered)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	N7 (PB)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	N7 (G); QL (4 ML per 300 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	N7 (G); QL (4 ML per 300 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	N7 (PB)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	CE	N7 (NP)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	N7 (G)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	CE	N7 (G)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	N7 (G)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	CE	N7 (G)
norethindrone oral tablet 0.35 mg	CE	N7 (G)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	CE	N7 (G)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	N7 (G)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NPB	QL (13 RING per 300 days)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (*levonorgest-eth estrad 91-day*)	NF	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (*drospirenone*)	CE	N7 (NPB)
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	CE	N7 (NPB)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	NPB	N7 (NPB)
desogestrel-ethinyl estradiol (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (G)
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (G)
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (*leuprolide & norethindrone*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	NPSP	PA
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NF	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NF	
CARBAGLU ORAL TABLET 200 MG (*carglumic acid*)	NPSP	PA
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	PA; QL (15 VIALS per 14 days)
CYSTADANE ORAL POWDER (*betaine*)	NPSP	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	NPSP	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*alglucosidase alfa*)	NPSP	PA
miglustat oral capsule 100 mg	PSP	PA; QL (90 CAPSULES per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	NPSP	PA
nitisinone oral capsule 10 mg, 2 mg, 5 mg	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NPSP	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NF	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	PSP	PA
sapropterin dihydrochloride oral tablet 100 mg	PSP	PA
sod benz-sod phenylacet intravenous solution 10-10 %	G	
sodium phenylbutyrate oral powder 3 gm/tsp	PSP	PA; QL (600 GRAMS per 30 days)
sodium phenylbutyrate oral tablet 500 mg	PSP	PA; QL (1200 TABLETS per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	NPSP	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	NPSP	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPSP	PA; QL (90 CAPSULES per 30 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	PB	N10
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol vaginal cream 0.1 mg/gm	G	
estradiol vaginal tablet 10 mcg	G	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	G	
ESTRING VAGINAL RING 2 MG (*estradiol*)	PB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PB	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	PSP	PA; SPC
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NF	
clomiphene citrate oral tablet 50 mg	G	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml	NPSP	PA; SPC
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	PSP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	NPSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (*chorionic gonadotropin*)	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*)	PSP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NPB	
budesonide er oral tablet extended release 24 hour 9 mg	G	
dexamethasone oral elixir 0.5 mg/5ml	G	
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	G	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	G	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
MILLIPRED ORAL TABLET 5 MG (*prednisolone*)	NF	
prednisolone oral solution 15 mg/5ml	G	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	G	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	G	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	G	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	G	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
diazoxide oral suspension 50 mg/ml	G	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	PB	
glucagon emergency kit 1 mg injection 1 mg	G	
glucagon emergency kit 1 mg injection 1 mg	PB	
glucose oral tablet chewable 4 gm	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (*somatropin*)	NF	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG (*somatropin*)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	PSP	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NF	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (*somatropin (non-refrigerated)*)	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	NPSP	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	NF	
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (*somatropin*)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	PA
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	PA; QL (35 ML per 21 days)
cabergoline oral tablet 0.5 mg	G	
calcitonin (salmon) nasal solution 200 unit/act	G	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) (*leuprolide acetate (6 month)*)	NPSP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML (*teriparatide (recombinant)*)	PSP	PA; QL (1 pen per 28 days)
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	NPSP	PA; QL (14 CAPSULES per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	PA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*)	NF	
JYNARQUE ORAL TABLET 15 MG (*tolvaptan*)	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG (*tolvaptan*)	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG (*tolvaptan*)	NPSP	PA; QL (56 TABLETS per 28 DAYs)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NPSP	PA; QL (56 TABLETS per 28 days)
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NPSP	PA; QL (120 TABLETS per 30 days)
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	QL (4 TABLETS per 1 day)
methylergonovine maleate oral tablet 0.2 mg	G	QL (4 TABLETS per 1 day)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NF	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (*parathyroid hormone (recomb)*)	NPSP	PA; QL (2 CARTRIDGE per 28 days)
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; QL (90 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
octreotide acetate injection solution 1000 mcg/ml	G	PA; QL (45 ML per 30 days)
octreotide acetate injection solution 200 mcg/ml	G	PA; QL (225 ML per 30 days)
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; QL (90 ML per 30 DAYs)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	PB	N10
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	PSP	PA; QL (60 ML per 168 days)
raloxifene hcl oral tablet 60 mg	CE	N7 (G); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPSP	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PSP	PA; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	NF	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	PA
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	NF	
tolvaptan oral tablet 15 mg, 30 mg	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	PSP	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	PA; QL (1 PEN per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	PA
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NPSP	PA; QL (120 CAPSULES per 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phos binder) oral capsule 667 mg	G	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (*calcium acetate (phos binder)*)	PB	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	PB	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	PSP	PA; QL (21 ML per 365 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (*hydroxyprogesterone caproate*)	NPSP	PA; QL (5 ML per 365 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (*hydroxyprogesterone caproate*)	NPSP	PA; QL (21 ML per 365 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
norethindrone acetate oral tablet 5 mg	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methimazole oral tablet 10 mg, 5 mg	G	
np thyroid oral tablet 120 mg, 15 mg, 60 mg, 90 mg	G	
np thyroid oral tablet 30 mg	G	STX
propylthiouracil oral tablet 50 mg	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	PB	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	PB	
desmopressin ace spray refrig nasal solution 0.01 %	G	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	G	
desmopressin acetate spray nasal solution 0.01 %	G	
STIMATE NASAL SOLUTION 1.5 MG/ML (*desmopressin acetate*)	NPSP	PA
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	G	
dicyclomine hcl oral capsule 10 mg	G	
dicyclomine hcl oral tablet 20 mg	G	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	G	
prochlorperazine (Compro Rectal Suppository 25 Mg)	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	PB	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	G	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	
granisetron hcl oral tablet 1 mg	G	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	G	
metoclopramide hcl oral tablet 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	G	
ondansetron oral tablet dispersible 4 mg, 8 mg	G	
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	
promethazine hcl oral syrup 6.25 mg/5ml	G	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	G	
promethazine hcl rectal suppository 12.5 mg, 25 mg	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	
scopolamine transdermal patch 72 hour 1 mg/3days	G	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PB	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	G	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	G	
famotidine oral tablet 40 mg	G	
nizatidine oral capsule 150 mg, 300 mg	G	
nizatidine oral solution 15 mg/ml	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NPB	
balsalazide disodium oral capsule 750 mg	G	
budesonide oral capsule delayed release particles 3 mg	G	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
mesalamine er oral capsule extended release 24 hour 0.375 gm	G	
mesalamine oral capsule delayed release 400 mg	G	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine rectal enema 4 gm	G	
mesalamine rectal suppository 1000 mg	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	PB	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
lubiprostone oral capsule 24 mcg, 8 mcg	G	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*)	CE	N7 (NPB); AL (Min 50 Years and Max 74 Years)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	G	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	G	
KRISTALOSE ORAL PACKET 10 GM (*lactulose*)	NPB	
lactulose encephalopathy oral solution 10 gm/15ml	G	
lactulose oral packet 10 gm	NF	
lactulose oral solution 10 gm/15ml	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NPB	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	G	
peg-3350/electrolytes oral solution reconstituted 236 gm	G	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	N7 (G); AL (Min 50 Years and Max 74 Years)
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	CE	N7 (NPB); AL (Min 50 Years and Max 74 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	CE	N7 (PB); AL (Min 50 Years and Max 74 Years)
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	N7 (NPB)
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	NF	
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NPSP	PA
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	PB	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	PA; QL (1 KIT per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	NPSP	PA
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	PB	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	PB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NPSP	PA; QL (30 TABLETS per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	PB	
sucralfate oral suspension 1 gm/10ml	NF	
sucralfate oral tablet 1 gm	G	
URSO 250 ORAL TABLET 250 MG (*ursodiol*)	PB	
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPSP	PA; QL (90 TABLETS per 30 days)
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPSP	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NPB	QL (90 TABLETS per 365 DAYs)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*rabeprazole sodium*)	NPB	QL (90 CAPSULES per 365 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (*rabeprazole sodium*)	NPB	QL (90 CAPSULES per 365 DAYs)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	PB	QL (90 CAPSULES per 365 DAYs)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	G	QL (90 CAPSULES per 365 DAYs)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	G	QL (90 PACKET per 365 days)
esomeprazole magnesium oral tablet delayed release 20 mg	G	Select OTC; QL (90 TABLETS per 365 DAYs)
esomeprazole strontium oral capsule delayed release 49.3 mg	NPB	QL (90 CAPSULES per 365 days)
lansoprazole oral capsule delayed release 30 mg	G	QL (90 CAPSULES per 365 DAYs)
lansoprazole oral tablet delayed release dispersible 30 mg	G	QL (90 TABLETS per 365 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	G	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (*esomeprazole magnesium*)	NPB	QL (90 CAPSULES per 365 DAYs)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NPB	QL (90 PACKETS per 365 DAYs)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
omeprazole magnesium oral tablet delayed release 20 mg	G	Select OTC; QL (90 TABLETS per 365 DAYs)
omeprazole oral capsule delayed release 10 mg, 40 mg	G	QL (90 CAPSULES per 365 days)
omeprazole oral capsule delayed release 20 mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	G	QL (90 CAPSULES per 365 DAYs)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NPB	QL (90 CAPSULES per 365 DAYs)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (*lansoprazole*)	NPB	QL (90 TABLETS per 365 DAYs)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*)	G	Select OTC; QL (90 TABLETS per 365 DAYs)
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NPB	QL (90 PACKETS per 365 DAYs)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NPB	QL (90 TABLETS per 365 DAYs)
qc lansoprazole oral capsule delayed release 15 mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
ra omeprazole oral tablet delayed release 20 mg	G	Select OTC; QL (90 TABLETS per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	QL (90 CAPSULES per 365 DAYs)
rabeprazole sodium oral tablet delayed release 20 mg	G	QL (90 TABLETS per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG (*omeprazole-sodium bicarbonate*)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NF	
RECTAL,CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	PB	
hydrocortisone (perianal) external cream 2.5 %	G	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	PB	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral	G	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	G	
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
finasteride oral tablet 5 mg	G	
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	N7 (Not Covered)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (*nonoxynol-9*)	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	N7 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (*nonoxynol-9*)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
bi-mix intracavernosal solution reconstituted 150-5 mg	NPB	SPC
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	NPB	SPC
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (*alprostadil (vasodilator)*)	NPB	SPC
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*tadalafil*)	NPB	SPC
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	NPB	SPC
LEVITRA ORAL TABLET 10 MG, 20 MG (*vardenafil hcl*)	NPB	SPC
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG (*alprostadil (vasodilator)*)	PB	SPC
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	NPB	SPC
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
super bi-mix intracavernosal solution reconstituted 150-10 mg	NPB	SPC
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	NPB	SPC
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	NPB	SPC
tadalafil oral tablet 2.5 mg, 5 mg	G	SPC
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	SPC
vardenafil hcl oral tablet dispersible 10 mg	G	SPC
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NPB	SPC
MISCELLANEOUS		
acetic acid irrigation solution 0.25 %	G	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NPB	QL (90 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	G	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NF	
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NF	
tiopronin oral tablet 100 mg	PSP	PA
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	PB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	PB	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (*potassium citrate*)	PB	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PB	
URINARY ANTISPASMODICS		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (*mirabegron*)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	G	
flavoxate hcl oral tablet 100 mg	G	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	PB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (*mirabegron*)	PB	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	
oxybutynin chloride oral syrup 5 mg/5ml	G	
oxybutynin chloride oral tablet 5 mg	G	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	PB	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	PB	
clindamycin phosphate vaginal cream 2 %	G	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	G	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	G	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	PB	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	NPSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	NPSP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PSP	PA
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	PSP	PA; QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	NPSP	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NF	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	PSP	PA; QL (7 TABLETS per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NPSP	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	NPSP	PA; QL (120 PACKET per 30 days)
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	NPSP	PA; QL (180 PACKET per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (*eltrombopag olamine*)	NPSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (*eltrombopag olamine*)	NPSP	PA; QL (60 TABLETS per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PSP	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	PSP	PA; QL (2 INJECTIONS per 28 days)
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	PA
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	PSP	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	PSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	PA
obizur intravenous solution reconstituted 500 unit	NF	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	NPSP	PA
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	PA
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	NPSP	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	NPSP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (*prothrombin complex conc human*)	NPSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	NPSP	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	NPSP	PA
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NPSP	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (*coagulation factor xiii a-sub*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	PB	
aminocaproic acid oral solution 0.25 gm/ml	G	
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg, 1 mg	G	
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
cilostazol oral tablet 100 mg, 50 mg	G	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; QL (20 VIALS per 30 days)
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	NF	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	NPSP	PA; QL (180 PACKET per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (*icatibant acetate*)	NPSP	PA; QL (45 SYRINGES per 90 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; QL (20 VIALS per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	NPSP	PA
icatibant acetate subcutaneous solution 30 mg/3ml	PSP	PA; QL (45 ML per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	NF	
OXBRYTA ORAL TABLET 500 MG (*voxelotor*)	NF	
pentoxifylline er oral tablet extended release 400 mg	G	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	PSP	PA; QL (2 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NF	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	NF	
tranexamic acid oral tablet 650 mg	G	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
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	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PSP	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NF	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (*certolizumab pegol*)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (*certolizumab pegol*)	NF	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 VIALS per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (3 INJECTIONS per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (*adalimumab*)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (6 PENS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (1 KIT per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (4 PENS per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	PA; ST; QL (1 kit per 28 Days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (*adalimumab*)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	NPSP	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG (*baricitinib*)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PSP	PA; QL (5 VIALS per 42 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NF	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PSP	PA; QL (200 MG per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 SYRINGES per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 SYRINGE per 84 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	PSP	PA; QL (4 VIALS per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); QL (1 ML per 56 days)
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (240 ML per 24 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	PB	
hydroxychloroquine sulfate oral tablet 200 mg	G	
leflunomide oral tablet 10 mg, 20 mg	G	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (*methotrexate (anti-rheumatic)*)	NF	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	PSP	PA; QL (4 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (*methotrexate (anti-rheumatic)*)	NF	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
HEPAGAM B INJECTION SOLUTION (*hepatitis b immune globulin*)	NPSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (*hepatitis b immune globulin*)	NPSP	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML (*hepatitis b immune globulin*)	NPSP	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML (*rabies immune globulin*)	NPSP	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (*rho d immune globulin*)	NPSP	
HYPERTET S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (*tetanus immune globulin*)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (*rabies immune globulin*)	NPSP	
kedrab injection solution 1500 unit/10ml, 300 unit/2ml	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (*rho d immune globulin*)	NPSP	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (*hepatitis b immune globulin*)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (*rho d immune globulin*)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (*varicella-zoster immune glob*)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (*rho d immune globulin*)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NPSP	PA; QL (8 VIALS per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (*interferon alfa-2b*)	NPSP	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	NPSP	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (*thalidomide*)	PSP	PA; QL (56 CAPSULES per 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NF	
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	PB	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	NPSP	PA; QL (4 INJECTIONS per 28 days)
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	NF	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NF	
cyclosporine intravenous solution 50 mg/ml	G	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	NF	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NF	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	G	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	PB	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	NF	
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	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	NPSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*)	NF	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	NPSP	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NF	
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
FC2 FEMALE CONDOM (*condoms - female*)	CE	N7 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	N7 (NPB); QL (1 DEVICE per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK MULTICLIX LANCETS (*lancets*)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 days)
ASSURE LANCE LANCETS (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G (*lancets*)	PB	
BD LANCET ULTRAFINE 33G (*lancets*)	PB	
BD MICROTAINER LANCETS (*lancets*)	PB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
CAREONE LANCET SUPER THIN 30G (*lancets*)	PB	
CARESENS LANCETS (*lancets*)	PB	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
COAGUCHEK LANCETS (*lancets*)	PB	
comfort assured lancets 28g	PB	
comfort assured lancets 33g	PB	
COMFORT TOUCH LANCETS 31G (*lancets*)	PB	
COMFORT TOUCH PLUS LANCETS 30G (*lancets*)	PB	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G4 SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G5 MOBILE TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G5 RECEIVER KIT DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*)	PB	
DROPLET PERSONAL LANCETS 30G (*lancets*)	PB	
EASY TOUCH LANCETS 21G (*lancets*)	PB	
EASY TOUCH LANCETS 23G (*lancets*)	PB	
EASY TOUCH LANCETS 26G (*lancets*)	PB	
EASY TOUCH LANCETS 28G (*lancets*)	PB	
EASY TOUCH LANCETS 28G/TWIST (*lancets*)	PB	
EASY TOUCH LANCETS 30G (*lancets*)	PB	
EASY TOUCH LANCETS 32G (*lancets*)	PB	
EASY TOUCH LANCETS 32G/TWIST (*lancets*)	PB	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NPB	
EASY TOUCH SAFETY LANCETS 21G (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY LANCETS 23G (*lancets*)	PB	
EASY TOUCH SAFETY LANCETS 26G (*lancets*)	PB	
EASY TOUCH SAFETY LANCETS 28G (*lancets*)	PB	
EASY TOUCH TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 days)
eq blood glucose test in vitro strip	NPB	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH R-S-G TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FINGERSTIX LANCETS (*lancets*)	PB	
FORTISCARE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FREESTYLE LANCETS (*lancets*)	PB	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	PB	
FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*)	PB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FREESTYLE UNISTICK II LANCETS (*lancets*)	PB	
glucose control in vitro solution	NPB	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NPB	QL (204 STRIP per 25 DAYs)
kroger test in vitro strip	NPB	QL (204 TEST STRIPS per 25 DAYs)
lancets	PB	
lancets super thin 28g	PB	
LANCETS ULTRA THIN (*lancets*)	PB	
lancets ultra thin 30g	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
liberty test in vitro strip	NPB	QL (204 STRIP per 25 days)
LIFESCAN UNISTIK 2 (*lancets*)	PB	
LIFESCAN UNISTIK II LANCETS (*lancets*)	PB	
lite touch lancets	PB	
LITETOUCH LANCETS (*lancets*)	PB	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
MICROLET LANCETS (*lancets*)	PB	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
OMNIPOD 5 PACK (*insulin disposable pump*)	PB	
OMNIPOD STARTER KIT (*insulin disposable pump*)	PB	
ONETOUCH CLUB LANCETS FINE PT (*lancets*)	PB	
ONETOUCH DELICA LANCETS 30G (*lancets*)	PB	
ONETOUCH DELICA LANCETS 33G (*lancets*)	PB	
ONETOUCH DELICA LANCING DEV (*lancet devices*)	NPB	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	PB	
ONETOUCH FINEPOINT LANCETS (*lancets*)	PB	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	PB	QL (204 test strips per 25 days)
ONETOUCH ULTRASOFT LANCETS (*lancets*)	PB	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	PB	QL (204 STRIP per 25 days)
OPTIUM TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX PLUS TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION POINT OF CARE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION QID TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION SOF-TACT TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION THINS GP LANCETS (*lancets*)	PB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
premium blood glucose test in vitro strip	NPB	QL (204 TEST STRIPS per 25 DAYs)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST per 25 days)
sapscare twist top lancets	PB	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NPB	
super thin lancets	PB	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 days)
true focus blood glucose strip in vitro strip	NPB	QL (204 TEST STRIPS per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
TRUEPLUS LANCETS 26G (*lancets*)	PB	
TRUEPLUS LANCETS 30G (*lancets*)	PB	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	PB	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 days)
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NPB	QL (204 TEST STRIPS per 25 DAYs)
V-GO 20 KIT (*insulin disposable pump*)	PB	
V-GO 30 KIT (*insulin disposable pump*)	PB	
V-GO 40 KIT (*insulin disposable pump*)	PB	
MISCELLANEOUS		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (*thyrotropin alfa*)	NPSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
potassium chloride (Klor-Con Oral Packet 20 Meq)	G	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (*potassium chloride*)	PB	
k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	G	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	G	
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	G	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
VITAMINS - VITAMINS AND SUPPLEMENTS		
azesco oral tablet 13-1 mg	NF	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	PB	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*)	PB	
CITRANATAL DHA ORAL 27-1 & 250 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	PB	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (*prenat w/o a-fecbgl-fa-dha*)	PB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*)	PB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	PB	
CITRANATAL RX ORAL TABLET 27-1 MG (*prenat w/o a-fecb-fegl-dss-fa*)	PB	
cyanocobalamin injection solution 1000 mcg/ml	G	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYs); AL (Max 55 Years)
fluoritab oral solution 0.275 (0.125 f) mg/drop	CE	N7 (Not Covered); AL (Max 5 Years)
folate oral tablet 400 mcg	CE	N7 (G); QL (100 tablets per 30 days); AL (Max 55 Years)
folbee plus oral tablet	G	
folic acid oral tablet 400 mcg	CE	N7 (Not Covered); QL (100 TABLETS per 30 days); AL (Max 55 Years)
folic acid oral tablet 800 mcg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
folic-k oral capsule 1 mg	NF	
GENICIN VITA-Q ORAL TABLET 1 MG (*multiple vitamins with fa*)	NF	
hylavite oral tablet	NF	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	G	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotinamide oral tablet 750-27-2-0.5 mg	G	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	
phytonadione oral tablet 5 mg	G	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*)	G	
reno caps oral capsule 1 mg	G	Select OTC
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	PB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	PB	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	G	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	G	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
trinaz oral tablet 12-1 mg	NF	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (*iron sucrose*)	NPSP	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
zalvit oral tablet 13-1 mg	NF	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (*paricalcitol*)	PB	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophthalmic solution 0.05 %	G	
bepotastine besilate ophthalmic solution 1.5 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	PB	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
kp ketotifen fumarate ophthalmic solution 0.025 %	G	Select OTC
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZADITOR OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	Select OTC
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	PB	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (*brimonidine tartrate*)	PB	
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	PB	
bimatoprost ophthalmic solution 0.03 %	NF	
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	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
latanoprost ophthalmic solution 0.005 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	PB	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	G	
timolol maleate pf ophthalmic solution 0.5 %	G	
travoprost (bak free) ophthalmic solution 0.004 %	G	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	PB	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	G	
bacitracin ophthalmic ointment 500 unit/gm	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	PB	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*)	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
levofloxacin ophthalmic solution 0.5 %	G	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	NPB	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	G	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
ofloxacin ophthalmic solution 0.3 %	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
sulfacetamide sodium ophthalmic ointment 10 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
trifluridine ophthalmic solution 1 %	G	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PB	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
diclofenac sodium ophthalmic solution 0.1 %	G	
difluprednate ophthalmic emulsion 0.05 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	PB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NPB	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	PB	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*)	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PB	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
loteprednol etabonate ophthalmic gel 0.5 %	G	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PB	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	PB	
prednisolone acetate ophthalmic suspension 1 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRY EYE DISEASE		
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	PB	
MISCELLANEOUS		
atropine sulfate ophthalmic solution 1 %	NPB	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (*brolucizumab-dbll*)	NF	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPSP	PA; QL (4 ML per 28 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (*atropine sulfate*)	NPB	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	NPSP	PA; QL (2 ML per 7 DAYs)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	PB	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	NPSP	PA
RETINAL DISORDERS		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTHER		
MUSCULOSKELETAL THERAPY AGENTS		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	NPSP	PA
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	NPB	QL (4 INJECTIONS per 25 DAYs)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	QL (4 INJECTIONS per 25 DAYs)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	PB	QL (4 INJECTIONS per 25 DAYs)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*)	PB	QL (4 SYRINGES per 25 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (*umeclidinium-vilanterol*)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NPB	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	G	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	PB	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (*fluticasone-umeclidin-vilant*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	PB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (*umeclidinium bromide*)	PB	
ipratropium bromide inhalation solution 0.02 %	G	
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	G	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (*fexofenadine hcl*)	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (*fexofenadine hcl*)	G	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (*fexofenadine hcl*)	G	Select OTC
allergy relief oral capsule 10 mg	G	Select OTC
azelastine hcl nasal solution 0.1 %, 0.15 %	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NF	
cetirizine hcl allergy child oral solution 5 mg/5ml	G	Select OTC
cetirizine hcl oral tablet 10 mg, 5 mg	G	Select OTC
cetirizine hcl oral tablet chewable 10 mg, 5 mg	G	Select OTC
CLARITIN ORAL CAPSULE 10 MG (*loratadine*)	G	Select OTC
CLARITIN ORAL TABLET 10 MG (*loratadine*)	G	Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (*loratadine*)	G	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*loratadine*)	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs allergy relief childrens oral suspension 30 mg/5ml	G	Select OTC
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet 4 mg	G	
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
eq loratadine childrens oral tablet chewable 5 mg	G	Select OTC
fexofenadine hcl oral tablet 180 mg	G	Select OTC
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	
kp fexofenadine hcl oral tablet 60 mg	G	Select OTC
levocetirizine dihydrochloride oral tablet 5 mg	G	Select OTC
loratadine oral capsule 10 mg	G	Select OTC
loratadine oral tablet 10 mg	G	Select OTC
olopatadine hcl nasal solution 0.6 %	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
sm loratadine allergy relief oral tablet dispersible 10 mg	G	Select OTC
sm loratadine oral syrup 5 mg/5ml	G	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*)	G	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (*cetirizine hcl*)	G	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	G	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (*cetirizine hcl*)	G	Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	G	
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (*salmeterol xinafoate*)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	
BIOLOGIC RESPONSE MODIFIERS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	PA; QL (8 VIALS per 28 days)
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (*fexofenadine-pseudoephedrine*)	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (*fexofenadine-pseudoephedrine*)	G	Select OTC
benzonatate oral capsule 100 mg, 150 mg, 200 mg	G	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	G	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	G	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	G	Select OTC
coditussin ac oral liquid 200-10 mg/5ml	G	Select OTC; QL (60 ML per 1 day)
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	G	Select OTC
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	G	Select OTC
HYCODAN ORAL SYRUP 5-1.5 MG/5ML (*hydrocodone-homatropine*)	NPB	QL (30 ML per 1 DAY)
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	G	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	G	QL (30 ML per 1 day)
hydrocodone-homatropine oral tablet 5-1.5 mg	G	QL (6 TABLETS per 1 day)
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	G	Select OTC
promethazine-codeine oral solution 6.25-10 mg/5ml	G	QL (30 ML per 1 DAY)
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	G	QL (30 ML per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	G	
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	G	Select OTC
TESSALON PERLES ORAL CAPSULE 100 MG (*benzonatate*)	PB	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (*hydrocod polst-chlorphen polst*)	NPB	QL (2 CAPSULES per 1 DAY)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NPB	QL (2 TABLETS per 1 DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (*codeine polst-chlorphen polst*)	NPB	QL (20 ML per 1 DAY)
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	G	
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	G	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*)	NF	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	PB	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	NPSP	PA; QL (112 TABLETS per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	NPSP	PA; QL (150 ML per 30 Days)
sodium chloride inhalation nebulization solution 10 %, 3 %	G	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	NPSP	PA; QL (56 TABLETS per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	NPSP	PA; QL (84 TABLETS per 28 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	NF	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
budesonide nasal suspension 32 mcg/act	G	Select OTC
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*)	G	Select OTC
flunisolide nasal solution 25 mcg/act (0.025%)	G	
fluticasone propionate nasal suspension 50 mcg/act	G	Select OTC
mometasone furoate nasal suspension 50 mcg/act	G	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	G	Select OTC
triamcinolone acetonide nasal aerosol 55 mcg/act	G	Select OTC
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	PSP	PA; QL (270 CAPSULES per 30 days)
ESBRIET ORAL TABLET 267 MG (*pirfenidone*)	PSP	PA; QL (270 TABLETS per 30 days)
ESBRIET ORAL TABLET 801 MG (*pirfenidone*)	PSP	PA; QL (90 TABLETS per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PSP	PA; QL (60 CAPSULES per 30 days)
SEVERE ASTHMA AGENTS		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	PSP	PA; QL (400 MG per 28 Days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	PB	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (*mometasone furoate*)	PB	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (*mometasone furoate*)	PB	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	PB	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (*fluticasone propionate (inhal)*)	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	PB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	PB	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (*fluticasone-salmeterol*)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	G	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	PB	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	G	
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NF	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral solution 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	G	Select OTC
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	G	
docosanol external cream 10 %	G	Select OTC
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NPB	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	PB	PA
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NPB	
isotretinoin (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	G	PA
adapalene external cream 0.1 %	G	PA; AL (Min 35 Years)
adapalene external gel 0.1 %	G	Select OTC
adapalene external gel 0.3 %	G	PA; AL (Min 35 Years)
adapalene external pad 0.1 %	G	PA; AL (Min 35 Years)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin (Avita External Gel 0.025 %)	G	PA; AL (Min 35 Years)
benzoyl peroxide-erythromycin external gel 5-3 %	G	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
clindamycin phosphate (Clindacin-P External Swab 1 %)	G	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	G	
clindamycin phosphate external foam 1 %	G	
clindamycin phosphate external gel 1 %	G	
clindamycin phosphate external lotion 1 %	G	
clindamycin phosphate external solution 1 %	G	
clindamycin-tretinoin external gel 1.2-0.025 %	G	AL (Min 35 Years)
dapsone external gel 5 %, 7.5 %	G	
DIFFERIN EXTERNAL GEL 0.1 % (*adapalene*)	G	PA; Select OTC; AL (Min 35 Years)
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	PB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	
ery external pad 2 %	G	
erythromycin external solution 2 %	G	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	G	PA
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	PB	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NPB	PA; AL (Min 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NPB	PA; AL (Min 35 Years)
sulfacetamide sodium (acne) external lotion 10 %	G	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	PA; AL (Min 35 Years)
tretinoin external gel 0.01 %, 0.05 %	G	PA; AL (Min 35 Years)
tretinoin microsphere external gel 0.04 %	G	AL (Min 35 Years)
tretinoin microsphere external gel 0.1 %	G	PA; AL (Min 35 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NPB	PA; AL (Min 35 Years)
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil external cream 0.5 %, 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	
imiquimod pump external cream 3.75 %	G	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (*imiquimod*)	PB	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	G	
gentamicin sulfate external ointment 0.1 %	G	
mafenide acetate external packet 5 %	G	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	PB	
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox external gel 0.77 %	G	
ciclopirox external shampoo 1 %	G	
ciclopirox external solution 8 %	G	
ciclopirox olamine external cream 0.77 %	G	
ciclopirox olamine external suspension 0.77 %	G	
clotrimazole-betamethasone external cream 1-0.05 %	G	STX; QL (60 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	G	STX; QL (60 ML per 25 days)
econazole nitrate external cream 1 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NPB	QL (60 GRAMS per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NPB	QL (60 ML per 25 days)
EXTINA EXTERNAL FOAM 2 % (*ketoconazole*)	NPB	QL (100 GRAMS per 25 days)
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NPB	QL (4 ML per 21 days)
ketoconazole external cream 2 %	G	
ketoconazole external foam 2 %	NF	
luliconazole external cream 1 %	NF	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	G	
naftifine hcl external cream 1 %, 2 %	G	
naftifine hcl external gel 1 %	G	
NAFTIN EXTERNAL GEL 1 %, 2 % (*naftifine hcl*)	PB	
nystatin external cream 100000 unit/gm	G	
nystatin external ointment 100000 unit/gm	G	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	STX; QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	STX; QL (60 GM per 25 DAYs)
oxiconazole nitrate external cream 1 %	G	QL (60 G per 25 days)
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	NPB	QL (60 G per 25 days)
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NPB	QL (60 ML per 25 days)
sulconazole nitrate external cream 1 %	G	QL (60 GRAMS per 25 days)
sulconazole nitrate external solution 1 %	G	QL (60 ML per 25 days)
XOLEGEL EXTERNAL GEL 2 % (*ketoconazole*)	NF	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	NF	
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NPB	QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NPB	QL (45 G per 25 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene external cream 0.005 %	NF	
calcipotriene external foam 0.005 %	G	QL (60 grams per 25 days)
calcipotriene external ointment 0.005 %	G	
calcipotriene external solution 0.005 %	G	
calcitriol external ointment 3 mcg/gm	NF	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NF	
methoxsalen rapid oral capsule 10 mg	G	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NPB	QL (60 GM per 25 days)
tazarotene external cream 0.1 %	G	PA; AL (Max 35 Years)
TAZORAC EXTERNAL CREAM 0.05 % (*tazarotene*)	PB	PA; AL (Max 35 Years)
TAZORAC EXTERNAL CREAM 0.1 % (*tazarotene*)	PB	
TAZORAC EXTERNAL GEL 0.05 % (*tazarotene*)	PB	
TAZORAC EXTERNAL GEL 0.1 % (*tazarotene*)	PB	PA; AL (Max 35 Years)
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	G	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (*dupilumab*)	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (*dupilumab*)	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (*dupilumab*)	PSP	PA; QL (600 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (*dupilumab*)	PSP	PA; QL (400 MG per 28 DAYs)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (*dupilumab*)	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	PSP	PA; QL (600 ML per 28 days)
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate external cream 0.05 %	G	QL (120 GM per 25 DAYs)
alclometasone dipropionate external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
amcinonide external cream 0.1 %	G	QL (120 GM per 25 DAYs)
amcinonide external lotion 0.1 %	G	QL (120 ML per 25 DAYs)
amcinonide external ointment 0.1 %	NPB	QL (120 GM per 25 DAYs)
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NPB	QL (120 GM per 25 DAYs)
betamethasone dipropionate aug external cream 0.05 %	G	QL (120 GM per 25 DAYs)
betamethasone dipropionate aug external gel 0.05 %	G	QL (120 GM per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone dipropionate aug external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
betamethasone dipropionate aug external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
betamethasone dipropionate external cream 0.05 %	G	QL (120 GM per 25 DAYs)
betamethasone dipropionate external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
betamethasone dipropionate external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
betamethasone valerate external cream 0.1 %	G	QL (120 GM per 25 DAYs)
betamethasone valerate external foam 0.12 %	G	QL (120 GM per 25 days)
betamethasone valerate external lotion 0.1 %	G	QL (120 ML per 25 DAYs)
betamethasone valerate external ointment 0.1 %	G	QL (120 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	QL (120 GM per 25 days)
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NF	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	PB	QL (120 ML per 25 days)
clobetasol propionate e external cream 0.05 %	G	QL (120 GM per 25 DAYs)
clobetasol propionate emulsion external foam 0.05 %	G	QL (120 GM per 25 days)
clobetasol propionate external cream 0.05 %	G	QL (120 GM per 25 DAYs)
clobetasol propionate external foam 0.05 %	G	QL (120 GM per 25 days)
clobetasol propionate external gel 0.05 %	G	QL (120 GM per 25 DAYs)
clobetasol propionate external liquid 0.05 %	G	QL (120 ML per 25 days)
clobetasol propionate external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
clobetasol propionate external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
clobetasol propionate external shampoo 0.05 %	G	QL (120 ML per 25 days)
clobetasol propionate external solution 0.05 %	G	QL (120 ML per 25 days)
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	PB	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	PB	QL (120 ML per 25 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NPB	QL (120 ML per 25 DAYs)
clocortolone pivalate external cream 0.1 %	NF	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NPB	QL (120 GRAMS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (*flurandrenolide*)	NPB	QL (120 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NPB	QL (120 ML per 25 DAYs)
CORDRAN EXTERNAL OINTMENT 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NPB	QL (1 TAPE per 25 DAYs)
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	PB	QL (120 ML per 25 days)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	PB	QL (120 ML per 25 days)
DESONATE EXTERNAL GEL 0.05 % (*desonide*)	NPB	QL (120 GRAMS per 25 days)
desonide external cream 0.05 %	G	QL (120 GM per 25 DAYs)
desonide external gel 0.05 %	G	QL (120 GRAMS per 25 DAYs)
desonide external lotion 0.05 %	G	QL (120 ML per 25 days)
desonide external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	PB	QL (120 GM per 25 DAYs)
desoximetasone external cream 0.05 %, 0.25 %	G	QL (120 GM per 25 DAYs)
desoximetasone external gel 0.05 %	G	QL (120 GM per 25 DAYs)
desoximetasone external liquid 0.25 %	G	QL (120 ML per 25 days)
desoximetasone external ointment 0.05 %	NF	
desoximetasone external ointment 0.25 %	G	QL (120 GM per 25 DAYs)
desonide (Desrx External Gel 0.05 %)	G	QL (120 G per 25 DAYs)
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % (*betamethasone dipropionate aug*)	NPB	QL (120 GM per 25 DAYs)
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	PB	QL (120 GM per 25 DAYs)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
fluocinolone acetonide body external oil 0.01 %	G	QL (120 ML per 25 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	QL (120 GM per 25 DAYs)
fluocinolone acetonide external ointment 0.025 %	G	QL (120 GM per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinolone acetonide external solution 0.01 %	G	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	G	QL (120 ML per 25 days)
fluocinonide emulsified base external cream 0.05 %	G	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.05 %	G	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	G	QL (120 GM per 25 DAYs)
fluocinonide external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
fluocinonide external solution 0.05 %	G	QL (120 ML per 25 days)
flurandrenolide external cream 0.05 %	NF	
flurandrenolide external lotion 0.05 %	NF	
flurandrenolide external ointment 0.05 %	NF	
fluticasone propionate external cream 0.05 %	G	QL (120 GM per 25 DAYs)
fluticasone propionate external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
fluticasone propionate external ointment 0.005 %	G	QL (120 GM per 25 DAYs)
halcinonide external cream 0.1 %	NF	
halobetasol propionate external cream 0.05 %	G	QL (120 GM per 25 DAYs)
halobetasol propionate external foam 0.05 %	NPB	QL (120 GM per 25 DAYs)
halobetasol propionate external ointment 0.05 %	G	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NPB	QL (120 ML per 25 days)
hydrocortisone butyr lipo base external cream 0.1 %	NF	
hydrocortisone butyrate external cream 0.1 %	G	QL (120 GM per 25 DAYs)
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	G	QL (120 GM per 25 DAYs)
hydrocortisone butyrate external solution 0.1 %	G	QL (120 ML per 25 days)
hydrocortisone external cream 2.5 %	G	QL (120 GM per 25 days)
hydrocortisone external lotion 2.5 %	G	QL (120 ML per 25 days)
hydrocortisone external ointment 2.5 %	G	QL (120 GM per 25 days)
hydrocortisone valerate external cream 0.2 %	G	QL (120 GM per 25 DAYs)
hydrocortisone valerate external ointment 0.2 %	G	QL (120 GM per 25 DAYs)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (*clobetasol propionate*)	NPB	QL (120 GM per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NPB	QL (120 GRAMS per 25 days)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NPB	QL (120 GM per 25 DAYs)
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NPB	QL (120 GM per 25 DAYs)
LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*)	NPB	QL (120 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NPB	QL (120 GM per 25 DAYs)
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NPB	QL (120 GRAMS per 25 days)
mometasone furoate external cream 0.1 %	G	QL (120 GM per 25 DAYs)
mometasone furoate external ointment 0.1 %	G	QL (120 GM per 25 DAYs)
mometasone furoate external solution 0.1 %	G	QL (120 ML per 25 DAYs)
OLUX EXTERNAL FOAM 0.05 % (*clobetasol propionate*)	NPB	QL (120 GRAMS per 25 days)
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NPB	QL (120 GRAMS per 25 days)
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NPB	QL (120 GM per 25 DAYs)
prednicarbate external ointment 0.1 %	G	QL (120 GM per 25 DAYs)
psorcon external cream 0.05 %	NF	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NPB	STX; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*)	NPB	QL (120 ML per 25 days)
TEMOVATE EXTERNAL CREAM 0.05 % (*clobetasol propionate*)	PB	QL (120 GM per 25 DAYs)
TEMOVATE EXTERNAL OINTMENT 0.05 % (*clobetasol propionate*)	PB	QL (120 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	PB	QL (120 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NPB	QL (120 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NPB	QL (120 ML per 25 DAYs)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	QL (120 GM per 25 DAYs)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	QL (120 ML per 25 DAYs)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	QL (120 GM per 25 DAYs)
TRIDESILON EXTERNAL CREAM 0.05 % (*desonide*)	PB	QL (120 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NPB	QL (120 ML per 25 DAYs)
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NPB	QL (120 GM per 25 DAYs)
VERDESO EXTERNAL FOAM 0.05 % (*desonide*)	NPB	QL (120 GM per 25 DAYs)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine external ointment 5 %	G	QL (50 GM per 25 DAYs)
lidocaine external patch 5 %	G	QL (90 PATCH per 25 days)
lidocaine hcl external solution 4 %	G	QL (50 ML per 25 DAYs)
lidocaine hcl urethral/mucosal external gel 2 %	G	QL (60 ML per 25 days)
lidocaine-prilocaine external cream 2.5-2.5 %	G	QL (30 G per 25 days)
lidocaine-tetracaine external cream 7-7 %	NF	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	PB	QL (90 PATCH per 25 days)
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*)	NPB	QL (2 PATCHES per 25 DAYs)
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	NPB	QL (90 PATCH per 25 DAYs)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	PB	
diclofenac epolamine external patch 1.3 %	G	STX; QL (30 PATCHES per 25 Days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac sodium external gel 3 %	G	PA; QL (100 GRAMS per 25 DAYs)
diclofenac sodium external solution 1.5 %	G	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NPB	STX; QL (30 PATCHES per 25 Days)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPSP	QL (1 STICK per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NPB	STX; QL (15 PATCHES per 25 Days)
pimecrolimus external cream 1 %	G	
podofilox external solution 0.5 %	G	
tacrolimus external ointment 0.03 %, 0.1 %	G	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NPSP	PA
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPSP	PA; QL (2 GM per 30 days)
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
doxycycline oral capsule delayed release 40 mg	G	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
metronidazole external cream 0.75 %	G	
metronidazole external gel 0.75 %, 1 %	G	
metronidazole external lotion 0.75 %	G	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	PB	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
malathion external lotion 0.5 %	G	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	PB	
permethrin external cream 5 %	G	
spinosad external suspension 0.9 %	G	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat troche 10 mg	G	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine viscous hcl mouth/throat solution 2 %	G	
nystatin mouth/throat suspension 100000 unit/ml	G	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	PB	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	G	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 1 %	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	

abacavir sulfate 30
abacavir sulfate-lamivudine 34
abacavir-lamivudine-zidovudine 34
ABILIFY MAINTENA 71
abiraterone acetate 43
ABREVA 157
ABSORICA 157
ABSORICA LD 157
acamprosate calcium 86
ACANYA 157
acarbose 87
ACCU-CHEK AVIVA PLUS 136
ACCU-CHEK COMPACT PLUS 136
ACCU-CHEK FASTCLIX LANCETS 136
ACCU-CHEK GUIDE 136
ACCU-CHEK MULTICLIX LANCETS 136
ACCU-CHEK SMARTVIEW 136
ACCU-CHEK SOFTCLIX LANCETS 136
Accutane 157
ACCUTREND GLUCOSE ..136
acebutolol hcl 56
acetaminophen-codeine 18
acetaminophen-codeine #2 17
acetaminophen-codeine #3 18
acetaminophen-codeine #4 18
acetazolamide 59
acetazolamide er 59
acetic acid 116, 169
acetylcysteine 154
ACIPHEX 113
ACIPHEX SPRINKLE 113
acitretin 160
ACTEMRA 125
ACTEMRA ACTPEN 125
ACTHAR 106
ACTIMMUNE 133
ACTIQ 18
ACUVAIL 147
acyclovir 36, 157
adapalene 157
adapalene-benzoyl peroxide 157
ADCIRCA 61
ADDERALL 73
ADDERALL XR 73
adefovir dipivoxil 36
ADEMPAS 61
ADHANSIA XR 73
ADVAIR DISKUS 156
ADVAIR HFA 156
ADVANCE MICRO-DRAW TEST 136
ADVATE 121
adynovate 121
ADZENYS XR-ODT 73
AFINITOR 45
AFINITOR DISPERZ 45
AFSTYLA 121
AFTERA 95
AGRYLIN 124
AIMOVIG 78
AJOVY 79
ak-poly-bac 146
albendazole 28
ALBENZA 28
albuterol sulfate 151
albuterol sulfate hfa 151
alclometasone dipropionate 162
ALDACTONE 59
ALDURAZYME 100
ALECENSA 45
alendronate sodium 93
ALFERON N 50
alfuzosin hcl er 115
ALINIA 28, 29
aliskiren fumarate 58
ALKERAN 41
ALKINDI SPRINKLE 103
ALLEGRA ALLERGY 150
ALLEGRA ALLERGY CHILDRENS 150
ALLEGRA-D ALLERGY & CONGESTION 152, 153
allergy relief 150
allopurinol 14
ALLZITAL 15
almotriptan malate 79
alogliptin benzoate 88
alogliptin-metformin hcl 88
alogliptin-pioglitazone 88
alosetron hcl 111
ALPHAGAN P 145
ALPHANATE 119
ALPHANINE SD 122
alprazolam 63
alprazolam er 62
ALPRAZOLAM INTENSOL 63
ALPROLIX 123
Altavera 95
ALUNBRIG 45
alyacen 1/35 95
alyacen 7/7/7 95
Alyq 61
Amabelz 101
amantadine hcl 70
ambrisentan 61
amcinonide 162
Amethia 96
Amethyst 96
amiloride hcl 59
amiloride-hydrochlorothiazide .. 59
aminocaproic acid 124
amiodarone hcl 54
amitriptyline hcl 67
amlodipine besy-benazepril hcl ..52
amlodipine besylate 57
amlodipine besylate-valsartan ... 53
amlodipine-atorvastatin 57
amlodipine-olmesartan 53
Amnesteem 157
amoxapine 67
amoxicill-clarithro-lansopraz ..115
amoxicillin 40
amoxicillin-pot clavulanate 40
amoxicillin-pot clavulanate er ...40
amphetamine er 73
amphetamine sulfate 73
amphetamine-dextroamphet er 73, 74
amphetamine-dextroamphetamine 74
ampicillin 40
AMPYRA 81
ANAFRANIL 67
anagrelide hcl 124
ANAPROX DS 15
anastrozole 43
ANDRODERM 87
ANNOVERA 96
ANORO ELLIPTA 149
ANUSOL-HC 115
APADAZ 18

apap-caff-dihydrocodeine 18
APEXICON E 162
APOKYN 70
aprepitant 109
Apri 96
APRISO 110
APTENSIO XR 74
APTIVUS 30
ARALAST NP 154
Aranelle 96
ARANESP (ALBUMIN FREE) 119
ARAVA 130
ARCALYST 133
ARIKAYCE 27
ARIMIDEX 43
aripiprazole 71
ARISTADA 71
ARISTADA INITIO 71
ARIXTRA 118
armodafinil 85
ARNUITY ELLIPTA 155
AROMASIN 43
ASCENIV 131
asenapine maleate 71
ASMANEX (120 METERED DOSES) 156
ASMANEX (30 METERED DOSES) 156
ASMANEX (60 METERED DOSES) 156
ASMANEX HFA 156
aspirin childrens 26
aspirin ec 26
aspirin-dipyridamole er 125
ASSURE LANCE LANCETS 136
ASTAGRAF XL 133
atazanavir sulfate 30
atenolol 56
atenolol-chlorthalidone 56
ATIVAN 63
atomoxetine hcl 74
atorvastatin calcium 55
atovaquone 29
atovaquone-proguanil hcl 30
ATRIPLA 34
atropine sulfate 148
ATROVENT HFA 150
AUBAGIO 82
Aubra 96
AUSTEDO 80
AUVI-Q 149
AVEED 87
Avita 158
AVONEX PEN 82
AVONEX PREFILLED 82
AVSOLA 125
AYVAKIT 50
Azasan 133
azathioprine 133
azelaic acid 168
azelastine hcl 144, 150
azelastine-fluticasone 150
azesco 142
azithromycin 38
AZSTARYS 74
Azurette 96
Bac 15
bacitracin 146
baclofen 84
BAFIERTAM 82
BALCOLTRA 96
balsalazide disodium 110
BALVERSA 45
Balziva 96
BAQSIMI ONE PACK 104
BAQSIMI TWO PACK 104
BARACLUDE 36
BASAGLAR KWIKPEN 89
BD INSULIN SYRINGE U-500 137
BD LANCET ULTRAFINE 30G 137
BD LANCET ULTRAFINE 33G 137
BD MICROTAINER LANCETS 137
BD PEN NEEDLE MICRO U/F 137
BD PEN NEEDLE MINI U/F 137
BD PEN NEEDLE NANO 2ND GEN 137
BD PEN NEEDLE NANO U/F 137
BD PEN NEEDLE ORIGINAL U/F 137
BD PEN NEEDLE SHORT U/F 137
BELBUCA 26
BELSOMRA 78
benazepril hcl 52
benazepril-hydrochlorothiazide 52
BENEFIX 123
BENLYSTA 134
benzhydrocodone-acetaminophen 18
benzonatate 153
benzoyl peroxide-erythromycin 158
benzphetamine hcl 80
benztropine mesylate 70
BEOVU 148
bepotastine besilate 144
BEPREVE 144
BERINERT 124
BESIVANCE 146
betamethasone dipropionate 163
betamethasone dipropionate aug 162, 163
betamethasone valerate 163
BETAPACE 56
BETAPACE AF 56
BETASERON 82
betaxolol hcl 56, 145
bethanechol chloride 112
BETHKIS 27
BETIMOL 145
BETOPTIC-S 145
BEVESPI AEROSPHERE 149
bexarotene 50
bicalutamide 43
BIDIL 59
BIKTARVY 34
BILTRICIDE 29
bimatoprost 145
bi-mix 116
bisoprolol fumarate 56
bisoprolol-hydrochlorothiazide 56
BIVIGAM 131
Blisovi 24 Fe 96
Blisovi Fe 1.5/30 96
Blisovi Fe 1/20 96
bosentan 61
BOSULIF 45
BOTOX 84
BRAFTOVI 50
BREO ELLIPTA 156
BREZTRI AEROSPHERE 149

BRILINTA 125
brimonidine tartrate 145
brinzolamide 145
bromfenac sodium (once-daily) 147
bromocriptine mesylate 70
BRONCHITOL 154
BRUKINSA 45
BRYHALI 163
budesonide 110, 155, 156
budesonide er 103
budesonide-formoterol fumarate 156
bumetanide 59
BUNAVAIL 17
Bupap 15
BUPHENYL 100
buprenorphine 26
buprenorphine hcl 26
buprenorphine hcl-naloxone hcl .17
bupropion hcl 68
bupropion hcl er (smoking det) .86
bupropion hcl er (sr) 67
bupropion hcl er (xl) 68
buspirone hcl 80
butalbital-acetaminophen 15
butalbital-apap-caff-cod 18
butalbital-apap-caffeine 15
butalbital-asa-caff-codeine 18
butalbital-aspirin-caffeine 15
butorphanol tartrate 18
BUTRANS 26
BYLVAY 112
BYLVAY (PELLETS) 112
BYSTOLIC 56
cabergoline 106
CABLIVI 119
CABOMETYX 45
CAFERGOT 79
calcipotriene 161
calcipotriene-betameth diprop .163
calcitonin (salmon) 106
calcitriol 142, 161
calcium acetate (phos binder) .108
CALQUENCE 45
Camila 96
Camrese 96
Camrese Lo 96
candesartan cilexetil 53
candesartan cilexetil-hctz 53
capecitabine 41
CAPEX 163
CAPRELSA 46
captopril 52
CARBAGLU 100
carbamazepine 63
carbamazepine er 63
carbidopa 70
carbidopa-levodopa 70
carbidopa-levodopa er 70
carbidopa-levodopa-entacapone 70
carbinoxamine maleate 150
CAREONE LANCET SUPER THIN 30G 137
CARESENS LANCETS 137
CARETOUCH TEST 137
carisoprodol 84
carisoprodol-aspirin-codeine 84
CARNITOR 94
CARNITOR SF 94
carteolol hcl 145
carvedilol 57
carvedilol phosphate er 57
CATAPRES-TTS-1 59
CATAPRES-TTS-2 59
CATAPRES-TTS-3 60
CAVERJECT 116
CAVERJECT IMPULSE 116
CAYA 135
CAYSTON 29
Caziant 96
cefaclor 37
cefadroxil 37
cefdinir 37
cefixime 37
cefpodoxime proxetil 37
cefprozil 37
cefuroxime axetil 37
celecoxib 14
CELLCEPT 134
cephalexin 38
CERDELGA 100
CEREZYME 100
cetirizine hcl 150
cetirizine hcl allergy child 150
cetirizine-pseudoephedrine er .. 153
CETROTIDE 102
cevimeline hcl 168
CHENODAL 112
chlordiazepoxide hcl 63
chlordiazepoxide-amitriptyline . 86
chlordiazepoxide-clidinium 109
chlorhexidine gluconate 168
chloroquine phosphate 30
chlorpromazine hcl 71
chlorthalidone 59
chlorzoxazone 84
CHOLBAM 112
cholestyramine 54
cholestyramine light 54
chorionic gonadotropin 102
CIALIS 116
ciclopirox 159
ciclopirox olamine 159
cidofovir 36
cilostazol 124
CILOXAN 146
CIMDUO 34
cimetidine 110
cimetidine hcl 110
CIMZIA 125
CIMZIA PREFILLED 125
CIMZIA STARTER KIT 125
cinacalcet hcl 94
CINQAIR 154
CINRYZE 124
ciprofloxacin hcl 39, 146, 169
ciprofloxacin-dexamethasone ..169
ciprofloxacin-fluocinolone pf .. 169
citalopram hydrobromide 68
CITRANATAL 90 DHA 142
CITRANATAL ASSURE 142
CITRANATAL B-CALM 142
CITRANATAL BLOOM 143
CITRANATAL BLOOM DHA 142
CITRANATAL DHA 143
CITRANATAL ESSENCE .. 143
CITRANATAL HARMONY 143
CITRANATAL MEDLEY ...143
CITRANATAL RX 143
Claravis 158
clarithromycin 38
clarithromycin er 38
CLARITIN 150
CLARITIN REDITABS 150
CLARITIN-D 12 HOUR 153
CLARITIN-D 24 HOUR 153
CLENPIQ 111

CLEOCIN 29, 118
CLIMARA PRO 101
Clindacin-P 158
clindamycin hcl 29
clindamycin palmitate hcl 29
clindamycin phos-benzoyl perox 158
clindamycin phosphate 118, 158
clindamycin-tretinoin 158
clobazam 63
clobetasol propionate 163
clobetasol propionate e 163
clobetasol propionate emulsion 163
CLOBEX 163
CLOBEX SPRAY 163
clocortolone pivalate 163
CLODERM 163
clomiphene citrate 102
clomipramine hcl 68
clonazepam 63, 64
clonidine 60
clonidine hcl 60
clopidogrel bisulfate 125
clorazepate dipotassium 64
clotrimazole 168
clotrimazole-betamethasone 159
clozapine 71, 72
COAGADEX 123
COAGUCHEK LANCETS .. 137
codeine sulfate 18
coditussin ac 153
COLAZAL 110
colchicine 14
colchicine-probenecid 14
colesevelam hcl 54
colestipol hcl 54
colistimethate sodium (cba) 29
COMBIGAN 145
COMBIPATCH 101
COMBIVENT RESPIMAT .. 149
COMBIVIR 34
COMETRIQ (100 MG DAILY DOSE) 46
COMETRIQ (140 MG DAILY DOSE) 46
COMETRIQ (60 MG DAILY DOSE) 46
comfort assured lancets 28g 137
comfort assured lancets 33g 137
COMFORT TOUCH LANCETS 31G 137
COMFORT TOUCH PLUS LANCETS 30G 137
COMPLERA 34
Compro 109
CONCERTA 74
CONDYLOX 167
CONSENSI 57
CONTOUR NEXT TEST 137
CONTOUR TEST 137
CONTRAVE 70
CONZIP 18
COPAXONE 82
COPIKTRA 46
CORDRAN 164
CORIFACT 123
CORLANOR 60
CORTIFOAM 110
COSENTYX 161
COSENTYX (300 MG DOSE) 161
COSENTYX SENSOREADY (300 MG) ... 161
COSENTYX SENSOREADY PEN 161
COTELLIC 46
COTEMPLA XR-ODT 74
CREON 113
CRINONE 117
CRIXIVAN 30
cromolyn sodium 144, 154
CROTAN 168
Cryselle-28 96
CUPRIMINE 94
CUTAQUIG 131
CUVITRU 131
CVS ADVANCED GLUCOSE TEST 138
cvs allergy relief childrens 151
cvs nicotine 86
cvs nicotine polacrilex 86
cyanocobalamin 143
cyclobenzaprine hcl 84, 85
cyclobenzaprine hcl er 84
cyclophosphamide 41
cycloserine 36
cyclosporine 134
cyclosporine modified 134
cyproheptadine hcl 151
CYSTADANE 100
CYSTADROPS 148
CYSTAGON 106
CYSTARAN 148
CYTOTEC 112
D.H.E. 45 79
dalfampridine er 82
DALIRESP 154
danazol 99
DANTRIUM 85
dantrolene sodium 85
dapsone 29, 158
darifenacin hydrobromide er ... 117
DAURISMO 42
DAYTRANA 74
D-CARE BLOOD GLUCOSE 138
DDAVP 109
deferasirox 95
deferasirox granules 95
deferiprone 95
deferoxamine mesylate 95
DELSTRIGO 34
demeclocycline hcl 40
DEPO-PROVERA 96
DEPO-SUBQ PROVERA 104 97
DERMA-SMOOTHE/FS BODY 164
DERMA-SMOOTHE/FS SCALP 164
DESCOVY 34
DESFERAL 95
desipramine hcl 68
desloratadine 151
desmopressin ace spray refrig . 109
desmopressin acetate 109
desmopressin acetate spray 109
desogestrel-ethinyl estradiol 97
DESONATE 164
desonide 164
DESOWEN 164
desoximetasone 164
DESOXYN 74
Desrx 164
desvenlafaxine succinate er 68
dexamethasone 103
dexamethasone sodium phosphate 147

DEXCOM G4 PLAT PED RCV/SHARE 138
DEXCOM G4 PLAT PED RECEIVER 138
DEXCOM G4 PLATINUM RCV/SHARE 138
DEXCOM G4 PLATINUM RECEIVER 138
DEXCOM G4 PLATINUM TRANSMITTER 138
DEXCOM G4 SENSOR 138
DEXCOM G5 MOB/G4 PLAT SENSOR 138
DEXCOM G5 MOBILE TRANSMITTER 138
DEXCOM G5 RECEIVER KIT 138
DEXCOM G6 RECEIVER .. 138
DEXCOM G6 SENSOR 138
DEXCOM G6 TRANSMITTER 138
DEXEDRINE 74, 75
Dexifol 143
DEXILANT 113
dexmethylphenidate hcl 75
dexmethylphenidate hcl er 75
dextroamphetamine sulfate 75
dextroamphetamine sulfate er ... 75
DIACOMIT 64
diazepam 64
Diazepam Intensol 64
diazoxide 104
DIBENZYLINE 60
DICLEGIS 109
diclofenac 15
diclofenac epolamine 167
diclofenac potassium 15
diclofenac sodium 15, 147, 168
diclofenac sodium er 15
diclofenac-misoprostol 17
dicloxacillin sodium 40
dicyclomine hcl 109
diethylpropion hcl 80
diethylpropion hcl er 80
DIFFERIN 158
DIFICID 38
diflorasone diacetate 164
diflunisal 26
difluprednate 147
digoxin 58
dihydroergotamine mesylate 79
DILAUDID 19
diltiazem hcl 58
diltiazem hcl er 58
diltiazem hcl er beads 57
diltiazem hcl er coated beads 58
dilt-xr 58
dimethyl fumarate 82
dimethyl fumarate starter pack . 82
diphenoxylate-atropine 112
DIPROLENE 164
DIPROLENE AF 164
dipyridamole 125
disopyramide phosphate 54
disulfiram 86
divalproex sodium 64
divalproex sodium er 64
DIVIGEL 101
docosanol 157
dofetilide 54
donepezil hcl 67
DOPTELET 119
dorzolamide hcl-timolol mal 145
dorzolamide hcl-timolol mal pf 145
DOVATO 34
doxazosin mesylate 53
doxepin hcl 68, 78, 160
doxercalciferol 143
doxycycline 168
doxycycline hyclate 40
doxycycline monohydrate 40, 41
doxylamine-pyridoxine 109
dronabinol 109
DROPLET PERSONAL LANCETS 30G 138
drospiren-eth estrad-levomefol .. 97
drospirenone-ethinyl estradiol ... 97
droxidopa 60
DUAVEE 102
duloxetine hcl 68
DUOPA 70
DUPIXENT 155, 162
DUREZOL 147
DUROLANE 26
dutasteride 115
dutasteride-tamsulosin hcl 115
DUTOPROL 56
DYANAVEL XR 75
DYRENIUM 59
DYSPORT 85
E.E.S. GRANULES 38
EASY TOUCH LANCETS 21G 138
EASY TOUCH LANCETS 23G 138
EASY TOUCH LANCETS 26G 138
EASY TOUCH LANCETS 28G 138
EASY TOUCH LANCETS 28G/TWIST 138
EASY TOUCH LANCETS 30G 138
EASY TOUCH LANCETS 32G 138
EASY TOUCH LANCETS 32G/TWIST 138
EASY TOUCH LANCING DEVICE 138
EASY TOUCH SAFETY LANCETS 21G 138
EASY TOUCH SAFETY LANCETS 23G 139
EASY TOUCH SAFETY LANCETS 26G 139
EASY TOUCH SAFETY LANCETS 28G 139
EASY TOUCH TEST 139
EASYMAX 15 TEST 139
EASYMAX TEST 139
econazole nitrate 159
EDEX 116
EDURANT 31
efavirenz 31
efavirenz-emtricitab-tenofovir ... 34
efavirenz-lamivudine-tenofovir .. 34
ELAPRASE 100
ELELYSO 100
eletriptan hydrobromide 79
ELIGARD 43
ELIQUIS 118
ELIQUIS DVT/PE STARTER PACK 118
ELLA 97
ELMIRON 116
ELOCTATE 121
Eluryng 97
EMBRACE BLOOD GLUCOSE TEST 139
EMCYT 41

EMFLAZA 103
EMGALITY 79
EMGALITY (300 MG DOSE) 79
EMPAVELI 124
emtricitabine 31
emtricitabine-tenofovir df 34
EMTRIVA 31
EMVERM 29
enalapril maleate 52
enalapril-hydrochlorothiazide ... 52
ENBREL 126
ENBREL MINI 126
ENBREL SURECLICK 126
ENCARE 115
ENDARI 124
ENDOMETRIN 117
enoxaparin sodium 118
Enpresse-28 97
ENSPRYNG 134
ENSTILAR 164
entacapone 70
entecavir 36
ENTRESTO 60
ENTYVIO 126
ENVARSUS XR 134
EPCLUSA 39
EPIDIOLEX 64
EPIDUO 158
EPIDUO FORTE 158
epinastine hcl 144
epinephrine 149
EPIPEN 2-PAK 149
EPIPEN JR 2-PAK 149
EPIVIR 31
EPIVIR HBV 36
eplerenone 53
EPOGEN 120
epoprostenol sodium 61
EPZICOM 35
eq blood glucose test 139
eq loratadine childrens 151
ergotamine-caffeine 79
ERIVEDGE 42
ERLEADA 43
erlotinib hcl 46
ery 158
ERYPED 200 38
ERYPED 400 38
Ery-Tab 38
ERYTHROCIN STEARATE 38
erythromycin 146, 158
erythromycin base 38
erythromycin ethylsuccinate 38, 39
ESBRIET 155
escitalopram oxalate 68
ESGIC 15
esomeprazole magnesium 113
esomeprazole strontium 113
ESPEROCT 121
Estarylla 97
estazolam 78
estradiol 102
estradiol valerate 102
ESTRING 102
eszopiclone 78
ethacrynic acid 59
ethambutol hcl 36
ethosuximide 64
ethynodiol diac-eth estradiol 97
etodolac 16
etodolac er 16
etonogestrel-ethinyl estradiol 97
etoposide 51
etravirine 31
EUCRISA 168
EUFLEXXA 26
EVAMIST 102
EVEKEO 75
EVEKEO ODT 75
EVENITY 106
everolimus 46, 134
EVOTAZ 35
EVOXAC 168
EVRYSDI 80
EXACTECH R-S-G TEST ... 139
EXACTECH TEST 139
EXELDERM 160
exemestane 43
EXJADE 95
EXKIVITY 46
EXTAVIA 82
EXTINA 160
EYLEA 148
ezetimibe 54
ezetimibe-simvastatin 55
FA-8 143
FABRAZYME 100
famciclovir 36
famotidine 110
FANAPT 72
FANAPT TITRATION PACK 72
FARXIGA 93
FARYDAK 42
FASENRA 152
FASENRA PEN 152
FASLODEX 43
Fayosim 97
FC2 FEMALE CONDOM ... 135
febuxostat 14
FEIBA 119
felbamate 64
felodipine er 58
FEMARA 44
FEMCAP 135
fenofibrate 55
fenofibrate micronized 55
fenofibric acid 55
FENOGLIDE 55
fenoprofen calcium 16
FENORTHO 16
FENSOLVI (6 MONTH) 106
fentanyl 19
fentanyl citrate 19
FENTORA 19
FERRIPROX 95
FERRIPROX TWICE-A-DAY 95
FETZIMA 68
FETZIMA TITRATION 68
fexofenadine hcl 151
fexofenadine-pseudoephed er .. 153
FIASP 89
FIASP FLEXTOUCH 89
FIASP PENFILL 89
FIBRYGA 123
FINACEA 168
finasteride 115
FINGERSTIX LANCETS ... 139
FINTEPLA 64
FIORICET 15
FIORICET/CODEINE 19
FIRAZYR 124
FIRDAPSE 80
FIRMAGON 44
FIRMAGON (240 MG DOSE) 44
FIRVANQ 29
FLAREX 147

flavoxate hcl 117
FLEBOGAMMA DIF 131
flecainide acetate 54
FLECTOR 168
FLOLAN 61
FLONASE ALLERGY RELIEF 155
FLOVENT DISKUS 156
FLOVENT HFA 156
fluconazole 28
flucytosine 28
fludrocortisone acetate 103
flunisolide 155
fluocinolone acetonide 164, 165, 169
fluocinolone acetonide body 164
fluocinolone acetonide scalp 165
fluocinonide 165
fluocinonide emulsified base 165
fluoritab 143
fluorometholone 147
fluorouracil 159
fluoxetine hcl 68
fluoxetine hcl (pmdd) 68
fluphenazine hcl 72
flurandrenolide 165
flurazepam hcl 78
flurbiprofen 16
flurbiprofen sodium 147
flutamide 44
fluticasone propionate 155, 165
fluticasone-salmeterol 149, 157
fluvastatin sodium 55
fluvastatin sodium er 55
fluvoxamine maleate 68
fluvoxamine maleate er 68
FML 147
FML FORTE 147
FML LIQUIFILM 147
FOCALIN 75
FOCALIN XR 75
folate 143
folbee plus 143
folic acid 143
folic-k 143
FOLLISTIM AQ 102
fondaparinux sodium 118
formoterol fumarate 151
FORTEO 106
FORTISCARE TEST 139
fosamprenavir calcium 31
fosinopril sodium 52
fosinopril sodium-hctz 52
FOTIVDA 46
FRAGMIN 118
FREESTYLE LANCETS 139
FREESTYLE LIBRE 14 DAY SENSOR 139
FREESTYLE LIBRE READER 139
FREESTYLE PRECISION NEO TEST 139
FREESTYLE UNISTICK II LANCETS 139
frovatriptan succinate 79
FULPHILA 120
fulvestrant 44
furosemide 59
FUZEON 31
Fyavolv 102
FYCOMPA 64
gabapentin 64, 65
GALAFOLD 106
galantamine hydrobromide 67
galantamine hydrobromide er 67
GAMASTAN 131
GAMMAGARD 131
GAMMAGARD S/D LESS IGA 131
GAMMAKED 131
GAMMAPLEX 131
GAMUNEX-C 131
ganciclovir sodium 36
ganirelix acetate 103
gatifloxacin 146
GATTEX 112
GAVILYTE-C 111
Gavilyte-G 111
Gavilyte-N With Flavor Pack 111
GAVRETO 50
GEL-ONE 26
GELSYN-3 26
gemfibrozil 55
Gengraf 134
GENICIN VITA-Q 143
GENOTROPIN 105
GENOTROPIN MINIQUICK 105
GENTAK 146
gentamicin sulfate 146, 159
GENVISC 850 27
GENVOYA 35
GILENYA 82
GILOTRIF 50
GLASSIA 154
glatiramer acetate 82
Glatopa 82
GLEEVEC 46
glimepiride 93
glipizide 93
glipizide er 93
glipizide-metformin hcl 88
GLUCAGEN HYPOKIT 104
glucagon emergency 104
glucose 104
glucose control 139
GLUMETZA 88
glycopyrrolate 109
GLYXAMBI 93
GOJJI BLOOD TEST STRIP/LANCETS 139
GONAL-F 103
GONAL-F RFF 103
GONAL-F RFF REDIJECT 103
GRALISE 85
granisetron hcl 109
GRANIX 120
GRASTEK 125
griseofulvin microsize 28
griseofulvin ultramicrosize 28
guanfacine hcl 60
guanfacine hcl er 75
GVOKE HYPOPEN 1-PACK 104
GVOKE HYPOPEN 2-PACK 104
GVOKE PFS 105
HAEGARDA 124
halcinonide 165
halobetasol propionate 165
HALOG 165
haloperidol 72
haloperidol lactate 72
HARVONI 39
HEMLIBRA 124
HEMOFIL M 121
HEPAGAM B 131
heparin sodium (porcine) 118
heparin sodium (porcine) pf 118
HEPSERA 36

HETLIOZ 78
HETLIOZ LQ 78
Hidex 6-Day 103
HIZENTRA 132
HUMALOG 90
HUMALOG JUNIOR KWIKPEN 89
HUMALOG KWIKPEN 89
HUMALOG MIX 50/50 90
HUMALOG MIX 50/50 KWIKPEN 89
HUMALOG MIX 75/25 90
HUMALOG MIX 75/25 KWIKPEN 90
HUMATE-P 119
HUMATROPE 105
HUMIRA 127
HUMIRA PEDIATRIC CROHNS START 126
HUMIRA PEN 126
HUMIRA PEN-CD/UC/HS STARTER 126
HUMIRA PEN-PS/UV/ADOL HS START 127
HUMIRA PEN-PSOR/UVEIT STARTER 127
HUMULIN 70/30 90
HUMULIN 70/30 KWIKPEN 90
HUMULIN N 90
HUMULIN N KWIKPEN 90
HUMULIN R 90
HUMULIN R U-500 (CONCENTRATED) 90
HUMULIN R U-500 KWIKPEN 90
HYALGAN 27
HYCAMTIN 51
HYCODAN 153
hydralazine hcl 60
HYDREA 50
hydrochlorothiazide 59
hydrocod polst-cpm polst er 153
hydrocodone bitartrate er 19
hydrocodone-acetaminophen 19, 20
hydrocodone-homatropine 153
hydrocodone-ibuprofen 20
hydrocortisone 104, 165
hydrocortisone (perianal) 115
hydrocortisone butyr lipo base 165
hydrocortisone butyrate 165
hydrocortisone valerate 165
hydrocortisone-acetic acid 169
hydromorphone hcl 20
hydromorphone hcl er 20
hydroxychloroquine sulfate 130
hydroxyprogesterone caproate 108
hydroxyurea 50
hydroxyzine hcl 151
hydroxyzine pamoate 151
hylavite 143
HYMOVIS 27
HYPERHEP B 132
HYPERRAB 132
HYPERRHO S/D 132
HYPERTET S/D 132
HYQVIA 132
HYSINGLA ER 20
ibandronate sodium 93, 94
IBRANCE 42
Ibu 16
ibuprofen 16
icatibant acetate 124
ICLUSIG 46
IDELVION 123
IDHIFA 46
ILARIS 127
ILEVRO 147
ILUMYA 161
imatinib mesylate 46
IMBRUVICA 47
IMCIVREE 70
imipramine hcl 68
imipramine pamoate 68
imiquimod 159
imiquimod pump 159
IMOGAM RABIES-HT 132
IMPEKLO 165
IMPOYZ 166
IMURAN 134
INATAL GT 143
INBRIJA 70
INCRELEX 106
INCRUSE ELLIPTA 150
indapamide 59
INDOCIN 16
indomethacin 16
INFLECTRA 127
INGREZZA 80
INLYTA 47
INQOVI 50
INREBIC 47
INSPRA 53
insulin asp prot & asp flexpen 90
insulin aspart 90
insulin aspart flexpen 90
insulin aspart penfill 90
insulin aspart prot & aspart 90
insulin lispro 91
insulin lispro (1 unit dial) 90
insulin lispro junior kwikpen 91
insulin lispro prot & lispro 91
INTELENCE 31
INTRON A 133
Introvale 97
INVIRASE 31
INVOKAMET 93
INVOKAMET XR 93
INVOKANA 93
ipratropium bromide 150
ipratropium-albuterol 149
irbesartan 53
irbesartan-hydrochlorothiazide 53
IRESSA 47
ISENTRESS 31
ISENTRESS HD 31
isoniazid 36
ISOPTO ATROPINE 148
isosorbide dinitrate 60
isosorbide mononitrate 61
isosorbide mononitrate er 60
isotretinoin 158
isradipine 58
ISTURISA 106
itraconazole 28
ivermectin 29
IXINITY 123
JADENU 95
JADENU SPRINKLE 95
JAKAFI 47
JANUMET 88
JANUMET XR 88
JANUVIA 88
JARDIANCE 93
JENTADUETO 88
JENTADUETO XR 88
Jinteli 102
JIVI 122
JORNAY PM 75, 76

JUBLIA....160
JULUCA....35
Junel 1.5/30....97
Junel 1/20.... 97
Junel Fe 1.5/30....97
Junel Fe 24.... 97
JUXTAPID....55
JYNARQUE....106
Kaitlib Fe.... 97
KALBITOR.... 124
KALETRA.... 35
KALYDECO.... 154
KANUMA.... 100
KCENTRA.... 123
kedrab....132
Kelnor 1/50....97
KENALOG....166
KESIMPTA.... 82
ketoconazole.... 28, 160, 162
ketoprofen....16
ketoprofen er....16
ketorolac tromethamine.... 16, 147
KEVEYIS.... 59
KEVZARA.... 127
KINERET....127
KISQALI (200 MG DOSE).... 42
KISQALI (400 MG DOSE).... 42
KISQALI (600 MG DOSE).... 42
KISQALI FEMARA (400 MG DOSE).... 42
KISQALI FEMARA (600 MG DOSE).... 42
KISQALI FEMARA(200 MG DOSE).... 42
KITABIS PAK.... 27
KLONOPIN.... 65
Klor-Con....142
Klor-Con 10.... 142
Klor-Con M10....142
Klor-Con M15....142
Klor-Con M20....142
KLOXXADO.... 86
KOATE....122
KOATE-DVI.... 122
KOGENATE FS....122
KORLYM....106
KOSELUGO.... 47
KOVALTRY.... 122
kp fexofenadine hcl....151
kp ketotifen fumarate.... 144
KRISTALOSE....111
kroger test....139
KRYSTEXXA.... 14
K-TAB.... 142
KUVAN....100
KYLEENA.... 97
KYNMOBI....70
labetalol hcl....57
lactulose....111
lactulose encephalopathy.... 111
lamivudine....31, 32, 36
lamivudine-zidovudine.... 35
lamotrigine....65
lamotrigine er....65
lamotrigine starter kit-blue....65
lamotrigine starter kit-green....65
lamotrigine starter kit-orange...65
lancets....139
lancets super thin 28g.... 139
LANCETS ULTRA THIN...139
lancets ultra thin 30g.... 139
LANOXIN....58
lansoprazole.... 113
lanthanum carbonate.... 108
LANTUS.... 91
LANTUS SOLOSTAR....91
lapatinib ditosylate....47
LASTACAFT.... 144
latanoprost.... 145
LATUDA....72
LAZANDA....20
ledipasvir-sofosbuvir....39
leflunomide....130
LEMTRADA....82
LENVIMA (10 MG DAILY DOSE)....47
LENVIMA (12 MG DAILY DOSE)....47
LENVIMA (14 MG DAILY DOSE)....47
LENVIMA (18 MG DAILY DOSE)....47
LENVIMA (20 MG DAILY DOSE)....47
LENVIMA (24 MG DAILY DOSE)....47
LENVIMA (4 MG DAILY DOSE)....47
LENVIMA (8 MG DAILY DOSE)....47
LETAIRIS.... 61
letrozole.... 44
leucovorin calcium....51
LEUKERAN....41
LEUKINE.... 120
leuprolide acetate.... 44
levalbuterol hcl.... 152
levalbuterol tartrate....152
LEVEMIR.... 91
LEVEMIR FLEXTOUCH.....91
levetiracetam....65
levetiracetam er....65
LEVITRA.... 116
levobunolol hcl....145
levocarnitine....94
levocetirizine dihydrochloride..151
levofloxacin.... 39, 146
levonorgest-eth estrad 91-day... 98
levonorgestrel-ethinyl estrad.....98
levorphanol tartrate....20
levothyroxine sodium....108
LEVULAN KERASTICK....168
LEXETTE....166
LEXIVA....32
liberty test.... 140
LICART....168
lidocaine....167
lidocaine hcl.... 167
lidocaine hcl urethral/mucosal.167
lidocaine viscous hcl....169
lidocaine-prilocaine.... 167
lidocaine-tetracaine.... 167
LIDODERM....167
LIFESCAN UNISTIK 2.....140
LIFESCAN UNISTIK II LANCETS.... 140
LILETTA (52 MG)....98
linezolid.... 29
LINZESS.... 111
liothyronine sodium.... 108
lisinopril....52
lisinopril-hydrochlorothiazide... 52
lite touch lancets....140
LITETOUCH LANCETS.....140
lithium carbonate.... 81
lithium carbonate er.... 81
LITHOBID.... 72
LIVMARLI....112
LO LOESTRIN FE....98
LOCOID.... 166

LOCOID LIPOCREAM.....166
LOKELMA..... 94
LOMOTIL..... 112
LONSURF..... 50
lopinavir-ritonavir..... 35
loratadine.....151
loratadine-d 24hr.....153
lorazepam..... 63
Lorazepam Intensol.....63
LORBRENA..... 48
LOREEV XR.....63
LORTAB..... 20
losartan potassium.....53
losartan potassium-hctz..... 53
loteprednol etabonate..... 147
LOTREL.....52
lovastatin..... 55
loxapine succinate..... 72
lubiprostone.....111
LUCENTIS.....148
luliconazole..... 160
LUMAKRAS..... 48
LUMIGAN.....145
LUMIZYME..... 100
LUPANETA PACK..... 99
LUPKYNIS..... 134
LUPRON DEPOT (1-MONTH).....44
LUPRON DEPOT (3-MONTH).....44
LUPRON DEPOT (4-MONTH).....44
LUPRON DEPOT (6-MONTH).....44
LUPRON DEPOT-PED (1-MONTH).....50
LUPRON DEPOT-PED (3-MONTH).....50
LUXIQ.....166
LYNPARZA.....43
LYRICA..... 65
LYRICA CR.....86
LYSODREN.....44
LYUMJEV..... 91
LYUMJEV KWIKPEN.....91
MACROBID..... 29
MACRODANTIN.....29
mafenide acetate.....159
MAKENA..... 108
MALARONE..... 30
malathion..... 168
MATULANE..... 50
Matzim La.....58
MAVENCLAD (10 TABS).....83
MAVENCLAD (4 TABS).....83
MAVENCLAD (5 TABS).....83
MAVENCLAD (6 TABS).....83
MAVENCLAD (7 TABS).....83
MAVENCLAD (8 TABS).....83
MAVENCLAD (9 TABS).....83
MAVYRET..... 39
MAXIDEX..... 147
MAYZENT..... 83
MAYZENT STARTER PACK..... 83
meclofenamate sodium..... 16
medroxyprogesterone acetate..... 98, 108
mefenamic acid.....16
mefloquine hcl..... 30
megestrol acetate..... 44
MEKINIST.....48
MEKTOVI.....50
meloxicam.....16
melphalan.....41
memantine hcl..... 67
memantine hcl er..... 67
MENOPUR..... 103
meperidine hcl..... 21
mercaptopurine..... 41
mesalamine..... 110, 111
mesalamine er.....110
MESTINON..... 81
metaxalone..... 85
metformin hcl.....88
metformin hcl er.....88
metformin hcl er (mod).....88
metformin hcl er (osm)..... 88
methadone hcl..... 21
Methadone Hcl Intensol.....21
METHADOSE..... 21
METHADOSE SUGAR-FREE.....21
methamphetamine hcl.....76
methazolamide..... 59
methenamine hippurate.....29
methenamine mandelate..... 29
Methergine..... 106
methimazole..... 109
methocarbamol.....85
methotrexate.....41
methotrexate sodium..... 42
methotrexate sodium (pf)..... 41
methoxsalen rapid..... 161
methscopolamine bromide.....109
methyldopa..... 60
methylergonovine maleate.....106
METHYLIN.....76
methylphenidate hcl..... 76, 77
methylphenidate hcl er.....76
methylphenidate hcl er (cd).....76
methylphenidate hcl er (la)..... 76
methylphenidate hcl er (xr).....76
methylprednisolone.....104
methyltestosterone..... 87
metoclopramide hcl..... 109, 110
metolazone.....59
metoprolol succinate er.....57
metoprolol tartrate.....57
metoprolol-hydrochlorothiazide 56
metronidazole.....29, 118, 168
metyrosine.....60
miconazole 3.....118
*miconazole-zinc oxide-petrolat*160
MICRHOGAM ULTRA-FILTERED PLUS..... 132
MICRODOT TEST..... 140
MICROLET LANCETS.....140
midazolam hcl..... 78
midodrine hcl.....60
MIGERGOT..... 79
miglitol..... 87
miglustat..... 100
MIGRANAL..... 79
MILLIPRED..... 104
Mimvey..... 102
MINOCIN..... 41
minocycline hcl.....41
minocycline hcl er.....41
minoxidil.....60
MIRCERA.....120
MIRENA (52 MG)..... 98
mirtazapine..... 69
misoprostol.....112
modafinil.....85
moexipril hcl..... 52
mometasone furoate..... 155, 166
MONONINE..... 123
MONOVISC.....27
montelukast sodium..... 154

morphine sulfate 22
morphine sulfate (concentrate) .21
morphine sulfate er 21
morphine sulfate er beads 21
MOVANTIK 112
MOVIPREP 111
MOXEZA 146
moxifloxacin hcl 39, 146
moxifloxacin hcl (2x day) 146
MS CONTIN 22
MULPLETA 120
MULTAQ 54
mupirocin 159
mupirocin calcium 159
MUSE 116
MYALEPT 100
MYAMBUTOL 36
MYCAPSSA 106
mycophenolate mofetil 134
mycophenolate sodium 134
MYDAYIS 77
MYFORTIC 134
MYLERAN 41
Myorisan 158
MYRBETRIQ 117
MYTESI 112
na ferric gluc cplx in sucrose ... 143
NABI-HB 132
nabumetone 16
nadolol 57
naftifine hcl 160
NAFTIN 160
NAGLAZYME 100
nalocet 22
naloxone hcl 86
naltrexone hcl 86
NAMZARIC 67
NAPRELAN 16
NAPROSYN 16
naproxen 16
naproxen sodium 17
naproxen sodium er 16
naproxen-esomeprazole 17
naratriptan hcl 79
NARCAN 86
NARDIL 69
NASACORT ALLERGY 24HR 155
NATAZIA 98
nateglinide 92
NATESTO 87
NATPARA 106
NAYZILAM 65
nebivolol hcl 57
Necon 0.5/35 (28) 98
neomycin sulfate 27
neomycin-polymyxin-dexameth 146
neomycin-polymyxin-hc 169
NEORAL 134
NEO-SYNALAR 159
NERLYNX 48
NEULASTA 120
NEULASTA ONPRO 120
NEUPOGEN 120
NEUPRO 71
NEURONTIN 65
NEUTEK 2TEK TEST 140
NEVANAC 147
nevirapine 32
nevirapine er 32
NEXAVAR 48
NEXIUM 114
NEXIUM 24HR 114
NEXLETOL 54
NEXLIZET 54
NEXPLANON 98
NEXTSTELLIS 98
niacin er (antihyperlipidemic) .. 55
NIACOR 55
nicardipine hcl 58
NICOMIDE 143
nicotinamide 144
NICOTROL 86
NICOTROL NS 86
nifedipine er 58
nifedipine er osmotic release 58
NILANDRON 44
nilutamide 44
nimodipine 58
NINLARO 51
nisoldipine er 58
nitazoxanide 29
nitisinone 100
NITRO-DUR 61
nitrofurantoin 29
nitrofurantoin macrocrystal 29
nitrofurantoin monohyd macro . 29
nitroglycerin 61
NITYR 101
NIVESTYM 120
nizatidine 110
NORDITROPIN FLEXPRO 105
norethin ace-eth estrad-fe 98
norethindrone 98
norethindrone acetate 108
norethindrone acet-ethinyl est ... 98
norethin-eth estradiol-fe 98
norgesic forte 85
norgestim-eth estrad triphasic ... 98
NORPACE CR 54
NORPRAMIN 69
NORTHERA 60
Nortrel 0.5/35 (28) 98
Nortrel 1/35 (21) 98
Nortrel 7/7/7 98
nortriptyline hcl 69
NORVIR 32
NOURIANZ 71
NOVAREL 103
NOVOEIGHT 122
NOVOLIN 70/30 91
NOVOLIN 70/30 FLEXPEN .. 91
NOVOLIN N 91
NOVOLIN N FLEXPEN 91
NOVOLIN R 91
NOVOLIN R FLEXPEN 91
NOVOLOG 92
NOVOLOG FLEXPEN 91
NOVOLOG MIX 70/30 91
NOVOLOG MIX 70/30 FLEXPEN 91
NOVOLOG PENFILL 92
NOVOSEVEN RT 119
np thyroid 109
NPLATE 120
NUBEQA 44
NUCALA 152
NUCYNTA 22
NUCYNTA ER 22
NUEDEXTA 81
NULOJIX 135
NUPLAZID 72
NURTEC 79
NUTROPIN AQ NUSPIN 10 105
NUTROPIN AQ NUSPIN 20 105
NUTROPIN AQ NUSPIN 5 105
NUVARING 99

NUWIQ 122
nystatin 28, 160, 169
nystatin-triamcinolone 160
NYVEPRIA 120
obizur 122
OCALIVA 112
OCTAGAM 132
octreotide acetate 106, 107
ODEFSEY 35
ODOMZO 43
OFEV 155
ofloxacin 146, 169
olanzapine 72
olmesartan medoxomil 53
olmesartan medoxomil-hctz 53
olmesartan-amlodipine-hctz 53
olopatadine hcl 151
OLUMIANT 127
OLUX 166
OLUX-E 166
omega-3-acid ethyl esters 56
omeprazole 114
omeprazole magnesium 114
omeprazole-sodium bicarbonate 114
OMNIFLEX DIAPHRAGM 135
OMNIPOD 5 PACK 140
OMNIPOD STARTER 140
OMNITROPE 105
ondansetron 110
ondansetron hcl 110
ONETOUCH CLUB LANCETS FINE PT 140
ONETOUCH DELICA LANCETS 30G 140
ONETOUCH DELICA LANCETS 33G 140
ONETOUCH DELICA LANCING DEV 140
ONETOUCH DELICA PLUS LANCET30G 140
ONETOUCH FINEPOINT LANCETS 140
ONETOUCH ULTRA 140
ONETOUCH ULTRASOFT LANCETS 140
ONETOUCH VERIO 140
ONEXTON 158
ONUREG 42
ONZETRA XSAIL 79
OPSUMIT 61
OPTIONS GYNOL II CONTRACEPTIVE 115
OPTIUM TEST 140
OPTIUMEZ TEST 140
ORALAIR 125
ORENCIA 127
ORENCIA CLICKJECT 127
ORENITRAM 61
ORFADIN 101
ORGOVYX 44
ORIAHNN 102
ORILISSA 100
ORKAMBI 154
ORLADEYO 124
orphenadrine-asa-caffeine 85
ORTHOVISC 27
oseltamivir phosphate 36
OSPHENA 107
OTEZLA 130
OTREXUP 130
OVIDE 168
OVIDREL 103
oxandrolone 87
oxaprozin 17
OXAYDO 23
oxazepam 63
OXBRYTA 124
oxcarbazepine 65
OXERVATE 148
oxiconazole nitrate 160
OXISTAT 160
OXTELLAR XR 65
oxybutynin chloride 117
oxybutynin chloride er 117
oxycodone hcl 23
oxycodone hcl er 23
oxycodone-acetaminophen .. 23, 24
OXYCONTIN 24
oxymorphone hcl 24
oxymorphone hcl er 24
OZEMPIC (0.25 OR 0.5 MG/DOSE) 89
OZEMPIC (1 MG/DOSE) 89
paliperidone er 72
PALYNZIQ 101
PAMELOR 69
pamidronate disodium 94
PANDEL 166
pantoprazole sodium 114
PANZYGA 132
PARAGARD INTRAUTERINE COPPER .. 99
paricalcitol 144
PARNATE 69
paromomycin sulfate 27
paroxetine hcl 69
paroxetine hcl er 69
paroxetine mesylate 69
PARSABIV 94
peg 3350-kcl-na bicarb-nacl 111
peg-3350/electrolytes 111
PEGASYS 39
PEGASYS PROCLICK 39
peg-kcl-nacl-nasulf-na asc-c 111
PEG-PREP 111
PEMAZYRE 50
penicillamine 94, 95
penicillin v potassium 40
pentamidine isethionate 30
PENTASA 111
pentazocine-naloxone hcl 17
pentoxifylline er 124
PERCOCET 24
PERFOROMIST 152
perindopril erbumine 52
permethrin 168
perphenazine 72
perphenazine-amitriptyline 87
phendimetrazine tartrate 81
phenelzine sulfate 69
phenobarbital 65
phenoxybenzamine hcl 60
phentermine hcl 81
phenytoin 65, 66
phenytoin sodium extended 66
PHOSLYRA 108
Phospho-Trin 250 Neutral 142
phytonadione 144
PIFELTRO 32
pilocarpine hcl 145, 169
pimecrolimus 168
pimozide 81
pindolol 57
pioglitazone hcl 92
pioglitazone hcl-glimepiride 92
pioglitazone hcl-metformin hcl .. 92
PIQRAY (200 MG DAILY DOSE) 48

PIQRAY (250 MG DAILY DOSE) 48
PIQRAY (300 MG DAILY DOSE) 48
piroxicam 17
PLAQUENIL 130
PLEGRIDY 83
PLEGRIDY STARTER PACK 83
PLENVU 112
PLIAGLIS 167
pnv-dha 144
podofilox 168
polymyxin b-trimethoprim 146
POMALYST 133
PONVORY 83
PONVORY STARTER PACK 83
posaconazole 28
pot & sod cit-cit ac 117
potassium chloride 142
potassium chloride crys er 142
potassium chloride er 142
potassium citrate er 117
PRALUENT 56
pramipexole dihydrochloride 71
pramipexole dihydrochloride er 71
prasugrel hcl 125
pravastatin sodium 55
praziquantel 30
prazosin hcl 53
PRECISION PCX 140
PRECISION PCX PLUS TEST 140
PRECISION POINT OF CARE TEST 140
PRECISION QID TEST 140
PRECISION SOF-TACT TEST 140
PRECISION THINS GP LANCETS 141
PRECISION XTRA BLOOD GLUCOSE 141
PRECOSE 87
PRED FORTE 147
PRED MILD 147
prednicarbate 166
prednisolone 104
prednisolone acetate 147
prednisolone sodium phosphate 104
prednisone 104
pregabalin 66
pregabalin er 86
PREGNYL 103
PREMARIN 102
premium blood glucose test 141
PREMPHASE 102
PREMPRO 102
PRENATABS RX 144
PREVACID 114
PREVACID SOLUTAB 114
Previfem 99
PREVYMIS 37
PREZCOBIX 35
PREZISTA 32
PRIALT 15
PRILOSEC 114
PRILOSEC OTC 114
primaquine phosphate 30
primidone 66
PRIVIGEN 132
PROAIR HFA 152
PROAIR RESPICLICK 152
probenecid 14
Procentra 77
prochlorperazine maleate 110
PROCRIT 120
PROCTOFOAM HC 115
Proctozone-Hc 115
PROCYSBI 107
PROFILNINE 123
progesterone 108
PROGRAF 135
PROLASTIN-C 154
PROLATE 24
PROLIA 107
PROMACTA 121
promethazine hcl 110
promethazine-codeine 153
promethazine-dm 153
promethazine-phenyleph-codeine 153
promethazine-phenylephrine 153
PROMETHEGAN 110
PROMETRIUM 108
propafenone hcl 54
propafenone hcl er 54
propranolol hcl 57
propranolol hcl er 57
propylthiouracil 109
PROTONIX 114
protriptyline hcl 69
PRUDOXIN 160
psorcon 166
PULMICORT FLEXHALER 156
PULMOZYME 155
PURIXAN 42
PYLERA 112
pyrazinamide 36
pyridostigmine bromide 81
pyridostigmine bromide er 81
pyrimethamine 30
qc lansoprazole 114
QDOLO 24
QELBREE 77
QINLOCK 50
QSYMIA 81
QTERN 92
quad-mix 116
quazepam 78
quetiapine fumarate 72
quetiapine fumarate er 72
QUILLICHEW ER 77
QUILLIVANT XR 77
quinapril hcl 52
quinapril-hydrochlorothiazide 52
quinine sulfate 30
QUINTET AC BLOOD GLUCOSE TEST 141
QUINTET BLOOD GLUCOSE TEST 141
QVAR REDIHALER 156
ra omeprazole 114
rabeprazole sodium 115
RAGWITEK 125
raloxifene hcl 107
ramelteon 78
ramipril 52
ranolazine er 60
RAPAMUNE 135
rasagiline mesylate 71
RASUVO 130
RAVICTI 101
REBIF 84
REBIF REBIDOSE 83
REBIF REBIDOSE TITRATION PACK 84
REBIF TITRATION PACK 84
REBINYN 123

RECLAST 94
Reclipsen 99
RECOMBINATE 122
REDITREX 131
RELENZA DISKHALER 37
RELEXXII 77
RELION BLOOD GLUCOSE TEST 141
RELION ULTIMA TEST 141
REMICADE 127
REMODULIN 61
RENFLEXIS 128
reno caps 144
repaglinide 92
REPATHA 56
REPATHA PUSHTRONEX SYSTEM 56
REPATHA SURECLICK 56
RESTASIS 148
RESTASIS MULTIDOSE 148
RETACRIT 121
RETEVMO 48
RETIN-A MICRO 158
RETIN-A MICRO PUMP 158
RETROVIR 32
REVATIO 61
REVLIMID 133
REYATAZ 32, 33
REYVOW 79
REZUROCK 135
RHOGAM ULTRA-FILTERED PLUS 133
RHOPHYLAC 133
RHOPRESSA 148
RIASTAP 123
ribavirin 39
rifabutin 36
rifampin 36
riluzole 81
rimantadine hcl 37
RINVOQ 128
risedronate sodium 94
RISPERDAL CONSTA 72
risperidone 72
RITALIN 77
RITALIN LA 77
ritonavir 33
rivastigmine 67
rivastigmine tartrate 67
Rivelsa 99
rixubis 123
rizatriptan benzoate 79
ROCALTROL 144
ROCKLATAN 148
ropinirole hcl 71
ropinirole hcl er 71
rosuvastatin calcium 55
ROXICODONE 24, 25
ROZLYTREK 48
RUBRACA 43
RUCONEST 124
rufinamide 66
RUKOBIA 33
RUZURGI 81
RYBELSUS 89
RYCLORA 151
RYDAPT 43
RYTHMOL SR 54
SABRIL 66
SAIZEN 105
SAIZENPREP 105
SALAGEN 169
SAMSCA 107
SANCUSO 110
SANDIMMUNE 135
SANDOSTATIN 107
SANDOSTATIN LAR DEPOT 107
sapropterin dihydrochloride 101
sapscare twist top lancets 141
SAVELLA 81
SAVELLA TITRATION PACK 81
SAXENDA 93
scopolamine 110
SEASONIQUE 99
selegiline hcl 71
SELZENTRY 33
SEMGLEE 92
SENSIPAR 94
SEREVENT DISKUS 152
SERNIVO 166
SEROSTIM 105
sertraline hcl 69
sevelamer carbonate 108
sevelamer hcl 108
SEVENFACT 119
SHUR-SEAL CONTRACEPTIVE 115
SIGNIFOR 107
SIGNIFOR LAR 107
sildenafil citrate 61, 62
SILIQ 161
silodosin 115
SILVADENE 159
silver sulfadiazine 159
SIMBRINZA 145
SIMPLE DIAGNOSTICS LANCING DEV 141
SIMPONI 128
SIMPONI ARIA 128
simvastatin 55
sirolimus 135
SIRTURO 36
SKELAXIN 85
SKYLA 99
SKYRIZI 128
SKYRIZI (150 MG DOSE) .. 128
SKYRIZI PEN 128
SKYTROFA 105
SLYND 99
sm loratadine 151
sm loratadine allergy relief 151
sm loratadine d 12hr 153
sod benz-sod phenylacet 101
sodium chloride 155
sodium fluoride 144
sodium phenylbutyrate 101
sodium polystyrene sulfonate 95
sofosbuvir-velpatasvir 39
solifenacin succinate 117
SOLIQUA 89
SOMA 85
SOMATULINE DEPOT 107
SOMAVERT 107
SOOLANTRA 168
SORILUX 162
sotalol hcl 57
sotalol hcl (af) 57
SOVALDI 39
spinosad 168
SPIRIVA HANDIHALER ... 150
SPIRIVA RESPIMAT 150
spironolactone 59
spironolactone-hctz 59
SPRAVATO (56 MG DOSE). 69
SPRAVATO (84 MG DOSE). 69
SPRIX 17
SPRYCEL 48
SPS 95

Ssd 159
stavudine 33
STELARA 128, 129
STENDRA 116
STIMATE 109
STIOLTO RESPIMAT 149
STIVARGA 48
STRATTERA 77
STRENSIQ 101
STRIBILD 35
STRIVERDI RESPIMAT 152
SUBLOCADE 26
SUBOXONE 17
SUBSYS 25
SUCRAID 113
sucralfate 112
sulconazole nitrate 160
sulfacetamide sodium 146, 147
sulfacetamide sodium (acne) .. 158
sulfacetamide-prednisolone 146
sulfamethoxazole-trimethoprim 30
sulfasalazine 111
sulindac 17
sumatriptan 79
sumatriptan succinate 79, 80
sumatriptan succinate refill 80
sumatriptan-naproxen sodium ... 80
sunitinib malate 48
SUNOSI 85
SUPARTZ FX 27
super bi-mix 116
super quad-mix 116
super thin lancets 141
super tri-mix 116
SUPRAX 38
SUPREME TEST 141
SUPREP BOWEL PREP KIT 112
SUSTIVA 33
SUTAB 112
SUTENT 48
SYMBICORT 157
SYMDEKO 155
SYMFI 35
SYMFI LO 35
SYMJEPI 149
SYMLINPEN 120 87
SYMLINPEN 60 87
SYMTUZA 35
SYNAGIS 37
SYNALAR 166
SYNAREL 107
SYNERA 167
SYNJARDY 92
SYNJARDY XR 92
SYNTHROID 109
SYNVISC 27
SYNVISC ONE 27
SYPRINE 95
TABLOID 42
TABRECTA 50
tacrolimus 135, 168
tadalafil 62, 116
tadalafil (pah) 62
TAFINLAR 48
TAGRISSO 49
TAKHZYRO 124
TALTZ 129
TALZENNA 43
tamoxifen citrate 44
tamsulosin hcl 115
TAPERDEX 12-DAY 104
Taperdex 6-Day 104
TAPERDEX 7-DAY 104
TARCEVA 49
TARGRETIN 51, 168
TASIGNA 49
TAVALISSE 125
TAVNEOS 125
tazarotene 162
TAZORAC 162
TAZVERIK 51
TECFIDERA 84
TEGSEDI 85
TEKTURNA HCT 58
telmisartan 54
telmisartan-amlodipine 53
telmisartan-hctz 53
temazepam 78
TEMIXYS 35
TEMODAR 41
TEMOVATE 166
temozolomide 41
tenofovir disoproxil fumarate 33
TEPMETKO 49
terazosin hcl 53
terbinafine hcl 28
terbutaline sulfate 152
terconazole 118
teriparatide (recombinant) 107
TESSALON PERLES 153
testosterone 87
testosterone cypionate 87
testosterone enanthate 87
tetrabenazine 81
tetracycline hcl 41
TEXACORT 166
THALOMID 133
THEO-24 157
theophylline 157
theophylline er 157
THIOLA 117
THIOLA EC 117
thioridazine hcl 72
thiothixene 73
THYROGEN 141
tiagabine hcl 66
TIBSOVO 51
TIKOSYN 54
Tilia Fe 99
timolol maleate 57, 145
timolol maleate pf 145
tinidazole 28
tiopronin 117
TIVICAY 33
TIVICAY PD 33
tizanidine hcl 85
TOBI 28
TOBI PODHALER 28
TOBRADEX 146
TOBRADEX ST 146
tobramycin 28, 147
tobramycin-dexamethasone 146
TODAY SPONGE 115
tolterodine tartrate 118
tolterodine tartrate er 117
tolvaptan 107
TOPICORT 167
TOPICORT SPRAY 167
topiramate 66
topiramate er 66
TOPROL XL 57
toremifene citrate 44
torsemide 59
TOUJEO MAX SOLOSTAR . 92
TOUJEO SOLOSTAR 92
TOVIAZ 118
TRACLEER 62
TRADJENTA 88
tramadol hcl 25

tramadol hcl er 25
tramadol hcl er (biphasic) 25
tramadol-acetaminophen 25
trandolapril 52
trandolapril-verapamil hcl er 52
tranexamic acid 125
TRANXENE-T 66
tranylcypromine sulfate 69
travoprost (bak free) 145
trazodone hcl 69
TRELEGY ELLIPTA 149
TRELSTAR MIXJECT 44
TREMFYA 129
treprostinil 62
TRESIBA 92
TRESIBA FLEXTOUCH 92
tretinoin 51, 158
tretinoin microsphere 158
TRETTEN 123
TREXALL 42
TREXIMET 80
triamcinolone acetonide 155, 167, 169
triamterene 59
triamterene-hctz 59
triazolam 78
TRIDESILON 167
trientine hcl 95
trifluoperazine hcl 73
trifluridine 147
trihexyphenidyl hcl 71
TRIJARDY XR 88
TRIKAFTA 155
Tri-Legest Fe 99
Tri-Lo-Sprintec 99
TRILURON 27
trimethobenzamide hcl 110
trimethoprim 30
trimipramine maleate 69
TRINATE 144
trinaz 144
TRINTELLIX 69
Tri-Previfem 99
TRIPTODUR 107
TRIUMEQ 35
TRIVISC 27
TRIZIVIR 36
TROKENDI XR 66
tropicamide 148
trospium chloride 118
trospium chloride er 118
TRUDHESA 80
true focus blood glucose strip .. 141
TRUE METRIX BLOOD GLUCOSE TEST 141
TRUEPLUS LANCETS 26G 141
TRUEPLUS LANCETS 30G 141
TRUEPLUS SAFETY LANCETS 28G 141
TRUETEST TEST 141
TRUETRACK TEST 141
TRULICITY 89
TRUSELTIQ (100MG DAILY DOSE) 49
TRUSELTIQ (125MG DAILY DOSE) 49
TRUSELTIQ (50MG DAILY DOSE) 49
TRUSELTIQ (75MG DAILY DOSE) 49
TRUVADA 36
TUKYSA 49
TURALIO 49
TUSSICAPS 153
TUXARIN ER 153
TUZISTRA XR 154
TWIRLA 99
TYBLUME 99
TYBOST 33
TYKERB 49
TYMLOS 107
TYSABRI 84
TYVASO 62
TYVASO REFILL 62
TYVASO STARTER 62
UBRELVY 80
UDENYCA 121
UKONIQ 49
ULTRACET 25
ULTRAM 25
ULTRAVATE 167
UNISTRIP1 GENERIC 141
UPTRAVI 62
UROCIT-K 10 117
UROCIT-K 15 117
UROCIT-K 5 117
UROXATRAL 115
URSO 250 112
URSO FORTE 112
ursodiol 113
valacyclovir hcl 37
VALCHLOR 168
VALCYTE 37
valganciclovir hcl 37
VALIUM 66
valproic acid 66
valsartan 54
valsartan-hydrochlorothiazide ... 53
VALTOCO 10 MG DOSE 66
VALTOCO 15 MG DOSE 66
VALTOCO 20 MG DOSE 66
VALTOCO 5 MG DOSE 66
VANCOCIN 30
VANCOCIN HCL 30
vancomycin hcl 30
VANOS 167
vardenafil hcl 116
varenicline tartrate 87
VARIZIG 133
VARUBI (180 MG DOSE) ... 110
VASCEPA 56
VCF VAGINAL CONTRACEPTIVE 116
VECAMYL 60
VECTICAL 162
VELETRI 62
Velivet 99
VELPHORO 108
VELTASSA 95
VEMLIDY 37
VENCLEXTA 51
VENCLEXTA STARTING PACK 52
venlafaxine hcl 69
venlafaxine hcl er 69
VENOFER 144
VENTAVIS 62
verapamil hcl 58
verapamil hcl er 58
VERDESO 167
VERZENIO 43
VFEND 28
V-GO 20 141
V-GO 30 141
V-GO 40 141
VIAGRA 116
VIBERZI 111
VIBRAMYCIN 41
VICTOZA 89
VIEKIRA PAK 39

vigabatrin 66
Vigadrone 67
VIIBRYD 70
VIIBRYD STARTER PACK . 70
VIMIZIM 101
VIMPAT 67
VIOKACE 113
VIRACEPT 33
VIRAMUNE XR 33
VIREAD 33
VISCO-3 27
VISTOGARD 51
VISUDYNE 148
vitamin d (ergocalciferol) 144
VITRAKVI 49
VIVITROL 87
VIZIMPRO 49
VONVENDI 124
voriconazole 28
VOSEVI 40
VOTRIENT 49
VPRIV 101
VRAYLAR 73
VTOL LQ 15
VUMERITY 84
VYNDAMAX 60
VYNDAQEL 60
VYVANSE 77, 78
WAKIX 85
warfarin sodium 119
WEGOVY 93
WELIREG 51
WIDE-SEAL DIAPHRAGM 60 135
WIDE-SEAL DIAPHRAGM 65 136
WIDE-SEAL DIAPHRAGM 70 136
WIDE-SEAL DIAPHRAGM 75 136
WIDE-SEAL DIAPHRAGM 80 136
WIDE-SEAL DIAPHRAGM 85 136
WIDE-SEAL DIAPHRAGM 90 136
WIDE-SEAL DIAPHRAGM 95 136
WILATE 119
WINRHO SDF 133
Wixela Inhub 157
XALKORI 49
XANAX 63
XANAX XR 63
XARELTO 119
XARELTO STARTER PACK 119
XATMEP 42
XELJANZ 129, 130
XELJANZ XR 130
XELODA 42
XEMBIFY 133
XENAZINE 81
XEOMIN 85
XERMELO 113
XGEVA 108
XIAFLEX 149
XIFAXAN 30
XIGDUO XR 93
XIIDRA 148
XODOL 25
XOLAIR 152
XOLEGEL 160
XOSPATA 49
XPOVIO (100 MG ONCE WEEKLY) 51
XPOVIO (40 MG ONCE WEEKLY) 51
XPOVIO (40 MG TWICE WEEKLY) 51
XPOVIO (60 MG ONCE WEEKLY) 51
XPOVIO (60 MG TWICE WEEKLY) 51
XPOVIO (80 MG ONCE WEEKLY) 51
XPOVIO (80 MG TWICE WEEKLY) 51
XTAMPZA ER 25
XTANDI 44
Xulane 99
XULTOPHY 89
XURIDEN 108
XYNTHA 122
XYNTHA SOLOFUSE 122
XYREM 85
XYWAV 85
XYZAL ALLERGY 24HR ... 151
YONSA 45
YUPELRI 150
ZADITOR 145
zafirlukast 154
zaleplon 78
zalvit 144
ZARXIO 121
ZAVESCA 101
ZEGERID 115
ZEJULA 43
ZELBORAF 50
ZEMAIRA 155
ZEMBRACE SYMTOUCH ... 80
ZEMPLAR 144
Zenatane 159
ZENPEP 113
Zenzedi 78
ZENZEDI 78
ZEPATIER 40
ZEPOSIA 84
ZEPOSIA 7-DAY STARTER PACK 84
ZEPOSIA STARTER KIT 84
ZERVIATE 145
ZIAC 56
ZIAGEN 33, 34
ZIANA 159
zidovudine 34
ZIEXTENZO 121
zileuton er 154
ZIOPTAN 145
ziprasidone hcl 73
ziprasidone mesylate 73
ZOKINVY 108
zoledronic acid 94
ZOLINZA 43
zolmitriptan 80
zolpidem tartrate 78
zolpidem tartrate er 78
ZOLPIMIST 78
ZOMACTON 105
ZOMACTON (FOR ZOMA-JET 10) 105
ZOMIG 80
ZONALON 160
ZONEGRAN 67
zonisamide 67
ZORBTIVE 106
ZORTRESS 135
ZORVOLEX 17
ZTLIDO 167
ZUBSOLV 17

ZYCLARA 159
ZYCLARA PUMP 159
ZYDELIG 50
ZYKADIA 50
ZYLET 146
ZYRTEC ALLERGY 151
ZYRTEC CHILDRENS
ALLERGY 151
ZYTIGA 45