# Plan for your best health

## 2022 Aetna Pharmacy Drug Guide

Advanced Control Plan: Texas Health | Aetna

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# How to use this guide

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

### Your plan includes

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

### What you can expect to pay

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

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

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

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

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

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

## Specialty Pharmacy Network

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

## How to get started with a specialty pharmacy

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

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

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

## CVS Caremark Mail Service Pharmacy™

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

## Get started right away

You can submit your order using one of these options:

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

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

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

# Frequently asked questions

### How can I save on prescriptions?

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

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

### What are generic drugs?

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

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

### What is precertification?

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

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

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

### What is step therapy?

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

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

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

### What are quantity limits?

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

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

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

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

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

### How can your provider request a medical exception?

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

### Pharmacy and Therapeutics (P&T) committee

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

### Can the formulary change during the year?

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

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

## Commercial 1557 Nondiscrimination Notice

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)

ᏣᎩᏍᏗ ᏕᏫᏂᎯᏍᏗ ᎢᏅᎾᏓᏅᏁᏗ Ꮭ ᎠᎱᏍᏗ ᏗᏣᎬᏣᎳᏁᏗ ᏜᎩ, ᏫᏰᎯᏏᏔᏅᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏌᎪᏉᏢ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᏢᎢ. (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)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတအိဉ်ဒီးအပှ့ၤလၢနကဘဉ်ဟ့ဉ်အီၤဘဉ်နှဉ်,ကိးဘဉ်လီတဲစိနီၣ်ဂံၢ်လၢအိဉ်လၢနတၢ်ဂီၤခိဉ် (ID) အခၢးလီၤန့ဉ်တက့ၢ် (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 ܕܝܠܟܘܢ ܕܝܢܐ ܕܝܬܗ ܟܕ ܡܢܒܪܐ ܕܒܟܪܬܐ ܕܬܗܘܐ ܒܗ. (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.

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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.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

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.

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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.
**NF** = Non-formulary, not covered unless exception request granted
**NP** = Non-Preferred Brand and Generic
**NPSP** = Non-Preferred Specialty
**PB** = Preferred Brand
**PG** = Preferred Generic
**PSP** = Preferred Specialty

**Coverage Requirements and Limits**
**AL** = Age Limit
**IBC** = Indication Based Coverage
**LGC** = Lowest Generic Copay Applies
**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
**QLR** = Quantity Limit Restriction Based on Age
**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** | | |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*) | NF | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | NP | |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*) | NF | |
| **GOUT** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | PG | |
| *colchicine oral capsule 0.6 mg* | NF | |
| *colchicine oral tablet 0.6 mg* | PG | QL (120 TABLETS per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *colchicine-probenecid oral tablet 0.5-500 mg* | PG | |
| COLCRYS ORAL TABLET 0.6 MG (*colchicine*) | NF | |
| *febuxostat oral tablet 40 mg, 80 mg* | PG | |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*) | NPSP | PA |
| MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*) | PB | QL (60 CAPSULES per 25 days) |
| *probenecid oral tablet 500 mg* | PG | |
| ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*) | NF | |
| **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*) | NF | |
| *butalbital-apap-caffeine* (Bac Oral Tablet 50-325-40 Mg) | PG | STX; QL (48 tablets per 25 days) |
| *butalbital-acetaminophen* (Bupap Oral Tablet 50-300 Mg) | NF | |
| *butalbital-acetaminophen oral capsule 50-300 mg* | NF | |
| *butalbital-acetaminophen oral tablet 50-325 mg* | PG | STX; QL (48 TABLETS per 25 DAYs) |
| *butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg* | NF | |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | PG | STX; QL (48 TABLETS per 25 days) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | PG | STX; QL (48 CAPSULES per 25 DAYs) |
| ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*) | NP | STX; QL (48 TABLETS per 25 DAYs) |
| FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*) | NF | |
| **NSAIDS** | | |
| CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*) | NF | |
| *diclofenac oral capsule 35 mg* | NF | |
| *diclofenac potassium oral capsule 25 mg* | NF | |
| *diclofenac potassium oral tablet 25 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *diclofenac potassium oral tablet 50 mg* | PG | |
| *diclofenac sodium er oral tablet extended release 24 hour 100 mg* | PG | |
| *diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg* | PG | |
| *etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg* | PG | |
| *etodolac oral capsule 200 mg, 300 mg* | PG | |
| *etodolac oral tablet 400 mg, 500 mg* | PG | |
| *fenoprofen calcium oral capsule 200 mg, 400 mg* | NF | |
| *fenoprofen calcium oral tablet 600 mg* | NF | N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.) |
| *flurbiprofen oral tablet 100 mg, 50 mg* | PG | |
| *ibuprofen* (Ibu Oral Tablet 600 Mg) | PG | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | PG | |
| INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*) | NF | |
| INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*) | NF | |
| *indomethacin oral capsule 20 mg* | NF | |
| *indomethacin oral capsule 25 mg, 50 mg* | PG | STX |
| *ketoprofen er oral capsule extended release 24 hour 200 mg* | NF | |
| *ketoprofen oral capsule 25 mg, 50 mg* | NF | |
| *ketorolac tromethamine nasal solution 15.75 mg/spray* | NF | |
| *ketorolac tromethamine oral tablet 10 mg* | PG | QL (20 TABLETS per 25 DAYs) |
| LODINE ORAL TABLET 400 MG (*etodolac*) | NF | |
| *diclofenac potassium* (Lofena Oral Tablet 25 Mg) | NF | |
| *meclofenamate sodium oral capsule 100 mg, 50 mg* | PG | |
| *mefenamic acid oral capsule 250 mg* | NP | N8 (Listing does not include certain NDCs) |
| *meloxicam oral capsule 10 mg, 5 mg* | NF | |
| *meloxicam oral suspension 7.5 mg/5ml* | NF | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | PG | |
| *nabumetone oral tablet 500 mg, 750 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*) | NF | |
| NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*) | NF | |
| *naproxen oral suspension 125 mg/5ml* | NF | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | PG | |
| *naproxen oral tablet delayed release 375 mg, 500 mg* | PG | |
| *naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg* | NF | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | PG | |
| *oxaprozin oral tablet 600 mg* | PG | |
| *piroxicam oral capsule 10 mg, 20 mg* | PG | |
| RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*) | NF | |
| *nabumetone* (Relafen Oral Tablet 500 Mg, 750 Mg) | NF | |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*) | NF | |
| *sulindac oral tablet 150 mg, 200 mg* | PG | |
| TIVORBEX ORAL CAPSULE 20 MG (*indomethacin*) | NF | |
| ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*) | NF | |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*) | NF | |
| **NSAIDS, COMBINATIONS** | | |
| ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*) | NF | |
| *diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg* | PG | |
| DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*) | NF | |
| *ibuprofen-famotidine oral tablet 800-26.6 mg* | NF | N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.) |
| *naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg* | NF | |
| VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **OPIOID ANALGESICS** | | |
| *acetaminophen-codeine #3 oral tablet 300-30 mg* | PG | N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| *acetaminophen-codeine #4 oral tablet 300-60 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | PG | N8 (Subject to initial limit); QL (2700 ML per 25 days) |
| *acetaminophen-codeine oral tablet 300-15 mg* | PG | N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYs) |
| ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*) | NP | PA; QL (120 LOZENGES per 25 DAYs) |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*) | NF | |
| *apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg* | NP | N8 (Subject to initial limit); QL (300 CAPSULES per 25 days) |
| *benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg* | NP | STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days) |
| *butalbital-apap-caff-cod oral capsule 50-300-40-30 mg* | PG | STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYs) |
| *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg* | PG | STX; QL (48 CAPSULES per 25 DAYs) |
| *butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg* | PG | STX; QL (48 CAPSULES per 25 DAYs) |
| *butorphanol tartrate nasal solution 10 mg/ml* | NP | QL (2 BOTTLES per 25 DAYs) |
| *codeine sulfate oral tablet 30 mg* | PG | N8 (Subject to initial limit); QL (42 TABLETS per 25 days) |
| *codeine sulfate oral tablet 60 mg* | NP | N8 (Subject to initial limit); QL (42 TABLETS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*tramadol hcl*) | NP | ST; QL (30 CAPSULES per 25 DAYs) |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (*tramadol hcl*) | NP | ST |
| DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*) | NP | N8 (Subject to initial limit); QL (600 ML per 25 days) |
| DILAUDID ORAL TABLET 2 MG (*hydromorphone hcl*) | NP | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| DILAUDID ORAL TABLET 4 MG (*hydromorphone hcl*) | NP | N8 (Subject to initial limit); QL (150 TABLETS per 25 days) |
| DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*) | NP | 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* | NP | PA; QL (120 LOZENGES per 25 DAYs) |
| *fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | PG | 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* | PG | ST |
| *fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr* | PG | ST; QL (10 PATCHES per 25 DAYs) |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*) | NF | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*) | NP | 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, 50 mg* | NF | |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | NF | |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | NP | N8 (Subject to initial limit); QL (2700 ML per 25 days) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| *hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg* | PG | N8 (Subject to initial limit); QL (240 TABLETS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | PG | 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* | NP | ST; QL (30 TABLETS per 25 DAYs) |
| *hydromorphone hcl er oral tablet extended release 24 hour 32 mg* | NP | ST |
| *hydromorphone hcl oral liquid 1 mg/ml* | PG | N8 (Subject to initial limit); QL (600 ML per 25 days) |
| *hydromorphone hcl oral tablet 2 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| *hydromorphone hcl oral tablet 4 mg* | PG | N8 (Subject to initial limit); QL (150 TABLETS per 25 days) |
| *hydromorphone hcl oral tablet 8 mg* | PG | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*) | NF | |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (*fentanyl citrate*) | NF | |
| *levorphanol tartrate oral tablet 2 mg, 3 mg* | NF | |
| LORTAB ORAL ELIXIR 10-300 MG/15ML (*hydrocodone-acetaminophen*) | NP | N8 (Subject to initial limit); QL (2025 ML per 25 days) |
| *meperidine hcl oral solution 50 mg/5ml* | NF | |
| *meperidine hcl oral tablet 50 mg* | NF | |
| *methadone hcl* (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml) | NP | ST; QL (60 ML per 25 DAYs) |
| *methadone hcl oral concentrate 10 mg/ml* | NP | QL (30 ML per 25 days) |
| *methadone hcl oral solution 10 mg/5ml* | PG | ST; QL (300 ML per 25 DAYs) |
| *methadone hcl oral solution 5 mg/5ml* | PG | ST; QL (450 ML per 25 DAYs) |
| *methadone hcl oral tablet 10 mg* | PG | ST; QL (60 TABLETS per 25 DAYs) |
| *methadone hcl oral tablet 5 mg* | PG | ST; QL (90 TABLETS per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methadone hcl oral tablet soluble 40 mg* | PG | QL (9 TABLETS per 25 DAYs) |
| METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*) | NP | QL (30 ML per 25 DAYs) |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*) | NP | QL (30 ML per 25 DAYs) |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | PG | N8 (Subject to initial limit); QL (135 ML per 25 days) |
| *morphine sulfate er beads oral capsule extended release 24 hour 120 mg* | PG | ST |
| *morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | PG | ST; QL (30 CAPSULES per 25 DAYs) |
| *morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg* | PG | ST; QL (60 CAPSULES per 25 days) |
| *morphine sulfate er oral capsule extended release 24 hour 100 mg* | PG | ST |
| *morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg* | PG | ST; QL (30 CAPSULES per 25 days) |
| *morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg* | PG | ST |
| *morphine sulfate er oral tablet extended release 15 mg, 30 mg* | PG | ST; QL (90 TABLETS per 25 days) |
| *morphine sulfate oral solution 10 mg/5ml* | PG | N8 (Subject to initial limit); QL (900 ML per 25 days) |
| *morphine sulfate oral solution 20 mg/5ml* | PG | N8 (Subject to initial limit); QL (675 ML per 25 days) |
| *morphine sulfate oral tablet 15 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| *morphine sulfate oral tablet 30 mg* | PG | N8 (Subject to initial limit); QL (90 TABLETS per 25 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (*morphine sulfate*) | NP | ST |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (*morphine sulfate*) | NP | ST; QL (90 TABLETS per 25 DAYs) |
| *nalocet oral tablet 2.5-300 mg* | NF | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (*tapentadol hcl*) | PB | ST; QL (60 TABLETS per 25 days) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *oxycodone-acetaminophen oral tablet 10-325 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | PG | N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | PG | 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, 40 MG, 60 MG, 80 MG (*oxycodone hcl*) | NF | |
| *oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | NF | |
| *oxymorphone hcl oral tablet 10 mg* | PG | N8 (Subject to initial limit); QL (90 TABLETS per 25 days) |
| *oxymorphone hcl oral tablet 5 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*) | NF | |
| PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*) | NF | |
| PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*) | NF | |
| QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*) | NF | |
| ROXICODONE ORAL TABLET 15 MG (*oxycodone hcl*) | NP | N8 (Subject to initial limit); QL (120 TABLETS per 25 days) |
| ROXICODONE ORAL TABLET 30 MG (*oxycodone hcl*) | NP | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*) | NF | |
| SEGLENTIS ORAL TABLET 56-44 MG (*celecoxib-tramadol hcl*) | NF | |
| SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 800 MCG (*fentanyl*) | PB | PA; QL (120 SPRAYS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 (*fentanyl*) | PB | PA; QL (120 LIQUID per 25 days) |
| *tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg* | PG | ST; QL (30 TABLETS per 25 days) |
| *tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg* | PG | 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* | PG | ST; QL (30 TABLETS per 25 days) |
| *tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg* | PG | ST |
| *tramadol hcl oral solution 5 mg/ml* | NF | |
| *tramadol hcl oral tablet 100 mg* | NF | |
| *tramadol hcl oral tablet 50 mg* | PG | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | PG | N8 (Subject to initial limit); QL (40 TABLETS per 25 days) |
| XODOL ORAL TABLET 5-300 MG (*hydrocodone-acetaminophen*) | NP | 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 |
| **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 transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | PG | ST; QL (4 PATCH WEEKLY per 25 days) |
| *buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr* | PG | ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*) | NF | |
| *pentazocine-naloxone hcl oral tablet 50-0.5 mg* | NP | STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days) |
| 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* | PG | |
| **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 |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*) | NF | |
| 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** | | |
| **ANTHELMINTICS - DRUGS FOR WORM INFECTION** | | |
| *albendazole oral tablet 200 mg* | NP | QL (336 TABLETS per 365 days) |
| BILTRICIDE ORAL TABLET 600 MG (*praziquantel*) | NP | QL (24 TABLETS per 365 DAYs) |
| EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*) | NP | QL (12 TABLETS per 365 days) |
| *ivermectin oral tablet 3 mg* | PG | |
| *praziquantel oral tablet 600 mg* | PG | QL (24 TABLETS per 365 DAYs) |
| **ANTI-BACTERIALS - MISCELLANEOUS** | | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*) | NPSP | PA |
| HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*) | NF | |
| *neomycin sulfate oral tablet 500 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *paromomycin sulfate oral capsule 250 mg* | PG | |
| *sulfadiazine oral tablet 500 mg* | NF | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | PG | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | PG | |
| *tinidazole oral tablet 250 mg, 500 mg* | NP | |
| **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS** | | |
| BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*) | NP | ST; QL (4 TABLETS per 7 DAYs) |
| CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*) | NF | |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | PG | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | PG | |
| *flucytosine oral capsule 250 mg* | NP | STX |
| *flucytosine oral capsule 500 mg* | NF | |
| *griseofulvin microsize oral suspension 125 mg/5ml* | PG | N8 (Listing does not include certain NDCs) |
| *griseofulvin microsize oral tablet 500 mg* | PG | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | PG | |
| *itraconazole oral capsule 100 mg* | PG | |
| *itraconazole oral solution 10 mg/ml* | NP | PA |
| *ketoconazole oral tablet 200 mg* | PG | PA; STX |
| NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*) | NF | |
| NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*) | NF | |
| *nystatin oral tablet 500000 unit* | PG | |
| *posaconazole oral tablet delayed release 100 mg* | NF | |
| SPORANOX ORAL CAPSULE 100 MG (*itraconazole*) | NF | |
| SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*) | NF | |
| *terbinafine hcl oral tablet 250 mg* | PG | |
| *tolsura oral capsule 65 mg* | NF | |
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*) | NP | PA; QL (18 CAPSULES per 336 DAYs) |
| *voriconazole oral suspension reconstituted 40 mg/ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *voriconazole oral tablet 200 mg, 50 mg* | PG | |
| **ANTIMALARIALS - DRUGS TO TREAT MALARIA** | | |
| ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*) | NF | |
| *atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg* | NP | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | PG | |
| *hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg* | NF | |
| KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*) | NF | |
| *mefloquine hcl oral tablet 250 mg* | NP | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | PG | |
| *quinine sulfate oral capsule 324 mg* | NP | |
| **ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION** | | |
| *abacavir sulfate oral solution 20 mg/ml* | PG | QL (900 ML per 30 DAYs) |
| *abacavir sulfate oral tablet 300 mg* | PG | QL (60 TABLETS per 30 DAYs) |
| APTIVUS ORAL CAPSULE 250 MG (*tipranavir*) | NF | |
| *atazanavir sulfate oral capsule 150 mg, 300 mg* | PG | QL (30 CAPSULES per 30 DAYs) |
| *atazanavir sulfate oral capsule 200 mg* | PG | QL (60 CAPSULES per 30 DAYs) |
| EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*) | PB | QL (60 TABLETS per 30 DAYs) |
| *efavirenz oral capsule 200 mg, 50 mg* | PG | QL (90 CAPSULES per 30 DAYs) |
| *efavirenz oral tablet 600 mg* | PG | QL (30 TABLETS per 30 DAYs) |
| *emtricitabine oral capsule 200 mg* | PG | 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*) | NP | QL (900 mls per 30 days) |
| EPIVIR ORAL TABLET 150 MG (*lamivudine*) | NP | QL (60 tablets per 30 days) |
| EPIVIR ORAL TABLET 300 MG (*lamivudine*) | NP | QL (30 tablets per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *etravirine oral tablet 100 mg* | PG | QL (120 TABLETS per 30 DAYs) |
| *etravirine oral tablet 200 mg* | PG | QL (60 TABLETS per 30 DAYs) |
| *fosamprenavir calcium oral tablet 700 mg* | PG | 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) |
| 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* | PG | QL (900 ML per 30 DAYs) |
| *lamivudine oral tablet 150 mg* | PG | QL (60 TABLETS per 30 days) |
| *lamivudine oral tablet 300 mg* | PG | QL (30 TABLETS per 30 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*) | NF | |
| LEXIVA ORAL TABLET 700 MG (*fosamprenavir calcium*) | NF | |
| *maraviroc oral tablet 150 mg* | PG | QL (60 TABLETS per 30 DAYs) |
| *maraviroc oral tablet 300 mg* | PG | QL (120 TABLETS per 30 DAYs) |
| *nevirapine er oral tablet extended release 24 hour 100 mg* | PG | QL (90 TABLETS per 30 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | PG | QL (30 TABLETS per 30 DAYs) |
| *nevirapine oral suspension 50 mg/5ml* | PG | QL (1200 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *nevirapine oral tablet 200 mg* | PG | 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*) | PB | QL (400 ML per 30 DAYs) |
| PREZISTA ORAL TABLET 150 MG (*darunavir*) | PB | QL (180 TABLETS per 30 DAYs) |
| PREZISTA ORAL TABLET 600 MG (*darunavir*) | PB | QL (60 TABLETS per 30 DAYs) |
| PREZISTA ORAL TABLET 75 MG (*darunavir*) | PB | QL (300 TABLETS per 30 DAYs) |
| PREZISTA ORAL TABLET 800 MG (*darunavir*) | PB | QL (30 TABLETS per 30 DAYs) |
| RETROVIR ORAL CAPSULE 100 MG (*zidovudine*) | NP | QL (180 CAPSULES per 30 DAYs) |
| RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*) | NP | QL (1800 ML per 30 DAYs) |
| REYATAZ ORAL CAPSULE 200 MG (*atazanavir sulfate*) | NP | QL (60 CAPSULES per 30 days) |
| REYATAZ ORAL CAPSULE 300 MG (*atazanavir sulfate*) | NP | QL (30 CAPSULES per 30 days) |
| REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*) | NP | QL (180 PACKET per 30 days) |
| *ritonavir oral tablet 100 mg* | PG | QL (360 TABLETS per 30 DAYs) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*) | NP | QL (60 TABLETS per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*) | NP | QL (1840 ML per 30 days) |
| SELZENTRY ORAL TABLET 150 MG, 75 MG (*maraviroc*) | NP | QL (60 TABLETS per 30 DAYs) |
| SELZENTRY ORAL TABLET 25 MG (*maraviroc*) | NP | QL (240 TABLETS per 30 DAYs) |
| SELZENTRY ORAL TABLET 300 MG (*maraviroc*) | NP | QL (120 TABLETS per 30 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *stavudine oral capsule 15 mg, 40 mg* | PG | QL (60 CAPSULES per 30 DAYs) |
| *stavudine oral capsule 20 mg, 30 mg* | PG | QL (60 CAPSULES per 30 days) |
| SUSTIVA ORAL CAPSULE 200 MG, 50 MG (*efavirenz*) | NP | QL (90 CAPSULES per 30 DAYs) |
| SUSTIVA ORAL TABLET 600 MG (*efavirenz*) | NP | QL (30 TABLETS per 30 DAYs) |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | PG | 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*) | NP | QL (30 TABLETS per 30 DAYs) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*) | NF | |
| VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*) | NP | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*) | NP | QL (30 TABLETS per 30 days) |
| ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*) | NP | QL (900 ML per 30 days) |
| ZIAGEN ORAL TABLET 300 MG (*abacavir sulfate*) | NP | QL (60 tablets per 30 days) |
| *zidovudine oral capsule 100 mg* | PG | QL (180 CAPSULES per 30 DAYs) |
| *zidovudine oral syrup 50 mg/5ml* | PG | QL (1800 ML per 30 DAYs) |
| *zidovudine oral tablet 300 mg* | PG | QL (60 TABLETS per 30 days) |
| **ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION** | | |
| *abacavir sulfate-lamivudine oral tablet 600-300 mg* | PG | QL (30 TABLETS per 30 days) |
| ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofovir*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BIKTARVY ORAL TABLET 30-120-15 MG (*bictegravir-emtricitab-tenofov*) | PB | 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*) | NP | 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 120-15 MG, 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* | PG | QL (30 TABLETS per 30 DAYs) |
| *efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg* | PG | QL (30 TABLETS per 30 DAYs) |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | PG | QL (30 TABLETS per 30 DAYs) |
| *emtricitabine-tenofovir df oral tablet 200-300 mg* | CE | N7 (PG); N8 ($0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days) |
| EPZICOM ORAL TABLET 600-300 MG (*abacavir sulfate-lamivudine*) | NP | 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*) | NP | QL (30 TABLETS per 30 DAYs) |
| KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*) | NP | QL (480 ML per 30 days) |
| KALETRA ORAL TABLET 100-25 MG (*lopinavir-ritonavir*) | NP | QL (240 TABLETS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KALETRA ORAL TABLET 200-50 MG (*lopinavir-ritonavir*) | NP | QL (120 TABLETS per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | PG | QL (60 TABLETS per 30 days) |
| *lopinavir-ritonavir oral solution 400-100 mg/5ml* | PG | QL (480 ML per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | PG | QL (240 TABLETS per 30 DAYs) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | PG | 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*) | NP | QL (30 TABLETS per 30 days) |
| SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*) | NP | 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) |
| TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*) | PB | QL (30 TABLETS per 30 DAYs) |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*) | PB | QL (180 TABLETS per 30 days) |
| TRIZIVIR ORAL TABLET 300-150-300 MG (*abacavir-lamivudine-zidovudine*) | NP | QL (60 TABLETS per 30 DAYs) |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*) | NF | |
| **ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS** | | |
| *cycloserine oral capsule 250 mg* | NP | |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | PG | |
| *isoniazid oral syrup 50 mg/5ml* | PG | |
| *isoniazid oral tablet 100 mg, 300 mg* | PG | |
| *pretomanid oral tablet 200 mg* | NP | PA |
| *pyrazinamide oral tablet 500 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *rifabutin oral capsule 150 mg* | PG | |
| *rifampin oral capsule 150 mg, 300 mg* | PG | |
| SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*) | NPSP | PA |
| **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS** | | |
| *acyclovir oral capsule 200 mg* | PG | |
| *acyclovir oral suspension 200 mg/5ml* | PG | |
| *acyclovir oral tablet 400 mg, 800 mg* | PG | |
| *adefovir dipivoxil oral tablet 10 mg* | PG | |
| 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* | PG | |
| *entecavir oral tablet 0.5 mg, 1 mg* | PG | 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* | PG | |
| *ganciclovir intravenous solution 500 mg/250ml* | NF | |
| *ganciclovir sodium intravenous solution 500 mg/10ml* | NF | |
| *ganciclovir sodium intravenous solution reconstituted 500 mg* | PG | |
| *lamivudine oral tablet 100 mg* | PG | |
| LIVTENCITY ORAL TABLET 200 MG (*maribavir*) | NF | |
| *oseltamivir phosphate oral capsule 30 mg* | PG | QL (40 CAPSULES per 90 days) |
| *oseltamivir phosphate oral capsule 45 mg, 75 mg* | PG | QL (20 CAPSULES per 90 days) |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | PG | QL (360 ML per 90 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*) | NP | QL (1 TABLET per 1 DAY) |
| *rimantadine hcl oral tablet 100 mg* | PG | |
| SITAVIG BUCCAL TABLET 50 MG (*acyclovir*) | NF | |
| TAMIFLU ORAL CAPSULE 30 MG (*oseltamivir phosphate*) | NP | QL (40 CAPSULES per 90 DAYs) |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG (*oseltamivir phosphate*) | NP | QL (20 CAPSULES per 90 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*) | NP | QL (360 ML per 90 days) |
| *valacyclovir hcl oral tablet 1 gm, 500 mg* | PG | |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*) | NF | |
| VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*) | NF | |
| *valganciclovir hcl oral solution reconstituted 50 mg/ml* | PG | PA; QL (1000 ML per 30 days) |
| *valganciclovir hcl oral tablet 450 mg* | PG | PA; QL (120 TABLETS per 30 days) |
| VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*) | NF | |
| VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*) | PSP | PA; QL (30 TABLETS per 30 days) |
| XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*) | NF | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*) | NF | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*) | NF | |
| ZOVIRAX ORAL SUSPENSION 200 MG/5ML (*acyclovir*) | NF | |
| **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS** | | |
| *cefaclor oral capsule 250 mg, 500 mg* | PG | |
| *cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml* | PG | |
| *cefadroxil oral capsule 500 mg* | PG | |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | PG | |
| *cefadroxil oral tablet 1 gm* | PG | |
| *cefdinir oral capsule 300 mg* | PG | |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | PG | |
| *cefixime oral capsule 400 mg* | NP | |
| *cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | NP | |
| *cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml* | PG | |
| *cefpodoxime proxetil oral tablet 100 mg, 200 mg* | PG | |
| *cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | PG | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml* | PG | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | PG | |
| **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS** | | |
| *ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg* | PG | |
| *levofloxacin oral solution 25 mg/ml* | PG | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | PG | |
| *moxifloxacin hcl oral tablet 400 mg* | PG | |
| **HEPATITIS C** | | |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*) | PSP | PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYs) |
| 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 PACKET 50-20 MG (*glecaprevir-pibrentasvir*) | NF | |
| MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*) | 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* | PG | PA |
| *ribavirin oral tablet 200 mg* | PG | 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 | |
| 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 | |
| **MISCELLANEOUS** | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*) | NP | QL (540 ML per 25 DAYs); AL (Min 1 Years) |
| ALINIA ORAL TABLET 500 MG (*nitazoxanide*) | NP | QL (20 TABLETS per 25 DAYs); AL (Min 12 Years) |
| *atovaquone oral suspension 750 mg/5ml* | PG | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | PG | |
| *clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml* | PG | |
| *colistimethate sodium (cba) injection solution reconstituted 150 mg* | PG | |
| *dapsone oral tablet 100 mg, 25 mg* | PG | |
| DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*) | NF | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*) | NF | |
| *linezolid oral suspension reconstituted 100 mg/5ml* | PG | PA |
| *linezolid oral tablet 600 mg* | PG | PA |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*) | NF | |
| MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*) | PB | |
| *methenamine hippurate oral tablet 1 gm* | PG | |
| *methenamine mandelate oral tablet 0.5 gm, 1 gm* | PG | |
| *metronidazole oral capsule 375 mg* | PG | |
| *metronidazole oral tablet 250 mg, 500 mg* | PG | |
| *nitazoxanide oral tablet 500 mg* | PG | QL (20 TABLETS per 25 DAYs); AL (Min 12 Years) |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *nitrofurantoin oral suspension 25 mg/5ml* | NP | N8 (Listing does not include certain NDCs) |
| *pentamidine isethionate inhalation solution reconstituted 300 mg* | PG | |
| *pyrimethamine oral tablet 25 mg* | PG | |
| SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*) | NP | PA |
| SOLOSEC ORAL PACKET 2 GM (*secnidazole*) | NF | |
| VANCOCIN ORAL CAPSULE 125 MG (*vancomycin hcl*) | NP | QL (80 CAPSULES per 10 Days) |
| *vancomycin hcl oral capsule 125 mg, 250 mg* | NP | QL (80 CAPSULES per 10 days) |
| *vancomycin hcl oral solution reconstituted 250 mg/5ml* | NP | QL (450 ML per 10 DAYs) |
| XIFAXAN ORAL TABLET 200 MG (*rifaximin*) | NF | |
| XIFAXAN ORAL TABLET 550 MG (*rifaximin*) | PB | PA |
| ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*) | NF | |
| ZYVOX ORAL TABLET 600 MG (*linezolid*) | NF | |
| **PENICILLINS - DRUGS TO TREAT INFECTIONS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | PG | |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | PG | |
| *amoxicillin oral tablet 500 mg, 875 mg* | PG | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | PG | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg* | PG | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | PG | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | PG | |
| *amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg* | PG | |
| *ampicillin oral capsule 500 mg* | PG | |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | PG | |
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | PG | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **TETRACYCLINES - DRUGS TO TREAT INFECTIONS** | | |
| ACTICLATE ORAL TABLET 150 MG, 75 MG (*doxycycline hyclate*) | NF | |
| *demeclocycline hcl oral tablet 150 mg, 300 mg* | NP | |
| DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (*doxycycline hyclate*) | NF | |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG (*doxycycline hyclate*) | NF | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | PG | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | PG | |
| *doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg* | NF | |
| *doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg* | NF | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | PG | |
| *doxycycline monohydrate oral capsule 150 mg, 75 mg* | NF | |
| *doxycycline monohydrate oral suspension reconstituted 25 mg/5ml* | PG | |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | NP | |
| *minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg* | NF | |
| *minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg* | NF | |
| *minocycline hcl oral capsule 100 mg, 50 mg, 75 mg* | PG | |
| *minocycline hcl oral tablet 100 mg, 50 mg, 75 mg* | NP | |
| MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*) | NF | |
| NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*) | NPSP | PA; QL (30 TABLETS per 14 DAYs) |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*) | NF | |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*) | NF | |
| *doxycycline hyclate* (Targadox Oral Tablet 50 Mg) | NF | |
| *tetracycline hcl oral capsule 250 mg, 500 mg* | PG | QL (120 CAPSULES per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*) | NP | |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*) | NF | |
| **ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER** | | |
| **ALKYLATING AGENTS** | | |
| ALKERAN ORAL TABLET 2 MG (*melphalan*) | CE | N7 (NP) |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | CE | N7 (PG) |
| LEUKERAN ORAL TABLET 2 MG (*chlorambucil*) | CE | N7 (PB) |
| MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*) | CE | N7 (PSP) |
| *melphalan oral tablet 2 mg* | CE | N7 (PG) |
| MYLERAN ORAL TABLET 2 MG (*busulfan*) | CE | N7 (PB) |
| TEMODAR ORAL CAPSULE 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 (PG) |
| **ANTIMETABOLITES** | | |
| *capecitabine oral tablet 150 mg* | CE | PA; N7 (PG); QL (120 TABLETS per 30 days) |
| *capecitabine oral tablet 500 mg* | CE | PA; N7 (PG); QL (300 TABLETS per 30 days) |
| 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) |
| *mercaptopurine oral tablet 50 mg* | CE | N7 (PG) |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml* | PG | |
| *methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml* | PG | |
| *methotrexate sodium injection solution reconstituted 1 gm* | PG | |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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) |
| **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) |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*) | CE | PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days) |
| **BIOLOGIC RESPONSE MODIFIERS** | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*) | NPSP | PA; QL (2 SYRINGES per 28 days) |
| 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) |
| *lenalidomide oral capsule 10 mg, 15 mg, 5 mg* | CE | PA; N7 (PSP); QL (28 CAPSULES per 28 DAYs) |
| *lenalidomide oral capsule 25 mg* | CE | PA; N7 (PSP); QL (21 CAPSULES per 28 DAYs) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **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 (PG); AL (Min 35 Years) |
| *bicalutamide oral tablet 50 mg* | CE | N7 (PG) |
| 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) |
| EULEXIN ORAL CAPSULE 125 MG (*flutamide*) | CE | N7 (NF) |
| *exemestane oral tablet 25 mg* | CE | N7 (PG); AL (Min 35 Years) |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*) | NPSP | PA |
| 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 prefilled syringe 250 mg/5ml* | PSP | PA |
| *letrozole oral tablet 2.5 mg* | CE | N7 (PG) |
| *leuprolide acetate injection kit 1 mg/0.2ml* | PSP | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*) | NPSP | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*) | NF | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*) | NPSP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*) | NF | |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*) | NF | |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*) | NF | |
| LYSODREN ORAL TABLET 500 MG (*mitotane*) | CE | N7 (PSP) |
| *megestrol acetate oral suspension 40 mg/ml* | CE | N7 (PG) |
| *megestrol acetate oral tablet 20 mg, 40 mg* | CE | N7 (PG) |
| NILANDRON ORAL TABLET 150 MG (*nilutamide*) | CE | N7 (NF) |
| *nilutamide oral tablet 150 mg* | CE | N7 (PG) |
| 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 (PG); AL (Min 35 Years) |
| *toremifene citrate oral tablet 60 mg* | CE | N7 (PG) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*) | NF | |
| XTANDI ORAL CAPSULE 40 MG (*enzalutamide*) | CE | PA; 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) |
| 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, 3 MG, 5 MG (*everolimus*) | CE | N7 (Not Covered) |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*) | CE | N7 (NF) |
| ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*) | CE | PA; N7 (PSP); QL (240 CAPSULES per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*) | CE | N7 (NF) |
| 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) |
| BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*) | CE | PA; N7 (PSP); QL (180 CAPSULES per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*) | CE | PA; N7 (PSP); 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) |
| CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*) | CE | PA; N7 (PSP); QL (60 TABLETS per 30 days) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 (PSP); 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) |
| 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) |
| GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*) | 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) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*) | CE | N7 (NF) |
| *imatinib mesylate oral tablet 100 mg* | CE | PA; N7 (PG); QL (120 TABLETS per 30 days) |
| *imatinib mesylate oral tablet 400 mg* | CE | PA; N7 (PG); QL (60 TABLETS per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*) | CE | PA; N7 (PSP); QL (216 ML per 36 DAYs) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*) | CE | PA; N7 (PSP); 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) |
| 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) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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) |
| 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) |
| MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*) | CE | N7 (NF) |
| MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*) | CE | N7 (Not Covered) |
| MEKTOVI ORAL TABLET 15 MG (*binimetinib*) | CE | PA; N7 (PSP); QL (180 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) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*) | CE | N7 (NF) |
| 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) |
| QINLOCK ORAL TABLET 50 MG (*ripretinib*) | CE | N7 (NF) |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*) | CE | N7 (NF) |
| ROZLYTREK ORAL CAPSULE 100 MG (*entrectinib*) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG (*entrectinib*) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RYDAPT ORAL CAPSULE 25 MG (*midostaurin*) | CE | PA; N7 (PSP); QL (224 CAPSULES per 28 days) |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*) | CE | N7 (NF) |
| *sorafenib tosylate oral tablet 200 mg* | CE | PA; N7 (PSP); QL (120 TABLETS 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 (NPSP); QL (30 CAPSULES per 30 days) |
| TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*) | CE | N7 (NF) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*) | CE | N7 (Not Covered) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*) | CE | PA; N7 (NPSP); QL (56 TABLETS per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*) | CE | PA; N7 (PSP); QL (60 CAPSULES per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*) | CE | PA; N7 (PSP); QL (180 CAPSULES per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*) | CE | PA; N7 (PSP); QL (300 ML per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*) | CE | N7 (NF) |
| VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*) | 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 | N7 (NF) |
| XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*) | CE | PA; N7 (PSP); QL (90 TABLETS per 30 days) |
| ZELBORAF ORAL TABLET 240 MG (*vemurafenib*) | CE | PA; N7 (PSP); 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 (PSP); QL (90 TABLETS per 30 days) |
| **MISCELLANEOUS** | | |
| *bexarotene oral capsule 75 mg* | CE | PA; N7 (PSP) |
| *hydroxyurea oral capsule 500 mg* | CE | N7 (PG) |
| IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG (*sotorasib*) | CE | PA; N7 (NPSP); QL (240 TABLETS per 30 days) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (*omacetaxine mepesuccinate*) | NPSP | PA |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*) | CE | N7 (NF) |
| 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 (PG) |
| 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 | PA; N7 (NPSP); QL (8 TABLETS per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*) | CE | PA; N7 (NPSP); QL (4 TABLETS per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*) | CE | PA; N7 (NPSP); QL (8 TABLETS per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*) | CE | PA; N7 (NPSP); QL (4 TABLETS per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*) | CE | PA; N7 (NPSP); QL (24 TABLETS per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*) | CE | PA; N7 (NPSP); QL (8 TABLETS per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*) | CE | PA; N7 (NPSP); QL (32 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) |
| **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 (PG) |
| **TOPOISOMERASE INHIBITORS** | | |
| *etoposide oral capsule 50 mg* | CE | N7 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*) | CE | PA; N7 (NPSP) |
| **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* | PG | LGC |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | PG | LGC |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | PG | LGC |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | PG | LGC |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | PG | LGC |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*) | NF | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | PG | LGC |
| *trandolapril-verapamil hcl er oral tablet extended release 1-240 mg* | PG | |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*) | NF | |
| **ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | PG | LGC |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | PG | LGC |
| *enalapril maleate oral solution 1 mg/ml* | PG | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | PG | LGC |
| EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*) | NF | |
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg* | PG | LGC |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | PG | LGC |
| *lisinopril oral tablet 30 mg, 40 mg* | PG | |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | PG | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | NP | LGC |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | PG | LGC |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | PG | LGC |
| **ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *eplerenone oral tablet 25 mg, 50 mg* | NP | |
| **ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | PG | |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | PG | |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | PG | LGC |
| **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | PG | LGC |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | NP | LGC |
| *amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | PG | LGC |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*) | NF | |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*) | NF | |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*) | NF | |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | PG | LGC |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*) | NF | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*) | NF | |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*) | NF | |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*) | NF | |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | PG | LGC |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | PG | LGC |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*) | NF | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | PG | LGC |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | NP | LGC |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | NP | LGC |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | PG | LGC |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | PG | LGC |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*) | NF | |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*) | NF | |
| *candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | PG | LGC |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*) | NF | |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*) | NF | |
| EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*) | NF | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | PG | LGC |
| *losartan potassium oral tablet 100 mg, 25 mg, 50 mg* | PG | LGC |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*) | NF | |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg* | PG | LGC |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | PG | LGC |
| *valsartan oral solution 4 mg/ml* | NF | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM** | | |
| *amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg* | PG | |
| 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 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | PG | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | PSP | PA |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | PG | |
| MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*) | PB | |
| NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*) | NF | |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | PG | |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | PG | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | NF | |
| *sotalol hcl (af) oral tablet 120 mg* | PG | LGC |
| *sotalol hcl (af) oral tablet 160 mg, 80 mg* | PG | |
| *sotalol hcl oral tablet 120 mg, 80 mg* | PG | LGC |
| *sotalol hcl oral tablet 160 mg, 240 mg* | PG | |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*) | NPSP | PA; ST |
| **ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*) | PB | |
| NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*) | PB | |
| **ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *cholestyramine light oral packet 4 gm* | PG | |
| *cholestyramine light oral powder 4 gm/dose* | PG | |
| *cholestyramine oral packet 4 gm* | PG | |
| *cholestyramine oral powder 4 gm/dose* | PG | |
| *colesevelam hcl oral packet 3.75 gm* | PG | |
| *colesevelam hcl oral tablet 625 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *colestipol hcl oral granules 5 gm* | PG | |
| *colestipol hcl oral packet 5 gm* | PG | |
| *colestipol hcl oral tablet 1 gm* | PG | |
| **ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *ezetimibe oral tablet 10 mg* | PG | |
| ZETIA ORAL TABLET 10 MG (*ezetimibe*) | NF | |
| **ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg* | NF | |
| *fenofibrate micronized oral capsule 134 mg, 67 mg* | PG | |
| *fenofibrate micronized oral capsule 43 mg* | NP | |
| *fenofibrate oral capsule 150 mg* | NP | |
| *fenofibrate oral capsule 200 mg* | PG | |
| *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* | PG | |
| *fenofibric acid oral capsule delayed release 135 mg, 45 mg* | PG | |
| *fenofibric acid oral tablet 105 mg, 35 mg* | NP | |
| FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*) | NF | |
| FIBRICOR ORAL TABLET 105 MG (*fenofibric acid*) | NF | |
| *gemfibrozil oral tablet 600 mg* | PG | LGC |
| TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*) | NF | |
| **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*) | NF | |
| *atorvastatin calcium oral tablet 10 mg, 20 mg* | CE | LGC; N7 (PG); AL (Min 40 Years and Max 75 Years) |
| *atorvastatin calcium oral tablet 40 mg, 80 mg* | PG | LGC |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*) | NF | |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*) | NF | |
| *flolipid oral suspension 20 mg/5ml, 40 mg/5ml* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *fluvastatin sodium er oral tablet extended release 24 hour 80 mg* | PG | |
| *fluvastatin sodium oral capsule 20 mg, 40 mg* | PG | |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*) | NF | |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*) | NF | |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*) | NF | |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | PG | LGC |
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | PG | LGC |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | PG | LGC |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | CE | LGC; N7 (PG); AL (Min 40 Years and Max 75 Years) |
| *simvastatin oral tablet 80 mg* | PG | LGC |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*) | NF | |
| **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg* | NF | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | PG | |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*) | NF | |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*) | NP | ST; QL (30 TABLETS per 25 days) |
| **ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*) | NF | |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg* | PG | |
| NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*) | NF | |
| **ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *icosapent ethyl oral capsule 0.5 gm, 1 gm* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*) | NP | PA |
| *omega-3-acid ethyl esters oral capsule 1 gm* | PG | |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*) | PB | N8 (Listing does not include certain NDCs) |
| **ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| 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* | PG | |
| *atenolol-chlorthalidone oral tablet 50-25 mg* | PG | N8 (Listing does not include certain NDCs) |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | PG | LGC |
| *metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | PG | |
| **BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | PG | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | PG | LGC |
| *betaxolol hcl oral tablet 10 mg, 20 mg* | PG | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | PG | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*) | NF | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | PG | LGC |
| *carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg* | NP | N8 (Listing does not include certain NDCs) |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*) | NF | |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*) | NF | |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*) | NF | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*) | NF | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | PG | |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg* | PG | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | PG | LGC |
| *metoprolol tartrate oral tablet 37.5 mg, 75 mg* | PG | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | PG | |
| *nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | NF | |
| *pindolol oral tablet 10 mg, 5 mg* | PG | |
| *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg* | PG | |
| *propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml* | PG | |
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | PG | LGC |
| *propranolol hcl oral tablet 60 mg* | PG | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | PG | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*) | NF | |
| **CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg* | NP | LGC |
| **CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*) | NF | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl coated beads*) | NF | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*) | NF | |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*) | NF | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | PG | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | PG | |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | PG | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | PG | LGC |
| *dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | PG | |
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | PG | |
| *isradipine oral capsule 2.5 mg, 5 mg* | PG | |
| KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*) | NF | |
| *diltiazem hcl coated beads* (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | NF | |
| *nicardipine hcl oral capsule 20 mg, 30 mg* | PG | N8 (Listing does not include certain NDCs) |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | PG | |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | PG | |
| *nimodipine oral capsule 30 mg* | PG | |
| *nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg* | PG | |
| NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*) | NF | |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg* | PG | |
| *verapamil hcl er oral tablet extended release 120 mg* | PG | LGC |
| *verapamil hcl er oral tablet extended release 180 mg, 240 mg* | PG | |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | PG | LGC |
| **DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS** | | |
| *digoxin oral solution 0.05 mg/ml* | PG | |
| *digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg* | PG | |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*) | NF | |
| **DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS** | | |
| *aliskiren fumarate oral tablet 150 mg, 300 mg* | PG | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*) | PB | ST |
| **DIURETICS - DRUGS TO TREAT HEART CONDITIONS** | | |
| *acetazolamide er oral capsule extended release 12 hour 500 mg* | NP | |
| *acetazolamide oral tablet 125 mg, 250 mg* | PG | |
| *amiloride hcl oral tablet 5 mg* | PG | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | PG | LGC |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*) | NF | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | PG | |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*) | NF | |
| *ethacrynic acid oral tablet 25 mg* | NP | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | PG | LGC |
| *hydrochlorothiazide oral capsule 12.5 mg* | PG | LGC |
| *hydrochlorothiazide oral tablet 12.5 mg* | PG | |
| *hydrochlorothiazide oral tablet 25 mg, 50 mg* | PG | LGC |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | PG | |
| KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*) | NPSP | PA; QL (120 TABLETS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methazolamide oral tablet 25 mg, 50 mg* | PG | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | PG | |
| SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*) | NF | |
| *spironolactone oral tablet 100 mg, 50 mg* | PG | |
| *spironolactone oral tablet 25 mg* | PG | LGC |
| *spironolactone-hctz oral tablet 25-25 mg* | PG | |
| THALITONE ORAL TABLET 15 MG (*chlorthalidone*) | NF | |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | PG | |
| *triamterene oral capsule 100 mg, 50 mg* | PG | |
| *triamterene-hctz oral capsule 37.5-25 mg* | PG | LGC |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | PG | LGC |
| **HEART FAILURE** | | |
| BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*) | PB | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*) | PB | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*) | PB | |
| *isosorb dinitrate-hydralazine oral tablet 20-37.5 mg* | PG | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*) | PB | |
| VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*) | NF | |
| **MISCELLANEOUS** | | |
| ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (*ranolazine*) | NF | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | PG | LGC |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | NP | |
| DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*) | NP | ST; QL (360 CAPSULES per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *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) |
| *guanfacine hcl oral tablet 1 mg, 2 mg* | PG | |
| *hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg* | PG | |
| *hydralazine hcl oral tablet 25 mg* | PG | LGC |
| *metyrosine oral capsule 250 mg* | NP | |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | PG | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | PG | |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine hcl*) | NF | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*) | NF | |
| *phenoxybenzamine hcl oral capsule 10 mg* | PG | |
| *ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg* | PG | |
| VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*) | NP | PA |
| **NITRATES - DRUGS TO TREAT HEART CONDITIONS** | | |
| GONITRO SUBLINGUAL PACKET 400 MCG (*nitroglycerin*) | NF | |
| ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*) | NF | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | PG | |
| *isosorbide dinitrate oral tablet 40 mg* | NF | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg* | PG | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | PG | |
| *nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg* | PG | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | PG | |
| *nitroglycerin translingual solution 0.4 mg/spray* | PG | |
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (*nitroglycerin*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **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* | PSP | PA; QL (60 TABLETS per 30 days) |
| *bosentan oral tablet 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 |
| *sildenafil citrate oral suspension reconstituted 10 mg/ml* | PSP | PA; QL (224 ML per 30 days) |
| *sildenafil citrate oral tablet 20 mg* | PG | PA; QL (90 TABLETS per 30 days) |
| *tadalafil (pah) oral tablet 20 mg* | PSP | PA; QL (60 TABLETS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*) | NF | |
| 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 DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG (*treprostinil*) | NPSP | PA; QL (224 CARTRIDGES per 28 days) |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*) | NPSP | PA; QL (112 CARTRIDGES per 28 days) |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (*treprostinil*) | NPSP | PA; QL (196 CARTRIDGES per 28 days) |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*) | NPSP | PA; QL (252 CARTRIDGES per 28 days) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS** | | |
| **ALCOHOL DETERRENTS** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | NP | |
| *disulfiram oral tablet 250 mg* | PG | |
| *disulfiram oral tablet 500 mg* | PG | N8 (Listing does not include certain NDCs) |
| **ANTIANXIETY - DRUGS TO TREAT ANXIETY** | | |
| *alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg* | PG | QL (150 TABLETS per 25 DAYs) |
| *alprazolam er oral tablet extended release 24 hour 3 mg* | PG | QL (90 TABLETS per 25 DAYs) |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*) | NP | QL (300 ML per 25 days) |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | QL (150 TABLETS per 25 days) |
| *alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | QL (150 TABLETS per 25 days) |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (*clomipramine hcl*) | NP | QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| ANAFRANIL ORAL CAPSULE 75 MG (*clomipramine hcl*) | NP | QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*) | NF | |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | PG | |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | PG | N8 (Listing does not include certain NDCs); QL (360 CAPSULES per 25 DAYs) |
| *clomipramine hcl oral capsule 25 mg, 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *clomipramine hcl oral capsule 75 mg* | PG | QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg* | PG | |
| *fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg* | PG | |
| *lorazepam* (Lorazepam Intensol Oral Concentrate 2 Mg/Ml) | PG | QL (150 ML per 25 DAYs) |
| *lorazepam oral tablet 0.5 mg* | PG | QL (150 TABLETS per 25 days) |
| *lorazepam oral tablet 1 mg, 2 mg* | PG | QL (150 TABLETS per 25 DAYs) |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*) | NF | |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | PG | QL (120 CAPSULES per 25 DAYs) |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*) | NF | |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*) | NF | |
| **ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS** | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*) | NF | |
| *donepezil hcl oral tablet 10 mg, 5 mg* | PG | |
| *donepezil hcl oral tablet 23 mg* | NP | |
| *donepezil hcl oral tablet dispersible 10 mg, 5 mg* | PG | |
| *ergoloid mesylates oral tablet 1 mg* | NP | STX |
| EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*) | NP | PA |
| *galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg* | NP | |
| *galantamine hydrobromide oral solution 4 mg/ml* | NP | |
| *galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg* | NP | |
| *memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg* | PG | PA; AL (Max 29 Years) |
| *memantine hcl oral solution 2 mg/ml* | PG | PA; AL (Max 29 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg* | PG | PA; AL (Max 29 Years) |
| NAMENDA ORAL TABLET 10 MG, 5 MG (*memantine hcl*) | NP | PA; AL (Max 29 Years) |
| NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*) | NP | PA; AL (Max 29 Years) |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (*memantine hcl*) | NF | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*) | PB | PA |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*) | PB | PA |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | NP | PA |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr* | NP | PA |
| **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION** | | |
| *amitriptyline hcl oral tablet 10 mg* | PG | QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Min 65 Years) |
| *amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg* | PG | AL (Min 65 Years) |
| *amitriptyline hcl oral tablet 25 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Min 65 Years) |
| *amitriptyline hcl oral tablet 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Min 65 Years) |
| *amoxapine oral tablet 100 mg, 25 mg, 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *amoxapine oral tablet 150 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years) |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg* | PG | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | PG | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg* | NF | |
| *bupropion hcl oral tablet 100 mg, 75 mg* | PG | |
| *citalopram hydrobromide oral capsule 30 mg* | NF | |
| *citalopram hydrobromide oral solution 10 mg/5ml* | PG | |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg* | PG | LGC |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*) | NF | |
| *desipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *desipramine hcl oral tablet 100 mg, 150 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *desipramine hcl oral tablet 75 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg* | NF | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg* | NP | ST; QL (30 TABLETS per 25 days) |
| *doxepin hcl oral capsule 10 mg, 25 mg, 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *doxepin hcl oral capsule 100 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *doxepin hcl oral capsule 150 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *doxepin hcl oral capsule 75 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *doxepin hcl oral concentrate 10 mg/ml* | PG | QLR (QL applies to members age 65 and older); QL (450 ML per 25 DAYs); AL (Min 65 Years) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (*duloxetine hcl*) | NF | |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg* | PG | |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*) | NF | |
| *escitalopram oxalate oral solution 5 mg/5ml* | PG | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | PG | |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*) | NF | |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*) | NF | |
| *fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg* | PG | LGC |
| *fluoxetine hcl oral capsule delayed release 90 mg* | PG | |
| *fluoxetine hcl oral solution 20 mg/5ml* | PG | |
| *fluoxetine hcl oral tablet 10 mg, 20 mg* | PG | |
| *fluoxetine hcl oral tablet 60 mg* | NF | |
| *imipramine hcl oral tablet 10 mg* | PG | QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Min 65 Years) |
| *imipramine hcl oral tablet 25 mg* | PG | QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs.); QL (120 TABLETS per 25 days); AL (Min 65 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *imipramine hcl oral tablet 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Min 65 Years) |
| *imipramine pamoate oral capsule 100 mg, 75 mg* | NP | QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *imipramine pamoate oral capsule 125 mg, 150 mg* | NP | AL (Min 65 Years) |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*) | NF | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | PG | |
| *mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg* | PG | |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | NP | STX |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*) | NP | QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *nortriptyline hcl oral capsule 10 mg* | PG | QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *nortriptyline hcl oral capsule 25 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *nortriptyline hcl oral capsule 50 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| *nortriptyline hcl oral capsule 75 mg* | PG | AL (Min 65 Years) |
| *nortriptyline hcl oral solution 10 mg/5ml* | PG | QLR (QL applies to members age 65 and older); QL (750 ML per 25 DAYs); AL (Min 65 Years) |
| PAMELOR ORAL CAPSULE 10 MG (*nortriptyline hcl*) | NP | QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYs); AL (Min 65 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PAMELOR ORAL CAPSULE 25 MG (*nortriptyline hcl*) | NP | QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| PAMELOR ORAL CAPSULE 50 MG (*nortriptyline hcl*) | NP | QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years) |
| PAMELOR ORAL CAPSULE 75 MG (*nortriptyline hcl*) | NP | AL (Min 65 Years) |
| *paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg* | PG | |
| *paroxetine hcl er oral tablet extended release 24 hour 37.5 mg* | PG | N8 (Listing does not include certain NDCs) |
| *paroxetine hcl oral suspension 10 mg/5ml* | NF | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | PG | LGC |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*) | NF | |
| PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*) | NF | |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*) | NF | |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG (*paroxetine mesylate*) | NF | |
| *phenelzine sulfate oral tablet 15 mg* | PG | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*) | NF | |
| *protriptyline hcl oral tablet 10 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *protriptyline hcl oral tablet 5 mg* | PG | QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years) |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*) | NF | |
| *sertraline hcl oral capsule 150 mg, 200 mg* | NF | |
| *sertraline hcl oral concentrate 20 mg/ml* | PG | |
| *sertraline hcl oral tablet 100 mg, 25 mg, 50 mg* | PG | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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* | PG | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | PG | |
| *trimipramine maleate oral capsule 100 mg* | NP | QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Min 65 Years) |
| *trimipramine maleate oral capsule 25 mg, 50 mg* | NP | QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Min 65 Years) |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*) | PB | ST |
| *venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg* | NF | |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg* | PG | |
| *venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg* | NF | |
| *venlafaxine hcl er oral tablet extended release 24 hour 225 mg* | NP | |
| *venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | PG | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*) | NF | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*) | NF | |
| *vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg* | NF | |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*) | NF | |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE** | | |
| *amantadine hcl oral capsule 100 mg* | PG | |
| *amantadine hcl oral solution 50 mg/5ml* | PG | |
| *amantadine hcl oral tablet 100 mg* | PG | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*) | NF | |
| *apomorphine hcl subcutaneous solution cartridge 30 mg/3ml* | NF | |
| *benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| *bromocriptine mesylate oral capsule 5 mg* | PG | |
| *bromocriptine mesylate oral tablet 2.5 mg* | PG | |
| *carbidopa oral tablet 25 mg* | PG | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | PG | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | PG | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | NP | |
| DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*) | NF | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*) | NPSP | PA |
| *entacapone oral tablet 200 mg* | PG | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*) | NF | |
| INBRIJA INHALATION CAPSULE 42 MG (*levodopa*) | PSP | PA; 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) |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*) | PB | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*) | NF | |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*) | NF | |
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (*amantadine hcl*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (*amantadine hcl*) | NF | |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg* | NP | |
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | PG | |
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | PG | |
| *ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | NP | |
| *ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | PG | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*) | NF | |
| *selegiline hcl oral capsule 5 mg* | PG | |
| *selegiline hcl oral tablet 5 mg* | PG | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*) | NP | |
| *tolcapone oral tablet 100 mg* | NP | STX |
| *trihexyphenidyl hcl oral solution 0.4 mg/ml* | PG | |
| *trihexyphenidyl hcl oral tablet 2 mg, 5 mg* | PG | |
| XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*) | NF | |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*) | NF | |
| **ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*) | PB | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*) | PB | |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*) | NF | |
| *aripiprazole oral solution 1 mg/ml* | PG | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | PG | |
| *aripiprazole oral tablet dispersible 10 mg, 15 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*) | NP | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*) | NP | |
| *asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg* | PG | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*) | NF | |
| *chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml* | NF | |
| *chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | PG | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | PG | |
| *clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | PG | |
| 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* | PG | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | PG | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | PG | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*) | NF | |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*) | NF | |
| *haloperidol lactate oral concentrate 2 mg/ml* | PG | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | PG | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*) | NF | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (*paliperidone*) | NP | PA; QL (30 TABLETS per 25 DAYs) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (*paliperidone*) | NP | PA; QL (60 TABLETS per 25 DAYs) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*) | PB | |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | PG | |
| NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*) | NPSP | PA; QL (30 TABLETS per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | PG | |
| *olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg* | PG | |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg* | NP | |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | PG | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*) | PB | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | NP | |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | PG | |
| *quetiapine fumarate oral tablet 150 mg* | NF | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*) | NP | PA; QL (30 TABLETS per 25 days) |
| *risperidone oral solution 1 mg/ml* | PG | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | PG | |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | PG | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*) | NP | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*) | NF | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*) | NF | |
| *thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | PG | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | PG | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | PG | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*) | NP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (*cariprazine hcl*) | PB | PA; QL (60 CAPSULES per 25 DAYs) |
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (*cariprazine hcl*) | PB | PA; QL (30 CAPSULES per 25 DAYs) |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*) | PB | PA; QL (60 CAPSULES per 25 DAYs) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | PG | |
| *ziprasidone mesylate intramuscular solution reconstituted 20 mg* | PG | |
| **ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*) | PB | |
| BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*) | NF | |
| BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*) | NP | PA |
| BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*) | NP | PA |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*) | NP | PA |
| *carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg* | PG | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg* | PG | |
| *carbamazepine oral suspension 100 mg/5ml* | PG | |
| *carbamazepine oral tablet 200 mg* | PG | |
| *carbamazepine oral tablet chewable 100 mg* | PG | |
| *clobazam oral suspension 2.5 mg/ml* | PG | PA |
| *clobazam oral tablet 10 mg, 20 mg* | PG | PA |
| *clonazepam oral tablet 0.5 mg, 1 mg* | PG | QL (300 TABLETS per 25 days) |
| *clonazepam oral tablet 2 mg* | PG | QL (300 TABLETS per 25 DAYs) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | PG | QL (300 TABLETS per 25 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | PG | QL (180 TABLETS per 25 days) |
| DIACOMIT ORAL CAPSULE 250 MG (*stiripentol*) | NPSP | QL (360 CAPSULES per 30 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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) |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*) | NF | |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*) | NF | |
| *diazepam* (Diazepam Intensol Oral Concentrate 5 Mg/Ml) | PG | QL (240 ML per 25 DAYs) |
| *diazepam oral solution 5 mg/5ml* | PG | QL (1200 ML per 25 DAYs) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | PG | QL (120 TABLETS per 25 DAYs) |
| *diazepam rectal gel 10 mg, 2.5 mg, 20 mg* | PG | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*) | NF | |
| DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*) | NF | |
| DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*) | NF | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg* | PG | |
| *divalproex sodium oral capsule delayed release sprinkle 125 mg* | PG | |
| *divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg* | PG | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*) | NF | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*) | NPSP | PA; QL (800 ML per 30 days) |
| EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*) | NF | |
| *ethosuximide oral capsule 250 mg* | PG | |
| *ethosuximide oral solution 250 mg/5ml* | PG | |
| *felbamate oral suspension 600 mg/5ml* | PG | |
| *felbamate oral tablet 400 mg, 600 mg* | PG | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*) | PB | |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | PG | QL (6 CAPSULES per 1 DAY) |
| *gabapentin oral solution 250 mg/5ml* | PG | QL (72 ML per 1 day) |
| *gabapentin oral solution 300 mg/6ml* | PG | QL (72 ML per 1 Day) |
| *gabapentin oral tablet 600 mg* | PG | QL (6 TABLETS per 1 day) |
| *gabapentin oral tablet 800 mg* | PG | QL (4 TABLETS per 1 day) |
| KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*) | NF | |
| KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*) | NF | |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*) | NF | |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*) | NP | QL (300 TABLETS per 25 DAYs) |
| *lacosamide oral solution 10 mg/ml* | PG | |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | PG | |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*) | NF | |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*) | NF | |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*) | NF | |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*) | NF | |
| LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*) | NF | |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*) | NF | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*) | NF | |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | PG | |
| *lamotrigine oral kit 25 & 50 & 100 mg* | PG | |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | PG | |
| *lamotrigine oral tablet chewable 25 mg, 5 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg* | NP | |
| *lamotrigine starter kit-blue oral kit 35 x 25 mg* | PG | |
| *lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg* | PG | |
| *lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg* | PG | |
| *levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg* | PG | |
| *levetiracetam oral solution 100 mg/ml* | PG | |
| *levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg* | PG | |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*) | NF | |
| LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*) | NF | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*) | PB | QL (10 SOLUTION per 25 days) |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*) | NP | QL (6 CAPSULES per 1 DAY) |
| NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*) | NP | QL (72 ML per 1 day) |
| NEURONTIN ORAL TABLET 600 MG (*gabapentin*) | NP | QL (6 TABLETS per 1 DAY) |
| NEURONTIN ORAL TABLET 800 MG (*gabapentin*) | NP | QL (4 TABLETS per 1 DAY) |
| ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*) | NF | |
| ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*) | NF | |
| *oxcarbazepine oral suspension 300 mg/5ml* | PG | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | PG | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*) | PB | |
| *phenobarbital oral elixir 20 mg/5ml* | PG | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | PG | |
| *phenytoin oral suspension 125 mg/5ml* | PG | |
| *phenytoin oral tablet chewable 50 mg* | PG | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | PG | |
| *pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg* | PG | QL (120 CAPSULES per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *pregabalin oral capsule 150 mg* | PG | QL (120 CAPSULES per 25 days) |
| *pregabalin oral capsule 200 mg* | PG | QL (90 CAPSULES per 25 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | PG | QL (60 CAPSULES per 25 days) |
| *pregabalin oral solution 20 mg/ml* | PG | QL (900 ML per 25 DAYs) |
| *primidone oral tablet 250 mg, 50 mg* | PG | |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*topiramate*) | NP | |
| *rufinamide oral suspension 40 mg/ml* | PG | PA |
| *rufinamide oral tablet 200 mg, 400 mg* | PG | PA |
| SABRIL ORAL PACKET 500 MG (*vigabatrin*) | NF | |
| SABRIL ORAL TABLET 500 MG (*vigabatrin*) | NF | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*) | NF | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*) | NF | |
| *tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | PG | |
| *topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | NF | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | PG | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | PG | |
| TRANXENE-T ORAL TABLET 7.5 MG (*clorazepate dipotassium*) | NP | QL (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*) | NP | QL (120 TABLETS per 25 days) |
| *valproic acid oral capsule 250 mg* | PG | |
| *valproic acid oral solution 250 mg/5ml* | PG | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*) | PB | QL (10 BLISTER per 25 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*) | PB | QL (10 BLISTER per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*) | PB | QL (10 BLISTER per 25 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*) | PB | 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) |
| *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 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*) | PB | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*) | PB | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*) | PB | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*) | PB | |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*) | NF | |
| ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*) | NF | |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*) | NF | |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD** | | |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*) | NF | |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*amphetamine-dextroamphetamine*) | NP | N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days) |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (*amphetamine-dextroamphetamine*) | NP | N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (*methylphenidate hcl*) | NF | |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*) | NF | |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | NP | STX; QL (120 TABLETS per 25 days) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | NF | N8 (Listing does not include certain NDCs) |
| *amphetamine-dextroamphetamine oral tablet 10 mg* | PG | QL (90 TABLETS per 25 DAYs) |
| *amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg* | PG | QL (90 TABLETS per 25 days) |
| *amphetamine-dextroamphetamine oral tablet 15 mg* | PG | QL (60 TABLETS per 25 days) |
| *amphetamine-dextroamphetamine oral tablet 20 mg* | PG | QL (60 TABLETS per 25 DAYs) |
| *amphetamine-dextroamphetamine oral tablet 30 mg* | PG | QL (30 TABLETS per 25 DAYs) |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*) | NF | |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg* | PG | QL (120 CAPSULES per 25 DAYs) |
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | PG | QL (30 CAPSULES per 25 DAYs) |
| *atomoxetine hcl oral capsule 40 mg* | PG | 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*) | PB | QL (30 CAPSULES per 25 days) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (*methylphenidate hcl*) | NP | N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 DAYs) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (*methylphenidate hcl*) | NP | N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*) | NF | |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*) | NF | |
| DESOXYN ORAL TABLET 5 MG (*methamphetamine hcl*) | NP | QL (150 TABLETS per 25 DAYs) |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (*dextroamphetamine sulfate*) | NP | ST; QL (120 CAPSULES per 25 days) |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (*dextroamphetamine sulfate*) | NP | ST; QL (60 CAPSULES per 25 days) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg* | PG | QL (60 CAPSULES per 25 DAYs) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg* | PG | QL (30 CAPSULES per 25 DAYs) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg* | PG | QL (30 CAPSULES per 25 days) |
| *dexmethylphenidate hcl oral tablet 10 mg* | PG | QL (60 TABLETS per 25 days) |
| *dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg* | PG | QL (120 TABLETS per 25 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg* | PG | QL (120 CAPSULES per 25 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | PG | QL (60 CAPSULES per 25 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5ml* | PG | QL (1200 ML per 25 DAYs) |
| *dextroamphetamine sulfate oral tablet 10 mg, 5 mg* | PG | QL (120 TABLETS per 25 DAYs) |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*) | NP | ST; QL (240 ML per 25 days) |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG (*amphetamine*) | NP | ST; QL (60 TABLETS per 25 DAYs) |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG (*amphetamine*) | NP | ST; QL (30 TABLETS per 25 DAYs) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine sulfate*) | NF | |
| EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FOCALIN ORAL TABLET 10 MG (*dexmethylphenidate hcl*) | NP | QL (60 TABLETS per 25 DAYs) |
| FOCALIN ORAL TABLET 2.5 MG, 5 MG (*dexmethylphenidate hcl*) | NP | QL (120 TABLETS per 25 DAYs) |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*) | NF | |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg* | NP | |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*) | NF | |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (*methylphenidate hcl*) | PB | QL (30 CAPSULES per 25 days) |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (*methylphenidate hcl*) | PB | QL (60 CAPSULES per 25 days) |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (*clonidine hcl*) | NF | |
| *methamphetamine hcl oral tablet 5 mg* | PG | STX; QL (150 TABLETS per 25 DAYs) |
| METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*) | NP | QL (900 ML per 25 DAYs) |
| METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*) | NP | QL (1800 ML per 25 DAYs) |
| *methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg* | PG | QL (60 CAPSULES per 25 DAYs) |
| *methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg* | PG | QL (30 CAPSULES per 25 DAYs) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg* | PG | QL (60 CAPSULES per 25 DAYs) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg* | PG | QL (60 CAPSULES per 25 days) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg* | PG | QL (30 CAPSULES per 25 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg* | NF | N8 (Listing does not include certain NDCs) |
| *methylphenidate hcl er (osm) oral tablet extended release 72 mg* | NP | QL (30 TABLETS per 25 days) |
| *methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg* | PG | QL (60 CAPSULES per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg* | PG | QL (30 CAPSULES per 25 DAYs) |
| *methylphenidate hcl er oral tablet extended release 10 mg, 20 mg* | PG | QL (90 TABLETS per 25 DAYs) |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg* | NF | |
| *methylphenidate hcl oral solution 10 mg/5ml* | PG | QL (900 ML per 25 days) |
| *methylphenidate hcl oral solution 5 mg/5ml* | PG | QL (1800 ML per 25 days) |
| *methylphenidate hcl oral tablet 10 mg, 5 mg* | PG | QL (180 TABLETS per 25 DAYs) |
| *methylphenidate hcl oral tablet 20 mg* | PG | QL (90 TABLETS per 25 DAYs) |
| *methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg* | NP | QL (180 TABLETS per 25 DAYs) |
| *methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr* | NF | |
| 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) | PG | QL (1200 ML per 25 days) |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*) | PB | QL (90 CAPSULES per 25 days) |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*) | NF | |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*) | NF | |
| RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*) | NF | |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (*methylphenidate hcl*) | NP | QL (60 CAPSULES per 25 DAYs) |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*) | NP | QL (30 CAPSULES per 25 DAYs) |
| RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*) | NP | QL (180 TABLETS per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*) | NP | QL (90 TABLETS per 25 DAYs) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (*atomoxetine hcl*) | NP | QL (120 CAPSULES per 25 DAYs) |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (*atomoxetine hcl*) | NP | QL (30 CAPSULES per 25 DAYs) |
| STRATTERA ORAL CAPSULE 40 MG (*atomoxetine hcl*) | NP | 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) |
| 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) | PG | QL (60 TABLETS per 25 days) |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*) | PG | QL (120 TABLETS per 25 days) |
| *dextroamphetamine sulfate* (Zenzedi Oral Tablet 30 Mg) | PG | QL (30 TABLETS per 25 days) |
| **FIBROMYALGIA** | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*) | NP | ST |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*) | NP | ST |
| **HYPNOTICS - DRUGS TO TREAT INSOMNIA** | | |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*) | NP | ST; QL (15 TABLETS per 25 days) |
| AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*) | NP | ST; QL (15 TABLETS per 25 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*) | NF | |
| DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*) | NF | |
| DORAL ORAL TABLET 15 MG (*quazepam*) | NP | STX; QL (15 TABLETS per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *doxepin hcl oral tablet 3 mg, 6 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days) |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*) | NF | |
| *estazolam oral tablet 1 mg, 2 mg* | PG | QL (15 TABLETS per 25 DAYs) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | PG | QL (15 TABLETS per 25 DAYs) |
| *flurazepam hcl oral capsule 15 mg, 30 mg* | PG | STX; QL (15 CAPSULES per 25 DAYs) |
| HALCION ORAL TABLET 0.25 MG (*triazolam*) | NP | QL (10 TABLETS per 25 DAYs) |
| 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) |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*) | NF | |
| *midazolam hcl oral syrup 2 mg/ml* | NP | |
| *quazepam oral tablet 15 mg* | NF | |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*) | NF | |
| *ramelteon oral tablet 8 mg* | PG | QL (15 TABLETS per 25 DAYs) |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*) | NP | QL (15 CAPSULES per 25 DAYs) |
| ROZEREM ORAL TABLET 8 MG (*ramelteon*) | NF | |
| SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*) | NF | |
| *temazepam oral capsule 15 mg, 30 mg* | PG | QL (15 CAPSULES per 25 DAYs) |
| *temazepam oral capsule 22.5 mg, 7.5 mg* | PG | QL (15 CAPSULES per 25 days) |
| *triazolam oral tablet 0.125 mg, 0.25 mg* | PG | QL (10 TABLETS per 25 DAYs) |
| *zaleplon oral capsule 10 mg, 5 mg* | PG | QL (15 CAPSULES per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *zolpidem tartrate er oral tablet extended release 12.5 mg* | NP | ST; QL (15 TABLETS per 25 DAYs) |
| *zolpidem tartrate er oral tablet extended release 6.25 mg* | NP | ST; QL (15 TABLETS per 25 days) |
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | PG | QL (15 TABLETS per 25 DAYs) |
| *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*) | NF | |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*) | PB | ST; QL (3 ML per 75 DAYs) |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*) | PB | ST; QL (3 ML per 75 days) |
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | NP | QL (12 TABLETS per 25 days) |
| CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*) | NF | |
| *dihydroergotamine mesylate injection solution 1 mg/ml* | NP | |
| *dihydroergotamine mesylate nasal solution 4 mg/ml* | NF | |
| *eletriptan hydrobromide oral tablet 20 mg, 40 mg* | NP | QL (12 TABLETS per 25 DAYs) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*) | PB | ST; QL (3 ML per 25 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*) | PB | ST; QL (2 syringes first month, then 1 syringe per 25 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*) | PB | ST; QL (2 syringes first month, then 1 syringe per 25 days) |
| *ergotamine-caffeine oral tablet 1-100 mg* | NF | |
| FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*) | NP | ST; QL (18 TABLETS per 25 DAYs) |
| *frovatriptan succinate oral tablet 2.5 mg* | NP | QL (18 TABLETS per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| IMITREX NASAL SOLUTION 20 MG/ACT (*sumatriptan*) | NP | ST; QL (12 SPRAYS per 25 DAYs) |
| IMITREX NASAL SOLUTION 5 MG/ACT (*sumatriptan*) | NP | ST; QL (24 SPRAYS per 25 DAYs) |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*) | NP | ST; QL (12 TABLETS per 25 DAYs) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (*sumatriptan succinate*) | NP | ST; QL (18 SYRINGES per 25 DAYs) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (*sumatriptan succinate*) | NP | ST; QL (12 CARTRIDGES per 25 days) |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (*sumatriptan succinate*) | NP | ST; QL (18 SYRINGES per 25 DAYs) |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (*sumatriptan succinate*) | NP | ST; QL (12 INJECTIONS per 25 days) |
| MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*) | NF | |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*) | NF | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*) | NF | |
| MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*) | NF | |
| *naratriptan hcl oral tablet 1 mg, 2.5 mg* | PG | QL (12 TABLETS per 25 DAYs) |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*) | PB | ST; QL (16 TABLETS per 25 days) |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*) | NP | ST; QL (8 POUCHES per 25 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*) | NP | ST; QL (30 TABLETS per 25 days) |
| RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*) | NP | ST; QL (12 TABLETS per 25 DAYs) |
| REYVOW ORAL TABLET 100 MG (*lasmiditan succinate*) | NP | ST; QL (8 TABLETS per 25 days) |
| REYVOW ORAL TABLET 50 MG (*lasmiditan succinate*) | NP | ST; QL (4 TABLETS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | PG | QL (18 TABLETS per 25 DAYs) |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | PG | QL (18 TABLETS per 25 DAYs) |
| *sumatriptan nasal solution 20 mg/act* | PG | QL (12 SPRAYS per 25 DAYs) |
| *sumatriptan nasal solution 5 mg/act* | PG | QL (24 SPRAYS per 25 DAYs) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | PG | QL (12 TABLETS per 25 DAYs) |
| *sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml* | PG | QL (18 SYRINGES per 25 days) |
| *sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml* | PG | QL (12 CARTRIDGES per 25 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | PG | QL (12 ML per 25 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml* | PG | QL (18 ML per 25 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml* | PG | QL (12 ML per 25 days) |
| *sumatriptan-naproxen sodium oral tablet 85-500 mg* | NF | |
| TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*) | NF | |
| TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*) | NF | |
| TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*) | NP | QL (3 PACKAGES per 25 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*) | PB | ST; QL (16 TABLETS per 25 days) |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*) | NP | ST; QL (24 INJECTORS per 25 DAYs) |
| *zolmitriptan nasal solution 2.5 mg, 5 mg* | PG | QL (12 SPRAYS per 25 DAYs) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | PG | QL (12 TABLETS per 25 days) |
| *zolmitriptan oral tablet dispersible 2.5 mg, 5 mg* | PG | QL (12 TABLETS per 25 days) |
| ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*) | PB | ST; QL (12 SOLUTION per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZOMIG ORAL TABLET 2.5 MG, 5 MG (*zolmitriptan*) | NP | ST; QL (12 TABLETS per 25 DAYs) |
| **MISCELLANEOUS** | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*) | NPSP | PA; QL (2 BOTTLES per 24 days) |
| EXSERVAN ORAL FILM 50 MG (*riluzole*) | NF | |
| FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*) | NPSP | PA; QL (240 TABLETS per 30 DAYs) |
| *lithium carbonate er oral tablet extended release 300 mg, 450 mg* | PG | |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | PG | |
| *lithium carbonate oral tablet 300 mg* | PG | |
| MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*) | NF | |
| MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*) | NF | |
| *pyridostigmine bromide er oral tablet extended release 180 mg* | PG | |
| *pyridostigmine bromide oral solution 60 mg/5ml* | PG | |
| *pyridostigmine bromide oral tablet 30 mg* | NF | |
| *pyridostigmine bromide oral tablet 60 mg* | PG | |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*) | NPSP | PA; QL (50 ML per 28 DAYs) |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*) | NPSP | PA; QL (70 ML per 28 DAYs) |
| RELYVRIO ORAL PACKET 3-1 GM (*phenylbutyrate-taurursodiol*) | NF | |
| *riluzole oral tablet 50 mg* | PG | |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*) | NF | |
| **MOVEMENT DISORDERS** | | |
| 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) |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*) | PSP | PA; QL (30 CAPSULES per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*) | PSP | PA; QL (1 CAPSULE THERAPY PACK per 28 days) |
| *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) |
| 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*) | PSP | PA; QL (4 SYRINGES per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*) | PSP | PA; QL (4 SYRINGES per 28 days) |
| 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 | |
| *fingolimod hcl oral capsule 0.5 mg* | PSP | PA; QL (30 CAPSULES per 30 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 | |
| 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 (12 TABLETS per 5 days) |
| MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*) | PSP | PA; QL (30 TABLETS per 30 days) |
| MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*) | PSP | PA; QL (30 TABLETS per 30 DAYs) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (*siponimod fumarate*) | PSP | PA; QL (7 TABLETS per 4 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*) | PSP | PA; QL (12 TABLETS per 5 Days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PONVORY ORAL TABLET 20 MG (*ponesimod*) | NPSP | PA; QL (30 TABLETS per 30 days) |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*) | NPSP | PA; QL (14 TABLETS per 14 days) |
| 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) |
| 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; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*) | PSP | PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (*ozanimod hcl*) | PSP | PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 30 days) |
| **MUSCULOSKELETAL THERAPY AGENTS** | | |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*) | NF | |
| *baclofen oral solution 5 mg/5ml* | NF | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | PG | |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*) | NF | |
| *carisoprodol oral tablet 250 mg* | NF | |
| *carisoprodol oral tablet 350 mg* | PG | N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 DAYs) |
| *chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg* | NF | |
| *chlorzoxazone oral tablet 500 mg* | PG | N8 (Listing does not include certain NDCs) |
| *cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg* | NF | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | PG | |
| *cyclobenzaprine hcl oral tablet 7.5 mg* | NF | |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*) | NPSP | PA |
| FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*) | NF | |
| LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (*baclofen*) | NF | |
| *metaxalone oral tablet 400 mg* | NF | |
| *metaxalone oral tablet 800 mg* | NP | |
| *methocarbamol oral tablet 1000 mg* | NF | |
| *methocarbamol oral tablet 500 mg, 750 mg* | PG | N8 (Listing does not include certain NDCs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *norgesic forte oral tablet 50-770-60 mg* | NF | |
| *orphenadrine-aspirin-caffeine* (Norgesic Oral Tablet 25-385-30 Mg) | NF | |
| *orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg* | NF | |
| *orphenadrine-aspirin-caffeine* (Orphengesic Forte Oral Tablet 50-770-60 Mg) | NF | |
| OZOBAX ORAL SOLUTION 5 MG/5ML (*baclofen*) | NF | |
| SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*) | NP | QL (84 TABLETS per 28 DAYs) |
| *tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg* | NP | |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | PG | |
| 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* | PG | PA; QL (30 TABLETS per 25 days) |
| *armodafinil oral tablet 50 mg* | PG | PA; QL (60 TABLETS per 25 days) |
| *modafinil oral tablet 100 mg, 200 mg* | PG | PA; QL (60 TABLETS per 25 days) |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*) | NF | |
| PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*) | NF | |
| SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*) | PB | PA; QL (30 TABLETS per 25 DAYs) |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*) | PSP | PA; QL (60 TABLETS per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*) | NPSP | PA; QL (540 ML per 30 days) |
| XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*) | PSP | PA; QL (540 ML per 30 days) |
| **OPIOID AGONIST/ANTAGONIST** | | |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg* | PG | QL (60 FILM per 25 days) |
| *buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg* | PG | QL (90 FILM per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg* | CE | N7 (PG); QL (90 TABLETS per 25 days) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*) | NF | |
| 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 ANTAGONIST** | | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*) | NP | QL (4 SPRAYS per 25 days) |
| *naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml* | PG | |
| *naloxone hcl injection solution cartridge 0.4 mg/ml* | PG | |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | PG | |
| *naloxone hcl nasal liquid 4 mg/0.1ml* | PG | QL (4 SPRAYS per 25 days) |
| *naltrexone hcl oral tablet 50 mg* | CE | N7 (PG) |
| NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*) | PB | QL (4 SPRAYS per 25 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*) | NPSP | QL (380 MG per 28 days) |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*) | NF | |
| **OPIOID PARTIAL AGONISTS** | | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg* | CE | N7 (PG); QL (90 TABLETS per 25 DAYs) |
| **POSTHERPETIC NEURALGIA (PHN)** | | |
| GRALISE ORAL TABLET 300 MG (*gabapentin (once-daily)*) | PB | ST; QL (150 TABLETS per 25 days) |
| GRALISE ORAL TABLET 600 MG (*gabapentin (once-daily)*) | PB | ST; QL (90 TABLETS per 25 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*) | NF | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*) | NF | |
| *pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **PSYCHOTHERAPEUTIC-MISC** | | |
| ADDYI ORAL TABLET 100 MG (*flibanserin*) | NP | SPC |
| *chlordiazepoxide-amitriptyline oral tablet 10-25 mg* | NP | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg* | NP | QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg* | NF | |
| LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*) | NF | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*) | NF | |
| NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*) | NF | |
| *olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | NP | STX |
| *paroxetine mesylate oral capsule 7.5 mg* | NF | |
| *perphenazine-amitriptyline oral tablet 2-10 mg* | PG | QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg* | PG | QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *perphenazine-amitriptyline oral tablet 4-10 mg* | PG | QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *perphenazine-amitriptyline oral tablet 4-50 mg* | PG | QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYs); AL (Min 65 Years) |
| *pimozide oral tablet 1 mg, 2 mg* | NP | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **SMOKING DETERRENTS** | | |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | CE | N7 (PG); QL (2 TREATMENT 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 gum 4 mg* | CE | N7 (Not Covered); QL (2 treatment cycles per 1 year) |
| *cvs nicotine polacrilex mouth/throat lozenge 2 mg* | CE | N7 (Not Covered); QL (2 TREATMENT CYCLES per 1 YEAR) |
| *cvs nicotine polacrilex mouth/throat lozenge 4 mg* | CE | N7 (Not Covered); QL (2 treatment cycles per 1 year) |
| *cvs nicotine transdermal patch 24 hour 14 mg/24hr* | CE | N7 (Not Covered); QL (2 treatment cycles per 1 year) |
| *cvs nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr* | CE | N7 (Not Covered); QL (2 TREATMENT CYCLES per 1 YEAR) |
| NICOTROL INHALATION INHALER 10 MG (*nicotine*) | CE | N7 (NP); QL (168 DAYS OF TREATMENT per 365 days) |
| NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*) | CE | N7 (NP); QL (168 DAYS OF TREATMENT per 365 days) |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | CE | N7 (PG); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days) |
| *varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42* | CE | N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 DAYs) |
| **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES** | | |
| **ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH** | | |
| *lanreotide acetate subcutaneous solution 120 mg/0.5ml* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*) | NF | |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* | PG | PA; QL (90 ML per 30 days) |
| *octreotide acetate injection solution 1000 mcg/ml* | PG | PA; QL (45 ML per 30 days) |
| *octreotide acetate injection solution 200 mcg/ml* | PG | PA; QL (225 ML per 30 days) |
| *octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* | PG | PA; QL (90 ML per 30 days) |
| 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 | |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*) | PSP | PA; QL (1 INJECTION per 28 days) |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*) | NF | |
| **ANDROGENS** | | |
| TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*) | NF | |
| **ANDROGENS - DRUGS TO REGULATE MALE HORMONES** | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*) | PB | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*) | NF | |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (*testosterone*) | NF | |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*) | NPSP | PA |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*) | NP | PA |
| FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*) | NF | |
| INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*) | NF | |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (*testosterone undecanoate*) | NF | |
| *methitest oral tablet 10 mg* | NP | PA; STX |
| *methyltestosterone oral capsule 10 mg* | PG | PA; STX |
| NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*) | PB | PA |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | NP | PA |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*) | NF | |
| *testosterone cypionate injection solution 200 mg/ml* | NF | |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml* | PG | PA |
| *testosterone enanthate intramuscular solution 200 mg/ml* | PG | PA |
| *testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)* | PG | PA |
| *testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)* | PG | PA; N8 (Listing does not include certain NDCs) |
| *testosterone transdermal solution 30 mg/act* | NP | PA |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*) | NF | |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*) | NF | |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*) | NP | PA |
| **ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | PG | |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | PG | |
| **ANTIDIABETICS, AMYLIN ANALOGS** | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*) | PB | ST |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*) | PB | ST |

| 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* | PG | LGC |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | PG | |
| *metformin hcl oral solution 500 mg/5ml* | NP | |
| *metformin hcl oral tablet 1000 mg, 500 mg* | PG | LGC |
| *metformin hcl oral tablet 625 mg* | NF | |
| *metformin hcl oral tablet 850 mg* | CE | LGC; N7 (PG); AL (Min 35 Years and Max 70 Years) |
| RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*) | NF | |
| **ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS** | | |
| *glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | PG | LGC |
| **ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS** | | |
| *alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg* | NF | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*) | PB | ST |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*) | NF | |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*) | NF | |
| TRADJENTA ORAL TABLET 5 MG (*linagliptin*) | NF | |
| **ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS** | | |
| CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*) | NF | |
| **ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS** | | |
| *alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg* | NF | |
| *alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg* | NF | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*) | PB | ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*) | PB | ST |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*) | NF | |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*) | NF | |
| KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*) | NF | |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*) | NF | |
| OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (*alogliptin-pioglitazone*) | NF | |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*) | PB | ST |
| **ANTIDIABETICS, INCRETIN MIMETIC AGENTS** | | |
| ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (*lixisenatide*) | NF | |
| ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (*lixisenatide*) | NF | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*) | NF | |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*) | NF | |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*) | NF | |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*) | NF | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*) | PB | PA; QL (2 PENS per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*) | PB | PA; QL (1 PEN per 28 DAYs) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*) | PB | PA; QL (1 PEN per 21 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*) | PB | PA |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*) | PB | PA; QL (4 PENS per 21 DAYs) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*) | PB | PA; QL (3 PENS per 25 DAYs) |
| **ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS** | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*) | PB | ST |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*) | PB | ST |
| **ANTIDIABETICS, INSULIN** | | |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*) | NF | |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*) | NF | |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*) | NF | |
| APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*) | NF | |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*) | NF | |
| 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 INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*) | NF | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*) | NF | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*) | NF | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*) | NF | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*) | NF | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*) | NF | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*) | NF | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NF | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NF | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*) | NF | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*) | NF | |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*) | NF | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*) | PB | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*) | PB | |
| *insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml* | NF | |
| *insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *insulin aspart injection solution 100 unit/ml* | NF | |
| *insulin aspart penfill subcutaneous solution cartridge 100 unit/ml* | NF | |
| *insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml* | NF | |
| *insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml* | NF | |
| *insulin degludec subcutaneous solution 100 unit/ml* | NF | |
| *insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml* | NF | |
| *insulin glargine subcutaneous solution 100 unit/ml* | NF | |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | NF | |
| *insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml* | NF | |
| *insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml* | NF | |
| *insulin lispro injection solution 100 unit/ml* | NF | |
| *insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml* | NF | |
| *insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml* | NF | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*) | NF | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*) | NF | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*) | PB | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*) | PB | |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*) | NF | |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*) | NF | |
| MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*) | NF | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | PB | |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NF | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | PB | |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*) | NF | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*) | PB | |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*) | NF | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*) | PB | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*) | PB | |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*) | NF | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*) | PB | |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*) | NF | |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*) | NF | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*) | PB | |
| NOVOLOG INJECTION SOLUTION 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 | |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*) | NF | |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*) | NF | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*) | PB | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*) | PB | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*) | PB | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*) | PB | |
| **ANTIDIABETICS, INSULIN SENSITIZER** | | |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*) | NF | |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | PG | LGC |
| **ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION** | | |
| *pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg* | PG | LGC |
| **ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION** | | |
| *pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg* | PG | |
| **ANTIDIABETICS, MEGLITINIDE** | | |
| *nateglinide oral tablet 120 mg, 60 mg* | PG | LGC |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | NP | LGC |
| **ANTIDIABETICS, MISCELLANEOUS** | | |
| KORLYM ORAL TABLET 300 MG (*mifepristone*) | NF | |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS** | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*) | PB | ST |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*) | NF | |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS** | | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*) | NF | |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*) | NF | |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*) | NF | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*) | PB | ST |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*) | PB | ST |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*) | PB | ST |
| **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS** | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*) | PB | ST |
| INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*) | NF | |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*) | PB | ST |
| STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*) | NF | |
| **ANTIDIABETICS, SULFONYLUREA** | | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | PG | LGC |
| *glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | PG | LGC |
| *glipizide oral tablet 10 mg, 5 mg* | PG | LGC |
| **ANTIOBESITY** | | |
| ADIPEX-P ORAL CAPSULE 37.5 MG (*phentermine hcl*) | NP | PA; SPC |
| ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*) | NP | PA; SPC |
| *benzphetamine hcl oral tablet 25 mg, 50 mg* | PG | PA; SPC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*) | NF | |
| *diethylpropion hcl er oral tablet extended release 24 hour 75 mg* | PG | PA; SPC |
| *diethylpropion hcl oral tablet 25 mg* | PG | PA; SPC |
| LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*) | NF | |
| *orlistat oral capsule 120 mg* | PG | PA; SPC |
| *phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg* | NF | |
| *phendimetrazine tartrate oral tablet 35 mg* | PG | PA; SPC |
| *phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg* | PG | PA; SPC |
| *phentermine hcl oral tablet 37.5 mg* | PG | PA; SPC |
| 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 | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*) | PB | PA; 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*) | PB | PA; SPC |
| XENICAL ORAL CAPSULE 120 MG (*orlistat*) | NF | |
| **BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS** | | |
| ACTONEL ORAL TABLET 150 MG (*risedronate sodium*) | NP | ST; QL (1 TABLET per 21 days) |
| ACTONEL ORAL TABLET 35 MG (*risedronate sodium*) | NP | ST; QL (4 TABLETS per 21 days) |
| *alendronate sodium oral solution 70 mg/75ml* | PG | |
| *alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg* | PG | |
| ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*) | NP | ST; QL (4 TABLETS per 21 days) |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*) | NP | ST; QL (4 TABLETS per 21 days) |
| FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*) | NP | ST; QL (4 TABLETS per 21 days) |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*) | NP | ST; QL (4 TABLETS per 21 days) |
| *ibandronate sodium intravenous solution 3 mg/3ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *ibandronate sodium oral tablet 150 mg* | NP | |
| *pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml* | PG | |
| *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* | NP | |
| *risedronate sodium oral tablet delayed release 35 mg* | NP | |
| *zoledronic acid intravenous concentrate 4 mg/5ml* | PG | PA |
| *zoledronic acid intravenous solution 4 mg/100ml* | NPSP | PA |
| *zoledronic acid intravenous solution 5 mg/100ml* | PG | 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** | | |
| *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* | PG | |
| *levocarnitine oral tablet 330 mg* | PG | |
| **CHELATING AGENTS** | | |
| CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*) | NF | |
| *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 |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *deferiprone oral tablet 1000 mg, 500 mg* | PSP | PA |
| *deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg* | NPSP | PA |
| DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*) | NP | 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 | |
| LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*) | PB | |
| *penicillamine oral capsule 250 mg* | PSP | PA |
| *penicillamine oral tablet 250 mg* | PG | PA |
| *sodium polystyrene sulfonate oral powder* | PG | |
| SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*) | PG | |
| SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*) | NF | |
| *trientine hcl oral capsule 250 mg* | PSP | PA |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*) | PB | |
| **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 (PG) |
| *alyacen 1/35 oral tablet 1-35 mg-mcg* | CE | N7 (PG) |
| *alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | CE | N7 (PG) |

| 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 (PG) |
| *levonorgestrel-ethinyl estrad* (Amethyst Oral Tablet 90-20 Mcg) | CE | N7 (PG) |
| 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 (PG) |
| *norethin-eth estrad triphasic* (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg) | CE | N7 (PG) |
| *levonorgestrel-ethinyl estrad* (Aubra Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (PG) |
| *desogestrel-ethinyl estradiol* (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N7 (PG) |
| BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*) | CE | N7 (NF) |
| *norethindrone-eth estradiol* (Balziva Oral Tablet 0.4-35 Mg-Mcg) | CE | N7 (PG) |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*) | NF | |
| *norethin ace-eth estrad-fe* (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (PG) |
| *norethin ace-eth estrad-fe* (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (PG) |
| *norethin ace-eth estrad-fe* (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (PG) |
| *norethindrone* (Camila Oral Tablet 0.35 Mg) | CE | N7 (PG) |
| *levonorgest-eth estrad 91-day* (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg) | CE | N7 (PG) |
| *levonorgest-eth estrad 91-day* (Camrese Oral Tablet 0.15-0.03 &0.01 Mg) | CE | N7 (PG) |
| CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| *norgestrel-ethinyl estradiol* (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg) | CE | N7 (PG) |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*) | CE | N7 (NF) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | N7 (PG) |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg* | CE | N7 (PG) |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | CE | N7 (PG) |
| ELLA ORAL TABLET 30 MG (*ulipristal acetate*) | CE | N7 (NP) |
| *etonogestrel-ethinyl estradiol* (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr) | CE | N7 (Not Covered) |
| *levonorg-eth estrad triphasic* (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | N7 (PG) |
| *norgestimate-eth estradiol* (Estarylla Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (PG) |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | CE | N7 (PG) |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr* | CE | N7 (Not Covered) |
| *levonorgest-eth estrad 91-day* (Fayosim Oral Tablet 42-21-21-7 Days) | CE | N7 (PG) |
| FC2 FEMALE CONDOM (*condoms - female*) | CE | N7 (NP); QL (12 CONDOMS per 25 days) |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*) | CE | N7 (NP); QL (1 DEVICE per 300 days) |
| *levonorgest-eth estrad 91-day* (Introvale Oral Tablet 0.15-0.03 Mg) | CE | N7 (PG) |
| *norethindrone acet-ethinyl est* (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (PG) |
| *norethindrone acet-ethinyl est* (Junel 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (PG) |
| *norethin ace-eth estrad-fe* (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (PG) |
| *norethin ace-eth estrad-fe* (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (PG) |
| *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 (PG) |
| 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 (PG) |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg* | CE | N7 (PG) |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*) | CE | N7 (NF) |
| 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 (PG); QL (4 ML per 300 days) |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml* | CE | N7 (PG); QL (4 ML per 300 days) |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*) | NF | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*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 (PG) |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*) | CE | N7 (NP); QL (1 IMPLANT per 300 days) |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*) | CE | N7 (NF) |
| *norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)* | CE | N7 (PG) |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg* | CE | N7 (PG) |
| *norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)* | CE | N7 (PG) |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg* | CE | N7 (PG) |
| *norethindrone oral tablet 0.35 mg* | CE | N7 (PG) |
| *norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg* | CE | N7 (PG) |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | CE | N7 (PG) |
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg* | CE | N7 (PG) |
| *norethindrone-eth estradiol* (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | CE | N7 (PG) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *norethindrone-eth estradiol* (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg) | CE | N7 (PG) |
| *norethin-eth estrad triphasic* (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | N7 (PG) |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*) | PB | QL (13 RING per 300 days) |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (*norgestim-eth estrad triphasic*) | NF | |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*) | CE | N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days) |
| QUARTETTE ORAL TABLET 42-21-21-7 DAYS (*levonorgest-eth estrad 91-day*) | NF | |
| *desogestrel-ethinyl estradiol* (Reclipsen Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (PG) |
| *levonorgest-eth estrad 91-day* (Rivelsa Oral Tablet 42-21-21-7 Days) | CE | N7 (PG) |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*) | NP | |
| SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (*levonorgest-eth estrad 91-day*) | NF | |
| 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 (NF) |
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*) | NF | |
| *norethindron-ethinyl estrad-fe* (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | N7 (PG) |
| *norethindron-ethinyl estrad-fe* (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | N7 (PG) |
| *norgestim-eth estrad triphasic* (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N7 (PG) |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*) | CE | N7 (NF) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*) | CE | N7 (Not Covered) |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*) | CE | N7 (PG) |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | N7 (NP); QL (1 DIAPHRAGM per 300 days) |
| *norelgestromin-eth estradiol* (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | N7 (PG) |
| YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*) | NF | |
| YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*) | NF | |
| **CORTISOL SYNTHESIS INHIBITORS** | | |
| ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*) | NF | |
| RECORLEV ORAL TABLET 150 MG (*levoketoconazole*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DIABETIC SUPPLIES** | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*) | PB | QL (204 STRIPS per 25 days) |
| ACCU-CHEK FASTCLIX LANCETS (*lancets*) | NP | |
| ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*) | PB | QL (204 STRIPS per 25 days) |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*) | PB | QL (204 STRIPS per 25 days) |
| ACCU-CHEK SOFTCLIX LANCETS (*lancets*) | NP | |
| ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*) | NF | |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*) | NF | |
| ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*) | NF | |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*) | NF | |
| ADVOCATE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*) | NF | |
| AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*) | NF | |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *alcohol swabs pad* | NP | |
| ASSURE 3 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| ASSURE 4 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| ASSURE II CHECK IN VITRO STRIP (*glucose blood*) | NF | |
| ASSURE II IN VITRO STRIP (*glucose blood*) | NF | |
| ASSURE LANCE LANCETS (*lancets*) | NP | |
| ASSURE PLATINUM IN VITRO STRIP (*glucose blood*) | NF | |
| ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ASSURE PRO TEST IN VITRO STRIP (*glucose blood*) | NF | |
| 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*) | NP | |
| BD LANCET ULTRAFINE 33G (*lancets*) | NP | |
| BD MICROTAINER LANCETS (*lancets*) | NP | |
| 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) |
| *blood glucose test in vitro strip* | NF | |
| CAREONE LANCET SUPER THIN 30G (*lancets*) | NP | |
| CARESENS LANCETS (*lancets*) | NP | |
| CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| CARETOUCH TEST IN VITRO STRIP (*glucose blood*) | NF | |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*) | NF | |
| CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*) | NF | |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*) | NF | |
| CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*) | NF | |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*) | NF | |
| COAGUCHEK LANCETS (*lancets*) | NP | |
| *comfort assured lancets 28g* | NP | |
| *comfort assured lancets 33g* | NP | |
| COMFORT TOUCH LANCETS 31G (*lancets*) | NP | |
| COMFORT TOUCH PLUS LANCETS 30G (*lancets*) | NP | |
| CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*) | NF | |
| CONTOUR TEST IN VITRO STRIP (*glucose blood*) | NF | |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*) | NF | |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*) | PB | |
| DEXCOM G6 SENSOR (*continuous blood gluc sensor*) | PB | |
| DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*) | PB | |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *diatrue plus test in vitro strip* | NF | |
| DROPLET PERSONAL LANCETS 30G (*lancets*) | NP | |
| DUO-CARE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *easy plus ii glucose test in vitro strip* | NF | |
| EASY STEP TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *easy talk blood glucose test in vitro strip* | NF | |
| EASY TOUCH LANCETS 21G (*lancets*) | NP | |
| EASY TOUCH LANCETS 23G (*lancets*) | NP | |
| EASY TOUCH LANCETS 26G (*lancets*) | NP | |
| EASY TOUCH LANCETS 28G (*lancets*) | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH LANCETS 28G/TWIST (*lancets*) | NP | |
| EASY TOUCH LANCETS 30G (*lancets*) | NP | |
| EASY TOUCH LANCETS 32G (*lancets*) | NP | |
| EASY TOUCH LANCETS 32G/TWIST (*lancets*) | NP | |
| EASY TOUCH LANCING DEVICE (*lancet devices*) | NP | |
| EASY TOUCH SAFETY LANCETS 21G (*lancets*) | NP | |
| EASY TOUCH SAFETY LANCETS 23G (*lancets*) | NP | |
| EASY TOUCH SAFETY LANCETS 26G (*lancets*) | NP | |
| EASY TOUCH SAFETY LANCETS 28G (*lancets*) | NP | |
| *easy trak blood glucose test in vitro strip* | NF | |
| EASYGLUCO IN VITRO STRIP (*glucose blood*) | NF | |
| EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EASYMAX TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EASYPRO PLUS IN VITRO STRIP (*glucose blood*) | NF | |
| *element compact test in vitro strip* | NF | |
| ELEMENT TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| ENLITE GLUCOSE SENSOR (*continuous blood gluc sensor*) | NF | |
| *eq blood glucose test in vitro strip* | NF | |
| EVERSENSE SENSOR/HOLDER (*continuous blood gluc sensor*) | NF | |
| EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*) | NF | |
| EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*) | NF | |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FINGERSTIX LANCETS (*lancets*) | NP | |
| FORA 6 CONNECT IN VITRO STRIP (*glucose blood*) | NF | |
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA GD20 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*) | NF | |
| FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*) | NF | |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FORTISCARE TEST IN VITRO STRIP (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FREESTYLE LANCETS (*lancets*) | NP | |
| FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*) | NF | |
| *freestyle libre 3 sensor* | NF | |
| FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*) | NF | |
| FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FREESTYLE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| FREESTYLE UNISTICK II LANCETS (*lancets*) | NP | |
| *ge100 blood glucose test in vitro strip* | NF | |
| GENULTIMATE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *ght test in vitro strip* | NF | |
| GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCOCOM TEST IN VITRO STRIP (*glucose blood*) | NF | |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *glucose control in vitro solution* | NP | |
| *glucose meter test in vitro strip* | NF | |
| *gnp easy touch glucose test in vitro strip* | NF | |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*) | NF | |
| *goodsense blood glucose in vitro strip* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GUARDIAN LINK 3 TRANSMITTER (*continuous blood gluc transmit*) | NF | |
| GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous blood gluc receiver*) | NF | |
| GUARDIAN SENSOR (3) (*continuous blood gluc sensor*) | NF | |
| *guardian sensor 3* | NF | |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*) | NF | |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| INFINITY VOICE IN VITRO STRIP (*glucose blood*) | NF | |
| *lancets super thin 28g* | NP | |
| LANCETS ULTRA THIN (*lancets*) | NP | |
| *lancets ultra thin 30g* | NP | |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *liberty test in vitro strip* | NF | |
| LIFESCAN UNISTIK 2 (*lancets*) | NP | |
| LIFESCAN UNISTIK II LANCETS (*lancets*) | NP | |
| *lite touch lancets* | NP | |
| LITETOUCH LANCETS (*lancets*) | NP | |
| *meijer essential glucose test in vitro strip* | NF | |
| MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*) | NF | |
| MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*) | NF | |
| MICRODOT TEST IN VITRO STRIP (*glucose blood*) | NF | |
| MICROLET LANCETS (*lancets*) | NP | |
| MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*) | NF | |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD 5 G6 POD (GEN 5) (*insulin disposable pump*) | PB | N8 (Listing does not include certain NDCs) |
| OMNIPOD CLASSIC PDM (GEN 3) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD CLASSIC PODS (GEN 3) (*insulin disposable pump*) | PB | N8 (Listing does not include certain NDCs) |
| OMNIPOD DASH INTRO (GEN 4) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD DASH PDM (GEN 4) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*) | PB | N8 (Listing does not include certain NDCs) |
| *one drop test in vitro strip* | NF | |
| ONETOUCH CLUB LANCETS FINE PT (*lancets*) | PB | |
| ONETOUCH DELICA LANCETS 30G (*lancets*) | PB | |
| ONETOUCH DELICA LANCETS 33G (*lancets*) | PB | |
| ONETOUCH DELICA LANCING DEV (*lancet devices*) | PB | |
| ONETOUCH DELICA PLUS LANCET30G (*lancets*) | PB | |
| ONETOUCH FINEPOINT LANCETS (*lancets*) | PB | |
| ONETOUCH SURESOFT LANCING DEV (*lancets misc.*) | PB | |
| ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*) | PB | QL (204 TEST per 25 days) |
| ONETOUCH ULTRASOFT LANCETS (*lancets*) | PB | |
| ONETOUCH VERIO IN VITRO STRIP (*glucose blood*) | PB | QL (204 TEST per 25 days) |
| OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *pen needles 32g x 4 mm* | NF | |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*) | NF | |
| *pharmacist choice no coding in vitro strip* | NF | |
| POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*) | NF | |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRECISION THINS GP LANCETS (*lancets*) | NP | |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| *premium blood glucose test in vitro strip* | NF | |
| *pro voice v8/v9 glucose in vitro strip* | NF | |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*) | NF | |
| PTS PANELS EGLU TEST IN VITRO STRIP (*glucose blood*) | NF | |
| QUICKTEK TEST IN VITRO STRIP (*glucose blood*) | NF | |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*) | NF | |
| RELION PRIME TEST IN VITRO STRIP (*glucose blood*) | NF | |
| RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*) | NF | |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NF | |
| *sapscare twist top lancets* | NP | |
| SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*) | NP | |
| SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*) | NF | |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| SOLUS V2 TEST IN VITRO STRIP (*glucose blood*) | NF | |
| *super thin lancets* | NP | |
| SUPREME TEST IN VITRO STRIP (*glucose blood*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *true focus blood glucose strip in vitro strip* | NF | |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| TRUEPLUS LANCETS 26G (*lancets*) | NP | |
| TRUEPLUS LANCETS 30G (*lancets*) | NP | |
| TRUEPLUS SAFETY LANCETS 28G (*lancets*) | NP | |
| TRUETEST TEST IN VITRO STRIP (*glucose blood*) | NF | |
| TRUETRACK TEST IN VITRO STRIP (*glucose blood*) | NF | |
| UNIFINE PENTIPS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NF | |
| UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*) | NF | |
| *verasens blood glucose test in vitro strip* | NF | |
| V-GO 20 KIT (*insulin disposable pump*) | PB | |
| V-GO 30 KIT (*insulin disposable pump*) | PB | |
| V-GO 40 KIT (*insulin disposable pump*) | PB | |
| **ENDOMETRIOSIS** | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*) | PSP | PA |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | PG | |
| ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*) | PB | PA |
| **ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT** | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*) | NPSP | PA |
| *betaine oral powder* | PSP | PA |
| BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*) | NF | |
| BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*) | NF | |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*) | NPSP | PA |
| *carglumic acid oral tablet soluble 200 mg* | PSP | PA |
| CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*) | PSP | PA; QL (56 CAPSULES per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*) | PSP | PA; QL (15 VIALS per 14 days) |
| CYSTADANE ORAL POWDER (*betaine*) | NPSP | PA |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*) | PSP | 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 |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*) | NF | |
| PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*) | NPSP | PA; QL (672 G per 30 DAYs) |
| 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 |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | PSP | PA; QL (600 G per 30 days) |
| *sodium phenylbutyrate oral tablet 500 mg* | PSP | PA; QL (1200 TABLETS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*) | NPSP | PA |
| 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** | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*) | NF | |
| *estradiol-norethindrone acet* (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg) | PG | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*) | NF | |
| BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*) | PB | |
| 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*) | NF | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*) | PB | |
| DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*) | NF | N10 (NP,PA applies) |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*) | NF | |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | PG | |
| *estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | PG | |
| *estradiol vaginal cream 0.1 mg/gm* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *estradiol vaginal tablet 10 mcg* | NF | |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | PG | |
| ESTRING VAGINAL RING 2 MG (*estradiol*) | NF | |
| ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*) | NF | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*) | PB | |
| *norethindrone-eth estradiol* (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg) | PG | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*) | PB | |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*) | PB | |
| *norethindrone-eth estradiol* (Jinteli Oral Tablet 1-5 Mg-Mcg) | PG | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*) | NF | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*) | NF | |
| *estradiol-norethindrone acet* (Mimvey Oral Tablet 1-0.5 Mg) | PG | |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*) | NF | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*) | PB | |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*) | PB | PA |
| PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (*estradiol-norgestimate*) | NF | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*) | NF | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*) | NF | |
| PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*) | NF | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*) | NF | |
| VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*) | NF | |
| *estradiol* (Yuvafem Vaginal Tablet 10 Mcg) | NF | |
| **FERTILITY REGULATORS** | | |
| *chorionic gonadotropin intramuscular solution reconstituted 10000 unit* | NF | |
| *clomiphene citrate oral tablet 50 mg* | NP | SPC |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*) | NF | |
| *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 PEN-INJECTOR 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*) | NF | |
| *dexabliss oral tablet therapy pack 1.5 mg (39)* | NF | |
| *dexamethasone oral elixir 0.5 mg/5ml* | PG | |
| *dexamethasone oral solution 0.5 mg/5ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | PG | |
| *dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)* | PG | |
| DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*) | NF | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*) | NF | |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*) | NF | |
| *fludrocortisone acetate oral tablet 0.1 mg* | PG | |
| HEMADY ORAL TABLET 20 MG (*dexamethasone*) | NF | |
| *dexamethasone* (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21)) | PG | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | PG | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | PG | |
| *methylprednisolone oral tablet therapy pack 4 mg* | PG | |
| MILLIPRED ORAL TABLET 5 MG (*prednisolone*) | NF | |
| *prednisolone oral solution 15 mg/5ml* | PG | |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml* | NF | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | PG | |
| *prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg* | NP | |
| *prednisone oral solution 5 mg/5ml* | PG | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | PG | |
| *prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | PG | |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*) | NF | |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*) | NF | |
| *dexamethasone* (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21)) | NF | |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *zcort 7-day oral tablet therapy pack 1.5 mg (25)* | NF | |
| **GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR** | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*) | PB | |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*) | PB | |
| BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (*dextrose (diabetic use)*) | NP | |
| *diazoxide oral suspension 50 mg/ml* | PG | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*) | NF | |
| *glucagon emergency injection solution reconstituted 1 mg/ml* | NF | |
| *glucagon emergency kit 1 mg injection 1 mg* | PG | |
| *glucagon emergency kit 1 mg injection 1 mg* | NF | |
| *glucose oral tablet chewable 4 gm* | NP | |
| *gnp glucose gummies oral tablet chewable 2 gm* | NP | |
| 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 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*) | PB | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*) | PB | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*) | PB | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*) | PB | |
| **GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH** | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*) | NPSP | PA; QL (30 VIALS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT** | | |
| *nitisinone oral capsule 10 mg, 2 mg, 5 mg* | PSP | PA |
| 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 |
| **HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 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 CARTRIDGE 12 MG, 5 MG (*somatropin*) | NF | |
| HUMATROPE INJECTION CARTRIDGE 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 |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*) | NF | |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*) | NPSP | PA |
| **LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS** | | |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*) | NPSP | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*) | PSP | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (*leuprolide acetate (3 month)*) | PSP | PA |
| SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*) | NP | PA |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*) | PSP | PA |
| **MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES** | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*) | PB | |
| **MISCELLANEOUS** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*) | NPSP | PA; QL (35 ML per 21 days) |
| *cabergoline oral tablet 0.5 mg* | PG | |
| *calcitonin (salmon) nasal solution 200 unit/act* | PG | |
| CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*) | NF | |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*) | NF | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*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) |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*) | NPSP | PA |
| 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) |
| *methylergonovine maleate* (Methergine Oral Tablet 0.2 Mg) | PG | QL (4 TABLETS per 1 day) |
| *methylergonovine maleate oral tablet 0.2 mg* | PG | QL (4 TABLETS per 1 DAY) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (*parathyroid hormone (recomb)*) | NPSP | PA; QL (2 CARTRIDGE per 28 days) |
| OSPHENA ORAL TABLET 60 MG (*ospemifene*) | NF | N10 (NP,PA applies) |
| 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 (PG); AL (Min 35 Years) |
| SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*) | NPSP | PA |
| 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) |
| *teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml* | NF | |
| *tolvaptan oral tablet 15 mg, 30 mg* | PSP | PA |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*) | PSP | PA; QL (1 PEN per 30 DAYs) |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*) | NF | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*) | NPSP | PA |
| XURIDEN ORAL PACKET 2 GM (*uridine triacetate*) | NPSP | QL (4 PACKETS per 1 DAY) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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** | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*) | PB | |
| *calcium acetate (phos binder) oral capsule 667 mg* | PG | |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*) | NF | |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*) | NF | |
| *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* | PG | |
| *sevelamer carbonate oral tablet 800 mg* | PG | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | PG | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*) | PB | |
| **POLYNEUROPATHY** | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*) | PSP | PA; QL (4 syringes per 28 days) |
| **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*) | NF | |
| *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* | PG | |
| *megestrol acetate oral suspension 625 mg/5ml* | CE | N7 (NP) |
| *norethindrone acetate oral tablet 5 mg* | PG | |
| *progesterone oral capsule 100 mg, 200 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*) | NF | |
| **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS** | | |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*) | NF | |
| *levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | NF | |
| *levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | PG | |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | PG | |
| *methimazole oral tablet 10 mg, 5 mg* | PG | |
| *thyroid* (Np Thyroid Oral Tablet 120 Mg, 15 Mg, 60 Mg, 90 Mg) | PG | |
| *thyroid* (Np Thyroid Oral Tablet 30 Mg) | PG | STX |
| *propylthiouracil oral tablet 50 mg* | PG | |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*) | NF | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*) | NF | |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*) | NF | |
| **VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*) | NP | |
| *desmopressin ace spray refrig nasal solution 0.01 %* | PG | |
| *desmopressin acetate oral tablet 0.1 mg, 0.2 mg* | PG | |
| *desmopressin acetate spray nasal solution 0.01 %* | PG | |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*) | NP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*) | NP | ST |
| **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS** | | |
| **ANTICHOLINERGICS** | | |
| CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*) | NP | |
| DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG (*glycopyrrolate*) | NF | |
| *dicyclomine hcl oral capsule 10 mg* | PG | |
| *dicyclomine hcl oral tablet 20 mg* | PG | |
| GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*) | NF | |
| *glycopyrrolate oral solution 1 mg/5ml* | PG | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | NP | |
| *glycopyrrolate oral tablet 1.5 mg* | NF | |
| *methscopolamine bromide oral tablet 2.5 mg, 5 mg* | NP | |
| ROBINUL ORAL TABLET 1 MG (*glycopyrrolate*) | NF | |
| ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*) | NF | |
| **ANTIDIARRHEALS** | | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml* | PG | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | PG | |
| MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*) | NF | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*) | NF | |
| **ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING** | | |
| AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*) | NF | |
| ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*) | NF | |
| ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*) | NF | |
| *aprepitant oral capsule 125 mg* | PG | QL (2 CAPSULES per 21 days) |
| *aprepitant oral capsule 40 mg* | PG | QL (3 CAPSULES per 180 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *aprepitant oral capsule 80 & 125 mg* | PG | QL (2 PACKS per 21 DAYs) |
| *aprepitant oral capsule 80 mg* | PG | QL (4 CAPSULES per 21 days) |
| *prochlorperazine* (Compro Rectal Suppository 25 Mg) | PG | |
| *doxylamine-pyridoxine oral tablet delayed release 10-10 mg* | PG | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | NP | PA; QL (120 CAPSULES per 25 DAYs) |
| EMEND ORAL CAPSULE 80 MG (*aprepitant*) | NF | |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*) | NF | |
| EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*aprepitant*) | NF | |
| *granisetron hcl oral tablet 1 mg* | NP | QL (12 TABLETS per 21 days) |
| MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*) | NP | PA; QL (120 CAPSULES per 25 days) |
| *metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml* | PG | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | PG | |
| *metoclopramide hcl oral tablet dispersible 5 mg* | PG | |
| *ondansetron hcl oral solution 4 mg/5ml* | PG | QL (200 ML per 21 DAYs) |
| *ondansetron hcl oral tablet 24 mg* | PG | QL (2 TABLETS per 21 days) |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | PG | QL (18 TABLETS per 21 DAYs) |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | PG | QL (18 TABLETS per 21 DAYs) |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | PG | |
| *promethazine hcl oral syrup 6.25 mg/5ml* | PG | |
| *promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg* | PG | |
| *promethazine hcl rectal suppository 12.5 mg, 25 mg* | PG | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*) | PG | |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*) | PB | QL (2 PATCHES per 21 days) |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | PG | |
| SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*) | NF | |
| *trimethobenzamide hcl oral capsule 300 mg* | PG | |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*) | NF | |
| **ANTISPASMODICS - DRUGS FOR MUSCLE SPASM** | | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | NP | N8 (Listing does not include certain NDCs) |
| LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*) | NF | |
| **H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID** | | |
| *cimetidine hcl oral solution 300 mg/5ml* | PG | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | PG | |
| *famotidine oral tablet 40 mg* | PG | |
| *nizatidine oral capsule 150 mg, 300 mg* | PG | |
| **INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS** | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*) | NP | |
| ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (*mesalamine*) | PB | |
| *balsalazide disodium oral capsule 750 mg* | PG | |
| *budesonide er oral tablet extended release 24 hour 9 mg* | NF | |
| *budesonide oral capsule delayed release particles 3 mg* | PG | |
| CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*) | NF | |
| COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*) | NF | |
| CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*) | PB | |
| DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*) | NF | |
| DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*) | NP | PA |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*) | NF | |
| *mesalamine er oral capsule extended release 24 hour 0.375 gm* | PG | |
| *mesalamine er oral capsule extended release 500 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *mesalamine oral capsule delayed release 400 mg* | PG | |
| *mesalamine oral tablet delayed release 1.2 gm* | PG | |
| *mesalamine oral tablet delayed release 800 mg* | NF | |
| *mesalamine rectal enema 4 gm* | PG | |
| *mesalamine rectal suppository 1000 mg* | PG | N8 (Listing does not include certain NDCs) |
| ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (*budesonide*) | NF | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*) | NF | |
| ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*) | NF | |
| SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*) | NF | |
| *sulfasalazine oral tablet 500 mg* | PG | |
| *sulfasalazine oral tablet delayed release 500 mg* | PG | |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*) | PB | |
| UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*) | NF | |
| **IRRITABLE BOWEL SYNDROME** | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*) | PB | PA |
| **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION** | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*) | NF | |
| IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*) | NF | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*) | PB | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | PG | |
| **IRRITABLE BOWEL SYNDROME WITH DIARRHEA** | | |
| *alosetron hcl oral tablet 0.5 mg, 1 mg* | PG | PA |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*) | NP | PA |
| **LAXATIVES - DRUGS FOR CONSTIPATION** | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*) | CE | N7 (PB); N8 ($0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *peg 3350-kcl-nabcb-nacl-nasulf* (Gavilyte-G Oral Solution Reconstituted 236 Gm) | PG | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*) | NF | |
| KRISTALOSE ORAL PACKET 10 GM (*lactulose*) | NP | |
| *lactulose encephalopathy oral solution 10 gm/15ml* | PG | |
| *lactulose oral packet 10 gm* | NF | |
| *lactulose oral solution 10 gm/15ml* | PG | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*) | NF | |
| *na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml* | CE | N7 (PG); N8 ($0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| OSMOPREP ORAL TABLET 1.102-0.398 GM (*sod phos mono-sod phos dibasic*) | NF | |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm* | PG | |
| *peg-3350/electrolytes oral solution reconstituted 236 gm* | PG | |
| *peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm* | CE | N7 (NF) |
| PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*) | CE | N7 (NP); N8 ($0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*) | CE | N7 (NF); N8 ($0 copay for members age 45 through 75, otherwise not covered) |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*) | NF | |
| SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*) | CE | N7 (NF); N8 ($0 copay for members age 45 through 75, otherwise not covered) |
| **MISCELLANEOUS** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*) | NF | |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*) | NF | |
| CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*) | NF | |
| CARAFATE ORAL TABLET 1 GM (*sucralfate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CHENODAL ORAL TABLET 250 MG (*chenodiol*) | NPSP | PA |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*) | NPSP | PA |
| GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*) | NPSP | PA; QL (1 KIT per 30 days) |
| GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*) | NF | |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*) | NPSP | PA; QL (90 ML per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | PG | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*) | NF | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*) | NF | |
| OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*) | NPSP | PA; QL (30 TABLETS per 30 days) |
| RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*) | NF | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*) | NF | |
| RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*) | NF | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*) | NPSP | PA; QL (3 BOTTLES per 25 days) |
| *sucralfate oral suspension 1 gm/10ml* | NF | |
| *sucralfate oral tablet 1 gm* | PG | |
| SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*) | PB | PA |
| *ursodiol oral capsule 200 mg, 400 mg* | NF | |
| *ursodiol oral capsule 300 mg* | PG | |
| *ursodiol oral tablet 250 mg, 500 mg* | NP | |
| XERMELO ORAL TABLET 250 MG (*telotristat etiprate*) | NPSP | PA; 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*) | NF | |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*) | NF | |
| 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*) | NF | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*) | NF | |
| *dexlansoprazole oral capsule delayed release 30 mg, 60 mg* | NF | |
| *esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg* | PG | QL (90 CAPSULES per 365 DAYs) |
| *esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg* | PG | QL (90 PACKET per 365 DAYs) |
| *esomeprazole magnesium oral tablet delayed release 20 mg* | PG | Select OTC; QL (90 TABLETS per 365 DAYs) |
| *lansoprazole oral capsule delayed release 30 mg* | PG | QL (90 CAPSULES per 365 DAYs) |
| *lansoprazole oral tablet delayed release dispersible 30 mg* | NF | |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*) | PG | Select OTC; QL (90 tablets per 365 days) |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (*esomeprazole magnesium*) | NF | |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*) | NF | |
| *omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg* | PG | Select OTC; QL (90 CAPSULES per 365 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *omeprazole magnesium oral tablet delayed release 20 mg* | PG | Select OTC; QL (90 TABLETS per 365 DAYs) |
| *omeprazole oral capsule delayed release 10 mg, 40 mg* | PG | QL (90 CAPSULES per 365 days) |
| *omeprazole oral capsule delayed release 20 mg* | PG | Select OTC; QL (90 CAPSULES per 365 DAYs) |
| *omeprazole-sodium bicarbonate oral capsule 20-1100 mg* | PG | 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* | PG | QL (90 TABLETS per 365 days) |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*) | NF | |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (*lansoprazole*) | NF | |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*) | NF | |
| PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*) | PG | Select OTC; QL (90 TABLETS per 365 DAYs) |
| PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*) | NF | |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*) | NF | |
| *qc lansoprazole oral capsule delayed release 15 mg* | PG | Select OTC; QL (90 CAPSULES per 365 DAYs) |
| *ra omeprazole oral tablet delayed release 20 mg* | PG | Select OTC; QL (90 TABLETS per 365 days) |
| *rabeprazole sodium oral capsule sprinkle 10 mg* | NP | QL (90 CAPSULES per 365 DAYs) |
| *rabeprazole sodium oral tablet delayed release 20 mg* | PG | 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **RECTAL, CORTICOSTEROIDS** | | |
| *hydrocortisone (perianal) external cream 2.5 %* | PG | |
| PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*) | NF | |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*) | PB | |
| *hydrocortisone* (Proctozone-Hc External Cream 2.5 %) | PG | |
| **ULCER THERAPY COMBINATIONS** | | |
| *amoxicill-clarithro-lansopraz oral* | PG | |
| HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*) | NF | |
| PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*) | PB | |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*) | PB | |
| **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS** | | |
| **BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | PG | |
| *dutasteride oral capsule 0.5 mg* | PG | |
| *dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg* | PG | |
| ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*) | NF | |
| *finasteride oral tablet 5 mg* | PG | |
| JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*) | NF | |
| PROSCAR ORAL TABLET 5 MG (*finasteride*) | NP | |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*) | NF | |
| *silodosin oral capsule 4 mg, 8 mg* | PG | |
| *tamsulosin hcl oral capsule 0.4 mg* | PG | |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*) | NF | |
| **CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL** | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*) | CE | N7 (Not Covered) |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*) | CE | N7 (Not Covered) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*) | CE | N7 (NP) |
| SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (*nonoxynol-9*) | CE | N7 (Not Covered) |
| TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*) | CE | N7 (Not Covered) |
| 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** | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*) | NP | SPC ; QL (6 KITS per 25 days) |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (*alprostadil (vasodilator)*) | NP | SPC ; QL (6 VIALS per 25 days) |
| CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*tadalafil*) | NF | |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*) | NP | SPC ; QL (6 VIALS per 25 days) |
| MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG (*alprostadil (vasodilator)*) | PB | SPC ; QL (6 SUPPOSITORIES per 25 days) |
| *phenylephrine hcl intracavernosal solution 2 mg/2ml* | NF | |
| *quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg* | NF | |
| *sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg* | PG | SPC ; QL (6 TABLETS per 25 DAYs) |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*) | NF | |
| *super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg* | NF | |
| *tadalafil oral tablet 10 mg, 20 mg* | PG | SPC ; QL (6 TABLETS per 25 DAYs) |
| *tadalafil oral tablet 2.5 mg* | PG | SPC ; QL (30 TABLETS per 25 DAYs) |
| *tadalafil oral tablet 5 mg* | PG | SPC ; QL (30 TABLETS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | PG | SPC ; QL (6 TABLETS per 25 days) |
| *vardenafil hcl oral tablet dispersible 10 mg* | PG | |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*) | NF | |
| **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*) | NF | |
| **MISCELLANEOUS** | | |
| ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*) | NF | |
| LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*) | NF | |
| *pot & sod cit-cit ac oral solution 550-500-334 mg/5ml* | PG | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | PG | |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*) | NF | |
| PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*) | NF | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*) | NF | |
| 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 |
| **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*) | PB | |
| **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | PG | |
| *darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg* | NP | |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*oxybutynin chloride*) | NP | ST; QL (90 TABLETS per 25 days) |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (*oxybutynin chloride*) | NP | ST; QL (30 TABLETS per 25 days) |
| *fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg* | PG | |
| *flavoxate hcl oral tablet 100 mg* | PG | |
| GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*) | NF | |
| GEMTESA ORAL TABLET 75 MG (*vibegron*) | PB | ST; QL (30 TABLETS per 25 days) |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*) | NF | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*) | NF | |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg* | PG | |
| *oxybutynin chloride oral syrup 5 mg/5ml* | PG | |
| *oxybutynin chloride oral tablet 5 mg* | PG | |
| *solifenacin succinate oral tablet 10 mg, 5 mg* | PG | |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | PG | |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | PG | |
| 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* | PG | |
| *trospium chloride oral tablet 20 mg* | PG | |
| VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*) | NF | |
| **VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS** | | |
| *clindamycin phosphate vaginal cream 2 %* | PG | |
| *metronidazole vaginal gel 0.75 %* | PG | |
| *miconazole 3 vaginal suppository 200 mg* | NP | |
| NUVESSA VAGINAL GEL 1.3 % (*metronidazole*) | NF | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *terconazole vaginal suppository 80 mg* | PG | |
| **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS** | | |
| **ANTICOAGULANTS - BLOOD THINNERS** | | |
| *dabigatran etexilate mesylate oral capsule 150 mg, 75 mg* | NF | |
| 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* | PG | |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | PG | |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | NP | |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (*dalteparin sodium*) | NF | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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 (*dalteparin sodium*) | NF | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | PG | |
| *heparin sodium (porcine) pf injection solution 5000 unit/0.5ml* | PG | |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*) | NF | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*) | NF | |
| *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | PG | LGC |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*) | PB | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **BLEEDING DISORDERS AGENTS** | | |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*) | NPSP | PA |
| CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*) | NF | |
| 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 |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*) | NF | |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*) | NPSP | PA |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*) | NPSP | PA |
| KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (*prothrombin complex conc human*) | NPSP | PA |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*) | PSP | PA |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*) | NPSP | PA |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*) | PSP | PA |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (*coagulation factor xiii a-sub*) | NPSP | PA |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*) | NF | |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*) | NPSP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **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*) | NF | |
| 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*) | NF | |
| DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*) | NPSP | PA; QL (60 TABLETS per 30 days) |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*) | NF | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*) | NF | |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*) | 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*) | NF | |
| 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*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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*) | NF | |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*) | NF | |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*) | NF | |
| PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*) | PSP | PA; QL (120 PACKETS per 30 days) |
| PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*) | PSP | PA; QL (180 PACKETS per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG (*eltrombopag olamine*) | PSP | PA; QL (30 TABLETS per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG (*eltrombopag olamine*) | PSP | PA; QL (60 TABLETS per 30 days) |
| RELEUKO INJECTION SOLUTION 300 MCG/ML (*filgrastim-ayow*) | NF | |
| *releuko injection solution 480 mcg/1.6ml* | NF | |
| *releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml* | NF | |
| 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 |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (*eflapegrastim-xnst*) | NF | |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **HEMOPHILIA A AGENTS** | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*) | PSP | PA |
| *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 |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*) | NPSP | PA |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*) | NPSP | PA |
| 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 |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*) | PSP | PA |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 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, 1500 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 |
| 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 |
| 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 |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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 |
| *rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit* | NPSP | PA |
| **MISCELLANEOUS** | | |
| AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*) | NP | QL (180 CAPSULES per 25 DAYs) |
| AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*) | NF | |
| *aminocaproic acid oral solution 0.25 gm/ml* | PG | |
| *aminocaproic acid oral tablet 1000 mg, 500 mg* | PG | |
| *anagrelide hcl oral capsule 0.5 mg* | PG | QL (180 CAPSULES per 25 days) |
| *anagrelide hcl oral capsule 1 mg* | PG | QL (90 CAPSULES per 25 days) |
| *cilostazol oral tablet 100 mg, 50 mg* | PG | QL (60 TABLETS per 25 DAYs) |
| *pentoxifylline er oral tablet extended release 400 mg* | PG | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*) | NF | |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*) | NF | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*) | PSP | PA; QL (60 TABLETS per 30 days) |
| TAVNEOS ORAL CAPSULE 10 MG (*avacopan*) | NPSP | PA; QL (180 CAPSULES per 30 days) |
| *tranexamic acid oral tablet 650 mg* | NP | |
| **PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*) | PSP | PA; QL (10 VIALS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS** | | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | PG | QL (60 CAPSULES per 25 days) |
| BRILINTA ORAL TABLET 60 MG (*ticagrelor*) | PB | QL (60 TABLETS per 25 DAYs) |
| BRILINTA ORAL TABLET 90 MG (*ticagrelor*) | PB | QL (60 TABLETS per 25 days) |
| *clopidogrel bisulfate oral tablet 300 mg, 75 mg* | PG | |
| *dipyridamole oral tablet 25 mg, 75 mg* | PG | QL (120 TABLETS per 25 days) |
| *dipyridamole oral tablet 50 mg* | PG | QL (240 TABLETS per 25 days) |
| DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (*aspirin*) | NF | |
| EFFIENT ORAL TABLET 10 MG (*prasugrel hcl*) | NP | QL (30 TABLETS per 25 days) |
| EFFIENT ORAL TABLET 5 MG (*prasugrel hcl*) | NP | QL (30 tablets per 25 days) |
| PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*) | NF | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | NP | QL (30 TABLETS per 25 DAYs) |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*) | NF | |
| ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*) | NF | |
| **SICKLE CELL DISEASE** | | |
| ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*) | NPSP | PA; QL (180 PACKETS per 30 days) |
| OXBRYTA ORAL TABLET 500 MG (*voxelotor*) | NF | |
| OXBRYTA ORAL TABLET SOLUBLE 300 MG (*voxelotor*) | NF | |
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*) | NF | |
| **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM** | | |
| **ALLERGENIC EXTRACTS** | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*) | PB | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*) | NP | PA |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*) | PSP | PA |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*) | NF | |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*) | NF | |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*) | PB | PA |
| **AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)** | | |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*) | NF | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*) | NF | IBC (Available as NPSP with PA for Ulcerative Colitis) |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*) | NF | |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*) | NF | |
| *infliximab intravenous solution reconstituted 100 mg* | NF | |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*) | NF | |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*) | PSP | PA; QL (5 VIALS per 42 days) |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*) | NF | |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*) | PSP | PA; QL (200 MG per 56 days) |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*) | PSP | PA; QL (4 VIALS per 56 days) |
| **AUTOIMMUNE AGENTS (SELF-ADMINISTERED)** | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*) | NF | |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*) | NF | |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*) | PSP | PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*) | PSP | PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 Days) |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. 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, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. 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, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. 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, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*secukinumab*) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days) |
| 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 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) |
| 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; 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) |
| 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, 4 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 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) |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis. Preferred agent for Ulcerative Colitis after failure of Humira); QL (30 TABLETS per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*) | PSP | PA; IBC (Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis after failure of Humira); QL (30 TABLETS per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*) | PSP | PA; IBC (Preferred agent for Ulcerative Colitis after failure of Humira); QL (56 TABLETS per 56 DAYs) |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*) | NF | |
| 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 and Psoriatic Arthritis); QL (2 SYRINGES per 84 days) |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*) | PSP | PA; QL (1 CARTRIDGE per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*) | PSP | PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*) | PSP | PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*) | PSP | PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); 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, Non-Radiographic Axial Spondyloarthritis 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, Non-Radiographic Axial Spondyloarthritis 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 and Psoriatic Arthritis); QL (1 ML per 56 DAYs) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| 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, Ankylosing Spondylitis); QL (240 ML per 24 days) |
| 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, Ankylosing Spondylitis); 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, Ankylosing Spondylitis); QL (30 TABLETS per 30 days) |
| **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS** | | |
| *hydroxychloroquine sulfate oral tablet 200 mg* | PG | |
| *leflunomide oral tablet 10 mg, 20 mg* | PG | |
| *methotrexate oral tablet 2.5 mg* | CE | N7 (PG) |
| 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 | |
| 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 | |
| **HEREDITARY ANGIOEDEMA** | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*) | NF | |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*) | NF | |
| 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) |
| *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*) | PSP | PA; QL (28 CAPSULES per 28 days) |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*) | PSP | PA; QL (60 VIALS per 90 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*) | PSP | PA; QL (2 ML per 28 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*) | PSP | PA; QL (2 SYRINGES per 28 DAYs) |
| **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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*) | 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 |
| 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 |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (*rho d immune globulin*) | NPSP | |
| HYPERTET 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 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 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 |
| 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 RECONSTITUTED 10000000 UNIT, 50000000 UNIT (*interferon alfa-2b*) | NPSP | PA |
| **IMMUNOSUPPRESSANTS** | | |
| ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (*lymphocyte,anti-thymo imm glob*) | NP | |
| *azathioprine oral tablet 100 mg, 50 mg, 75 mg* | PG | |
| 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) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*) | NPSP | PA; QL (4 INJECTIONS per 28 days) |
| *cyclosporine intravenous solution 50 mg/ml* | PG | |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| *cyclosporine modified oral solution 100 mg/ml* | PG | |
| *cyclosporine oral capsule 100 mg, 25 mg* | PG | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*) | PSP | PA; QL (1 SYRINGE per 28 days) |
| *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | PG | |
| *cyclosporine modified* (Gengraf Oral Capsule 100 Mg, 25 Mg) | PG | |
| *cyclosporine modified* (Gengraf Oral Solution 100 Mg/Ml) | PG | |
| IMURAN ORAL TABLET 50 MG (*azathioprine*) | NP | |
| LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*) | NF | |
| *mycophenolate mofetil oral capsule 250 mg* | PG | |
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | PG | |
| *mycophenolate mofetil oral tablet 500 mg* | PG | |
| *mycophenolate sodium oral tablet delayed release 180 mg, 360 mg* | PG | |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*) | NPSP | |
| NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*) | NPSP | |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*) | NPSP | |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*) | NPSP | |
| 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 | |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*) | NP | |
| *sirolimus oral solution 1 mg/ml* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | PG | |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | PG | |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*) | NP | |
| **MISCELLANEOUS** | | |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*) | NPSP | PA |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*) | NPSP | PA |
| **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS** | | |
| **ELECTROLYTES** | | |
| *fluoritab oral solution 0.275 (0.125 f) mg/drop* | CE | N7 (Not Covered); AL (Max 5 Years) |
| *potassium chloride* (Klor-Con 10 Oral Tablet Extended Release 10 Meq) | PG | |
| *potassium chloride crys er* (Klor-Con M10 Oral Tablet Extended Release 10 Meq) | PG | |
| *potassium chloride crys er* (Klor-Con M15 Oral Tablet Extended Release 15 Meq) | PG | |
| *potassium chloride crys er* (Klor-Con M20 Oral Tablet Extended Release 20 Meq) | PG | |
| *potassium chloride* (Klor-Con Oral Packet 20 Meq) | NP | |
| *potassium chloride* (Klor-Con Oral Tablet Extended Release 8 Meq) | PG | |
| *k phos mono-sod phos di & mono* (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg) | PG | |
| *potassium chloride crys er oral tablet extended release 10 meq, 20 meq* | PG | |
| *potassium chloride er oral capsule extended release 10 meq, 8 meq* | PG | |
| *potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq* | PG | |
| *potassium chloride oral solution 20 meq/15ml (10%)* | PG | |
| *potassium chloride oral solution 40 meq/15ml (20%)* | NP | |
| *sodium fluoride oral solution 1.1 (0.5 f) mg/ml* | CE | N7 (Not Covered); AL (Max 5 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *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* | PG | |
| *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* | PG | |
| **PRENATAL VITAMINS** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*) | NF | |
| *azesco oral tablet 13-1 mg* | NF | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*) | NF | |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*) | NF | |
| CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*) | NF | |
| CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*) | NF | |
| CITRANATAL DHA ORAL 27-1 & 250 MG (*prenat w/o a-fecbgl-dss-fa-dha*) | NF | |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*) | NF | |
| *complete natal dha oral 29-1-200 & 200 mg* | NF | |
| *completenate oral tablet chewable 29-1 mg* | NF | |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*) | NF | |
| DUET DHA 400 ORAL 25-1 & 400 MG (*prenat-fepoly-fered-fa-omega 3*) | NF | |
| DUET DHA BALANCED ORAL 25-1 & 267 MG (*prenat-fepoly-fered-fa-omega 3*) | NF | |
| ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*) | NF | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG (*prenat w/o a vit-fefum-fepo-fa*) | NF | |
| INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*) | PG | |
| *jenliva prenatal/postnatal oral capsule 1 mg* | NF | |
| *kosher prenatal plus iron oral tablet 30-1 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *multi-mac oral tablet 15-0.75-1 mg* | NF | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG (*prenatal vit-fe fum-fe bisg-fa*) | NF | |
| NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*) | NF | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*) | NF | |
| *neonatal + dha oral 29-1 & 200 mg* | NF | |
| *neonatal 19 oral tablet 1 mg* | NF | |
| *neonatal fe oral tablet 90-1 mg* | NF | |
| NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*) | NF | |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*) | NF | |
| NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*) | NF | |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*) | NF | |
| OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*) | NF | |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*) | NF | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*) | NF | |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*) | NF | |
| OBSTETRIX DHA ORAL 29-1 & 387 MG (*prenatal-fecbn-fa-dss-omega 3*) | NF | |
| OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methyl-dss-dha w/o a*) | NF | |
| *pnv tabs 20-1 oral tablet 20-1 mg* | NF | |
| *pnv-dha oral capsule 27-0.6-0.4-300 mg* | PG | |
| *pnv-dha+docusate oral capsule 27-1.25-300 mg* | NF | |
| *pnv-omega oral capsule 28-0.6-0.4-340 mg* | NF | |
| *pregen dha oral capsule 28-1-35 mg* | NF | |
| *pregenna oral tablet 20-1 mg* | NF | |
| *prena 1 true oral 30-1.4 & 300 mg* | NF | |
| *prenaissance oral capsule 29-1.25-325 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *prenaissance plus oral capsule 28-1-250 mg* | NF | |
| PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*) | PG | |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*) | NF | |
| PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*) | NF | |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*) | NF | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*) | NF | |
| PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*) | NF | |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*) | NF | |
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*) | NF | |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*) | NF | |
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*) | NF | |
| *prenatvite plus oral tablet 1 mg* | NF | |
| PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*) | NF | |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*) | NF | |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*) | NF | |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*) | NF | |
| SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*) | NF | |
| TARON-C DHA ORAL CAPSULE 35-1 MG (*prenat-fefum-fepo-fa-omega 3*) | NF | |
| *thrivite rx oral tablet 29-1 mg* | NF | |
| TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*) | PG | |
| *tristart dha oral capsule 31-0.6-0.4-200 mg* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRISTART FREE ORAL CAPSULE 33-1 MG (*prenat w/o a-fecbn-meth-fa-dha*) | NF | |
| TRISTART ONE ORAL CAPSULE 35-1-215 MG (*prenat w/o a-fecbn-meth-fa-dha*) | NF | |
| VINATE II ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*) | NF | |
| VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*) | NF | |
| VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*) | NF | |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*) | NF | |
| VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*) | NF | |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*) | NF | |
| VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*) | NF | |
| VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*) | NF | |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*) | NF | |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*) | NF | |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (*prenat-b2-b6-b12-d3-fa*) | NF | |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*) | NF | |
| VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*) | NF | |
| *wescap-c dha oral capsule 53.5-38-1 mg* | NF | |
| *westgel dha oral capsule 31-0.6-0.4-200 mg* | NF | |
| *zalvit oral tablet 13-1 mg* | NF | |
| ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (*prenat w/o a-fe-methfol-fa-dha*) | NF | |
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*) | NF | |
| ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (*ascorbic acid*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | PG | |
| *calcitriol oral solution 1 mcg/ml* | PG | |
| *cyanocobalamin injection solution 1000 mcg/ml* | PG | |
| *b complex-c-folic acid* (Dexifol Oral Tablet 5 Mg) | NF | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | PG | |
| FA-8 ORAL CAPSULE 0.8 MG (*folic acid*) | CE | N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years) |
| FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*) | NF | |
| FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*) | NF | |
| FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*) | NF | |
| *folate oral tablet 400 mcg* | CE | N7 (Not Covered); QL (100 TABLETS per 30 days); AL (Max 55 Years) |
| *folbee plus oral tablet* | PG | |
| *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) |
| MEPHYTON ORAL TABLET 5 MG (*phytonadione*) | NP | QL (25 TABLETS per 25 days) |
| *na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml* | PG | |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*) | NF | |
| *nicotinamide oral tablet 750-27-2-0.5 mg* | NF | |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | PG | |
| *phytonadione oral tablet 5 mg* | PG | QL (25 TABLETS per 25 days) |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*) | NF | |
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG (*pediatric multivitamins-fl*) | NF | |
| *reno caps oral capsule 1 mg* | PG | Select OTC |
| TRIFERIC HEMODIALYSIS PACKET 272 MG (*ferric pyrophosphate citrate*) | NF | |
| VENOFER INTRAVENOUS SOLUTION 20 MG/ML (*iron sucrose*) | NPSP | |
| *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)* | PG | |
| **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS** | | |
| **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES** | | |
| *azelastine hcl ophthalmic solution 0.05 %* | PG | |
| *bepotastine besilate ophthalmic solution 1.5 %* | NF | |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*) | NF | |
| *cromolyn sodium ophthalmic solution 4 %* | PG | |
| *epinastine hcl ophthalmic solution 0.05 %* | PG | |
| *ketotifen fumarate ophthalmic solution 0.025 %* | PG | Select OTC |
| ZADITOR OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*) | PG | Select OTC |
| ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*) | NF | |
| **ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (*brimonidine tartrate*) | PB | |
| AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*) | NF | |
| *betaxolol hcl ophthalmic solution 0.5 %* | PG | |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*) | NF | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*) | NF | |
| *bimatoprost ophthalmic solution 0.03 %* | NF | |
| *brimonidine tartrate ophthalmic solution 0.15 %* | NP | |
| *brimonidine tartrate ophthalmic solution 0.2 %* | PG | |
| *brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %* | PG | |
| *brinzolamide ophthalmic suspension 1 %* | NF | N10 (NP) |
| *carteolol hcl ophthalmic solution 1 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*) | PB | |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*) | NF | |
| *dorzolamide hcl ophthalmic solution 2 %* | NF | |
| *dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml* | PG | |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | PG | |
| ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*) | NF | |
| *latanoprost ophthalmic solution 0.005 %* | PG | |
| *levobunolol hcl ophthalmic solution 0.5 %* | PG | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*) | NF | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | PG | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*) | PB | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*) | PB | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*) | PB | |
| *timolol maleate (once-daily) ophthalmic solution 0.5 %* | NP | |
| *timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %* | PG | |
| *timolol maleate ophthalmic solution 0.25 %, 0.5 %* | PG | |
| *timolol maleate pf ophthalmic solution 0.25 %, 0.5 %* | NF | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*) | NF | |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*) | NF | |
| *travoprost (bak free) ophthalmic solution 0.004 %* | PG | |
| VUITY OPHTHALMIC SOLUTION 1.25 % (*pilocarpine hcl*) | NF | |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*) | NF | |
| XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*) | NF | |
| 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* | PG | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | PG | |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | PG | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*) | NF | |
| TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (*tobramycin-dexamethasone*) | NF | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*) | NF | |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | PG | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*) | NF | |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| *ak-poly-bac ophthalmic ointment 500-10000 unit/gm* | PG | |
| AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*) | NF | |
| *bacitracin ophthalmic ointment 500 unit/gm* | PG | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*) | NF | N10 (NP) |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*) | NF | |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | PG | |
| *erythromycin ophthalmic ointment 5 mg/gm* | PG | |
| *gatifloxacin ophthalmic solution 0.5 %* | NP | |
| GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*) | PG | |
| *gentamicin sulfate ophthalmic solution 0.3 %* | PG | QL (20 ML per 25 days) |
| KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*) | NF | |
| *levofloxacin ophthalmic solution 0.5 %* | PG | |
| *levofloxacin ophthalmic solution 1.5 %* | NF | |
| *moxifloxacin hcl (2x day) ophthalmic solution 0.5 %* | PG | |
| *moxifloxacin hcl ophthalmic solution 0.5 %* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *ofloxacin ophthalmic solution 0.3 %* | PG | |
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | PG | |
| *sulfacetamide sodium ophthalmic ointment 10 %* | PG | |
| *sulfacetamide sodium ophthalmic solution 10 %* | PG | |
| *tobramycin ophthalmic solution 0.3 %* | PG | |
| *trifluridine ophthalmic solution 1 %* | PG | |
| ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*) | NF | N10 (NP) |
| ZYMAXID OPHTHALMIC SOLUTION 0.5 % (*gatifloxacin*) | NF | |
| **ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION** | | |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*) | NF | |
| ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*) | NF | |
| *bromfenac sodium (once-daily) ophthalmic solution 0.09 %* | NP | |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*) | NF | |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | PG | |
| *diclofenac sodium ophthalmic solution 0.1 %* | PG | |
| *difluprednate ophthalmic emulsion 0.05 %* | PG | |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*) | NP | PA; QL (2 BOTTLES per 90 days) |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*) | NF | |
| *fluorometholone ophthalmic suspension 0.1 %* | PG | |
| *flurbiprofen sodium ophthalmic solution 0.03 %* | PG | |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*) | NF | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*) | NF | |
| FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*) | NF | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*) | NF | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *ketorolac tromethamine ophthalmic solution 0.4 %* | NP | |
| *ketorolac tromethamine ophthalmic solution 0.5 %* | PG | |
| LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*) | NF | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*) | NF | |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*) | NF | |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*) | NF | |
| *loteprednol etabonate ophthalmic gel 0.5 %* | NF | |
| *loteprednol etabonate ophthalmic suspension 0.5 %* | PG | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*) | NF | |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*) | NF | |
| PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*) | NF | |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*) | NF | |
| *prednisolone acetate ophthalmic suspension 1 %* | PG | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*) | NF | |
| **DRY EYE DISEASE** | | |
| CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*) | NF | |
| *cyclosporine ophthalmic emulsion 0.05 %* | NF | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*) | PB | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*) | PB | |
| XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*) | PB | |
| **MISCELLANEOUS** | | |
| *atropine sulfate ophthalmic solution 1 %* | PG | |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*) | NF | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*) | NPSP | PA; QL (4 BOTTLES per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*) | NF | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*) | NPSP | PA; QL (2 ML per 7 DAYs) |
| *tropicamide ophthalmic solution 0.5 %, 1 %* | PG | |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*) | NF | |
| UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*) | NF | |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*) | NF | |
| VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*) | NPSP | PA |
| **RETINAL DISORDERS** | | |
| BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (*brolucizumab-dbll*) | NF | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*) | NF | |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-eqrn*) | NF | |
| 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 |
| **OTHER** | | |
| **IRRIGATION SOLUTIONS** | | |
| *sterile water for irrigation irrigation solution* | NP | STX |
| **MUSCULOSKELETAL THERAPY AGENTS** | | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*) | NPSP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS** | | |
| **ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT** | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*) | NF | |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*) | NF | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*) | PSP | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*) | PSP | PA |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*) | NF | |
| **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*) | PB | QL (4 INJECTIONS per 25 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.15ml* | PG | QL (4 INJECTIONS per 25 DAYs) |
| *epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml* | PG | QL (4 SOLUTION AUTO-INJECTOR per 25 days) |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*) | NF | |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*) | PB | QL (4 INJECTIONS per 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*) | NF | |
| **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD** | | |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*) | NF | |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*) | NF | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*) | PB | |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*) | NF | |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*) | PB | QL (1 PACKAGE per 25 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*) | NP | QL (2 PACKAGES per 25 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act* | NF | |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | PG | QL (6 BOXES per 25 DAYs) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*) | PB | QL (1 PACKAGE per 25 days) |
| **ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*) | PB | |
| **ANTICHOLINERGICS** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*) | NF | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*) | NF | |
| *ipratropium bromide inhalation solution 0.02 %* | PG | QL (5 ML per 25 days) |
| *ipratropium bromide nasal solution 0.03 %, 0.06 %* | PG | |
| LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*) | NF | |
| LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*) | NF | |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*) | PB | QL (1 PACKAGE per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide monohydrate*) | PB | QL (1 PACKAGE per 25 DAYs) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide monohydrate*) | PB | QL (1 PACKAGE per 25 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*) | NF | |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*) | PB | QL (30 ML per 25 days) |
| **ANTIHISTAMINE COMBINATIONS** | | |
| *azelastine-fluticasone nasal suspension 137-50 mcg/act* | PG | QL (1 GM per 25 DAYs) |
| DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*) | NF | |
| RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*) | NF | |
| **ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES** | | |
| ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (*fexofenadine hcl*) | PG | Select OTC |
| ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (*fexofenadine hcl*) | PG | Select OTC |
| ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (*fexofenadine hcl*) | PG | Select OTC |
| *allergy relief oral capsule 10 mg* | PG | Select OTC |
| *azelastine hcl nasal solution 0.1 %* | PG | QL (2 BOTTLES per 25 DAYs) |
| *carbinoxamine maleate oral tablet 4 mg* | PG | |
| *carbinoxamine maleate oral tablet 6 mg* | NF | |
| *cetirizine hcl allergy child oral solution 5 mg/5ml* | PG | Select OTC |
| *cetirizine hcl oral tablet 10 mg, 5 mg* | PG | Select OTC |
| *cetirizine hcl oral tablet chewable 10 mg, 5 mg* | PG | Select OTC |
| CLARITIN ORAL CAPSULE 10 MG (*loratadine*) | PG | Select OTC |
| CLARITIN ORAL TABLET 10 MG (*loratadine*) | PG | Select OTC |
| CLARITIN ORAL TABLET CHEWABLE 10 MG, 5 MG (*loratadine*) | PG | Select OTC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*loratadine*) | PG | Select OTC |
| *clemastine fumarate oral syrup 0.67 mg/5ml* | NF | |
| *cvs allergy relief childrens oral suspension 30 mg/5ml* | PG | Select OTC |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | PG | |
| *cyproheptadine hcl oral tablet 4 mg* | PG | |
| *desloratadine oral tablet 5 mg* | PG | |
| *desloratadine oral tablet dispersible 2.5 mg, 5 mg* | NP | |
| *eq loratadine childrens oral tablet chewable 5 mg* | PG | Select OTC |
| *fexofenadine hcl oral tablet 180 mg* | PG | Select OTC |
| *hydroxyzine hcl oral syrup 10 mg/5ml* | PG | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | PG | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | PG | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*) | NP | ST |
| *kp fexofenadine hcl oral tablet 60 mg* | PG | Select OTC |
| *levocetirizine dihydrochloride oral tablet 5 mg* | PG | Select OTC |
| *loratadine oral capsule 10 mg* | PG | Select OTC |
| *loratadine oral tablet 10 mg* | PG | Select OTC |
| *olopatadine hcl nasal solution 0.6 %* | NP | QL (1 BOTTLE per 25 days) |
| PATANASE NASAL SOLUTION 0.6 % (*olopatadine hcl*) | NP | QL (1 BOTTLE per 25 days) |
| RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*) | NF | |
| RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*) | NF | |
| *sm loratadine allergy relief oral tablet dispersible 10 mg* | PG | Select OTC |
| *sm loratadine oral syrup 5 mg/5ml* | PG | Select OTC |
| XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*) | PG | Select OTC |
| ZYRTEC ALLERGY ORAL CAPSULE 10 MG (*cetirizine hcl*) | PG | Select OTC |
| ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*) | PG | Select OTC |
| ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (*cetirizine hcl*) | PG | Select OTC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG (*cetirizine hcl*) | PG | Select OTC |
| **BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | PG | N8 (Listing does not include certain NDCs); QL (2 GM per 25 DAYs) |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml* | PG | QL (5 BOXES per 25 DAYs) |
| *albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml* | PG | QL (60 ML per 25 days) |
| *albuterol sulfate oral syrup 2 mg/5ml* | PG | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | PG | |
| *arformoterol tartrate inhalation nebulization solution 15 mcg/2ml* | NF | |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*) | NF | |
| *formoterol fumarate inhalation nebulization solution 20 mcg/2ml* | PG | QL (2 BOXES per 25 DAYs) |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml* | PG | QL (300 ML per 25 days) |
| *levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml* | PG | QL (45 NEBULIZATION SOLUTION per 25 days) |
| *levalbuterol tartrate inhalation aerosol 45 mcg/act* | NP | QL (2 INHALERS per 25 DAYs) |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*) | PB | QL (60 VIALS per 25 days) |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate (sensor)*) | NF | |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*) | NF | |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*) | NF | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*) | NF | |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*) | PB | QL (1 PACKAGE per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *terbutaline sulfate oral tablet 2.5 mg, 5 mg* | PG | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*) | NF | |
| XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (*levalbuterol hcl*) | NP | QL (45 ML per 25 DAYs) |
| XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*) | NF | |
| XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (*levalbuterol hcl*) | NP | QL (300 ML per 25 DAYs) |
| **COLD/COUGH** | | |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (*fexofenadine-pseudoephedrine*) | PG | Select OTC |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (*fexofenadine-pseudoephedrine*) | PG | Select OTC |
| *benzonatate oral capsule 100 mg, 200 mg* | PG | |
| *benzonatate oral capsule 150 mg* | NP | |
| *cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg* | PG | Select OTC |
| CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*) | PG | Select OTC |
| CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*) | PG | Select OTC |
| *coditussin ac oral liquid 200-10 mg/5ml* | PG | Select OTC; QL (60 ML per 1 day) |
| *fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg* | PG | Select OTC |
| *fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg* | PG | Select OTC |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*) | NF | |
| HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*) | NF | |
| *hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml* | PG | QL (30 ML per 1 day) |
| *hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg* | PG | QL (6 TABLETS per 1 day) |
| *loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg* | PG | Select OTC |
| *promethazine-codeine oral solution 6.25-10 mg/5ml* | PG | QL (30 ML per 1 DAY) |
| *promethazine-dm oral syrup 6.25-15 mg/5ml* | PG | |
| *promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml* | PG | QL (30 ML per 1 day) |
| *promethazine-phenylephrine oral syrup 6.25-5 mg/5ml* | PG | |
| *sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg* | PG | Select OTC |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*) | NF | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (*codeine polst-chlorphen polst*) | NF | |
| **CYSTIC FIBROSIS** | | |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*) | PSP | PA; QL (224 ML per 28 days) |
| BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*) | NF | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*) | NF | |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*) | NPSP | PA; QL (56 PACKET per 28 days) |
| KALYDECO ORAL TABLET 150 MG (*ivacaftor*) | NPSP | PA; QL (1 carton per 28 days) |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*) | NPSP | PA; QL (280 ML per 28 days) |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*) | NPSP | PA; QL (56 PACKET per 28 days) |
| ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*) | NPSP | PA; QL (56 PACKETS per 28 DAYs) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*) | NPSP | PA; QL (112 TABLETS per 28 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*) | NPSP | PA; QL (150 ML per 30 Days) |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*) | NPSP | PA; QL (56 TABLETS per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*) | NF | |
| TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*) | NF | |
| *tobramycin inhalation nebulization solution 300 mg/4ml* | PSP | PA; QL (224 ML per 28 DAYs) |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | PSP | PA; QL (280 ML 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) |
| **LEUKOTRIENE MODIFIERS** | | |
| *zileuton er oral tablet extended release 12 hour 600 mg* | NF | N10 (NP) |
| ZYFLO ORAL TABLET 600 MG (*zileuton*) | NF | |
| **LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES** | | |
| *montelukast sodium oral packet 4 mg* | PG | |
| *montelukast sodium oral tablet 10 mg* | PG | |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | PG | |
| SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*) | NF | |
| SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*) | NF | |
| SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*) | NF | |
| *zafirlukast oral tablet 10 mg, 20 mg* | PG | |
| **MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES** | | |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | PG | QL (2 BOXES per 25 DAYs) |
| **MISCELLANEOUS** | | |
| *acetylcysteine inhalation solution 10 %, 20 %* | PG | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*) | PB | |
| *sodium chloride inhalation nebulization solution 10 %, 3 %* | PG | |
| **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES** | | |
| BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *budesonide nasal suspension 32 mcg/act* | PG | Select OTC; QL (2 packages per 25 days) |
| FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*) | PG | Select OTC; QL (1 ML per 25 DAYs) |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | PG | QL (3 CONTAINERS per 25 DAYs) |
| *fluticasone propionate nasal suspension 50 mcg/act* | PG | Select OTC; QL (1 ML per 25 DAYs) |
| *mometasone furoate nasal suspension 50 mcg/act* | PG | QL (2 PACKAGES per 25 days) |
| NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*) | PG | Select OTC; QL (1 PACKAGE per 25 DAYs) |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*) | NF | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*) | NF | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*) | NF | |
| *triamcinolone acetonide nasal aerosol 55 mcg/act* | PG | Select OTC; QL (1 ML per 25 DAYs) |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*) | NP | PA; QL (2 PACKAGES per 25 days) |
| ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*) | NF | |
| **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) |
| *pirfenidone oral tablet 267 mg* | PSP | PA; QL (270 TABLETS per 30 Days) |
| *pirfenidone oral tablet 534 mg* | NF | |
| *pirfenidone oral tablet 801 mg* | PSP | PA; QL (90 TABLETS per 30 Days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **SEVERE ASTHMA AGENTS** | | |
| CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*) | NF | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*dupilumab*) | PSP | PA; QL (2 SYRINGES per 28 Days) |
| 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 PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*) | PSP | PA; QL (1 SYRINGE 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) |
| **STEROID INHALANTS - DRUGS TO TREAT ASTHMA** | | |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*) | NF | |
| ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate(sensor)*) | NF | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*) | PB | QL (1 PACKAGE per 25 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*) | PB | QL (1 PACKAGE per 25 DAYs) |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*) | NF | |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*) | NF | |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*) | NF | |
| *budesonide inhalation suspension 0.25 mg/2ml* | PG | QL (3 ML per 25 days) |
| *budesonide inhalation suspension 0.5 mg/2ml* | PG | QL (2 ML per 25 days) |
| *budesonide inhalation suspension 1 mg/2ml* | PG | QL (1 ML per 25 days) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (*fluticasone propionate (inhal)*) | PB | |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*) | PB | QL (2 GM per 25 days) |
| *fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act* | NF | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (*budesonide*) | PB | QL (2 AEROSOL POWDER BREATH ACTIVATED per 25 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (*budesonide*) | PB | QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days) |
| PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*) | NF | |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*) | PB | QL (2 PACKAGES per 25 DAYs) |
| **STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*) | PB | QL (1 INHALER per 25 days) |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*) | PB | N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol(sensor)*) | NF | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*) | PB | N8 (Listing does not include certain NDCs) |
| *budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act* | NF | |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*) | NF | |
| *fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act* | NF | |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | NF | |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*) | PB | QL (3 PACKAGES per 25 days) |
| *fluticasone-salmeterol* (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act) | NF | |
| **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* | PG | |
| *theophylline er oral tablet extended release 24 hour 400 mg, 600 mg* | PG | |
| *theophylline oral elixir 80 mg/15ml* | PG | |
| **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS** | | |
| **DERMATOLOGY, ACNE** | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*) | NF | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*) | NF | |
| ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *isotretinoin* (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg) | NP | PA |
| ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*) | NP | ST |
| *adapalene external cream 0.1 %* | NP | PA; QL (45 G per 25 days); AL (Min 35 Years) |
| *adapalene external gel 0.1 %* | PG | PA; Select OTC; QL (45 G per 25 days); AL (Min 35 Years) |
| *adapalene external gel 0.3 %* | NP | PA; QL (45 G per 25 days); AL (Min 35 Years) |
| *adapalene external pad 0.1 %* | NF | |
| *adapalene external solution 0.1 %* | NF | |
| *adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %* | PG | PA; AL (Max 35 Years) |
| AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*) | NP | PA |
| ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*) | NF | |
| *isotretinoin* (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg) | NP | PA |
| AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*) | NF | |
| ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*) | NF | |
| *tretinoin* (Avita External Gel 0.025 %) | PG | PA; AL (Min 35 Years) |
| AZELEX EXTERNAL CREAM 20 % (*azelaic acid*) | NF | |
| *benzoyl peroxide-erythromycin external gel 5-3 %* | PG | |
| *isotretinoin* (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | NP | PA |
| CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*) | NP | QL (60 ML per 25 DAYs) |
| *clindamycin phosphate* (Clindacin-P External Swab 1 %) | PG | |
| CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*) | NF | |
| *clindamycin phos-benzoyl perox external gel 1.2-2.5 %* | PG | |
| *clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %* | NP | |
| *clindamycin phosphate external foam 1 %* | NP | N8 (Listing does not include certain NDCs) |
| *clindamycin phosphate external gel 1 %* | NP | N8 (Listing does not include certain NDCs); QL (75 G per 25 days) |
| *clindamycin phosphate external lotion 1 %* | NP | QL (60 ML per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *clindamycin phosphate external solution 1 %* | NP | QL (60 ML per 25 days) |
| *clindamycin-tretinoin external gel 1.2-0.025 %* | NP | PA; N8 (Listing does not include certain NDCs); AL (Min 35 Years) |
| *dapsone external gel 5 %, 7.5 %* | PG | |
| DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*) | NP | PA; QL (45 G per 25 days); AL (Min 35 Years) |
| DIFFERIN EXTERNAL GEL 0.1 % (*adapalene*) | PG | PA; Select OTC; QL (45 G per 25 days); AL (Min 35 Years) |
| DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*) | NP | PA; QL (45 G per 25 days); AL (Min 35 Years) |
| DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*) | NF | |
| EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*) | PB | PA; AL (Max 35 Years) |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*) | PB | PA; AL (Max 35 Years) |
| *ery external pad 2 %* | PG | |
| ERYGEL EXTERNAL GEL 2 % (*erythromycin*) | NP | QL (60 G per 25 DAYs) |
| *erythromycin external gel 2 %* | PG | QL (60 G per 25 DAYs) |
| *erythromycin external solution 2 %* | PG | QL (60 ML per 25 days) |
| EVOCLIN EXTERNAL FOAM 1 % (*clindamycin phosphate*) | NP | ST |
| FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*) | NF | |
| *isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg* | NP | PA |
| KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*) | NP | ST |
| *isotretinoin* (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | NP | PA |
| ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*) | PB | |
| RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*) | NP | PA; AL (Min 35 Years) |
| RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*) | NP | PA; AL (Min 35 Years) |
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*) | NP | PA; AL (Min 35 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*) | NP | PA; AL (Min 35 Years) |
| *sulfacetamide sodium (acne) external lotion 10 %* | PG | |
| *tazarotene external foam 0.1 %* | NF | |
| *tretinoin external cream 0.025 %, 0.05 %, 0.1 %* | PG | PA; AL (Min 35 Years) |
| *tretinoin external gel 0.01 %* | PG | PA; AL (Min 35 Years) |
| *tretinoin external gel 0.05 %* | NP | PA; AL (Min 35 Years) |
| *tretinoin microsphere external gel 0.04 %, 0.1 %* | PG | PA; AL (Min 35 Years) |
| VELTIN EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*) | NF | |
| WINLEVI EXTERNAL CREAM 1 % (*clascoterone*) | NF | |
| *isotretinoin* (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | NP | PA |
| ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*) | NF | |
| **DERMATOLOGY, ACTINIC KERATOSIS** | | |
| CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*) | NF | |
| *fluorouracil external cream 0.5 %* | NF | |
| *fluorouracil external cream 5 %* | PG | |
| *fluorouracil external solution 2 %, 5 %* | PG | |
| *imiquimod external cream 5 %* | PG | QL (24 CREAM per 21 days) |
| *imiquimod pump external cream 3.75 %* | NP | PA |
| KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*) | NF | |
| ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*) | NF | |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (*imiquimod*) | NF | |
| **DERMATOLOGY, ANTIBIOTICS** | | |
| CENTANY EXTERNAL OINTMENT 2 % (*mupirocin*) | NP | QL (30 GM per 25 DAYs) |
| *gentamicin sulfate external cream 0.1 %* | PG | QL (120 G per 25 days) |
| *gentamicin sulfate external ointment 0.1 %* | PG | QL (120 G per 25 days) |
| *mafenide acetate external packet 5 %* | PG | |
| *mupirocin calcium external cream 2 %* | NF | |
| *mupirocin external ointment 2 %* | PG | QL (30 GM per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*) | NF | |
| *silver sulfadiazine external cream 1 %* | PG | |
| *silver sulfadiazine* (Ssd External Cream 1 %) | PG | |
| **DERMATOLOGY, ANTIFUNGALS** | | |
| *ciclopirox external gel 0.77 %* | NP | |
| *ciclopirox external shampoo 1 %* | NP | |
| *ciclopirox external solution 8 %* | PG | PA; STX; QL (6.6 ML per 21 days) |
| *ciclopirox olamine external cream 0.77 %* | PG | |
| *ciclopirox olamine external suspension 0.77 %* | NP | |
| *clotrimazole-betamethasone external cream 1-0.05 %* | PG | STX; QL (60 GM per 25 days) |
| *clotrimazole-betamethasone external lotion 1-0.05 %* | PG | STX; QL (60 ML per 25 days) |
| *econazole nitrate external cream 1 %* | NP | QL (85 GM per 25 days) |
| ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*) | NF | |
| ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*) | NF | |
| EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*) | NP | ST; QL (60 GRAMS per 25 days) |
| EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*) | NP | ST; QL (60 ML per 25 days) |
| EXTINA EXTERNAL FOAM 2 % (*ketoconazole*) | NP | ST; QL (100 G per 25 days) |
| JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*) | NF | |
| KERYDIN EXTERNAL SOLUTION 5 % (*tavaborole*) | NF | |
| *ketoconazole external cream 2 %* | PG | |
| *ketoconazole external foam 2 %* | NF | |
| LOPROX EXTERNAL CREAM 0.77 % (*ciclopirox olamine*) | NF | |
| LOPROX EXTERNAL SHAMPOO 1 % (*ciclopirox*) | NP | ST |
| LOPROX EXTERNAL SUSPENSION 0.77 % (*ciclopirox olamine*) | NF | |
| *luliconazole external cream 1 %* | NF | |
| LUZU EXTERNAL CREAM 1 % (*luliconazole*) | NF | |
| *miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %* | NP | |
| *naftifine hcl external cream 1 %, 2 %* | NP | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NAFTIN EXTERNAL GEL 1 %, 2 % (*naftifine hcl*) | NF | |
| *nystatin external cream 100000 unit/gm* | PG | |
| *nystatin external ointment 100000 unit/gm* | PG | |
| *nystatin-triamcinolone external cream 100000-0.1 unit/gm-%* | PG | STX; QL (60 GM per 25 days) |
| *nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%* | PG | STX; QL (60 GM per 25 DAYs) |
| *oxiconazole nitrate external cream 1 %* | NP | N8 (Listing does not include certain NDCs); QL (60 G per 25 days) |
| OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*) | NF | |
| OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*) | NF | |
| *sulconazole nitrate external cream 1 %* | PG | QL (60 GRAMS per 25 days) |
| *sulconazole nitrate external solution 1 %* | PG | QL (60 ML per 25 days) |
| *tavaborole external solution 5 %* | NF | |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*) | NF | |
| XOLEGEL EXTERNAL GEL 2 % (*ketoconazole*) | NF | |
| **DERMATOLOGY, ANTIPRURITIC** | | |
| *doxepin hcl external cream 5 %* | NF | |
| PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*) | NP | ST; QL (45 G per 25 days) |
| ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*) | NP | ST; QL (45 G per 25 days) |
| **DERMATOLOGY, ANTIPSORIATICS** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | PG | PA; QL (60 CAPSULES per 25 days) |
| *calcipotriene external cream 0.005 %* | NF | |
| *calcipotriene external foam 0.005 %* | NF | |
| *calcipotriene external ointment 0.005 %* | NP | ST; QL (60 GM per 25 days) |
| *calcipotriene external solution 0.005 %* | NP | ST; QL (60 ML per 25 days) |
| *calcitriol external ointment 3 mcg/gm* | NF | |
| DOVONEX EXTERNAL CREAM 0.005 % (*calcipotriene*) | NP | ST; QL (60 GM per 25 days) |
| *methoxsalen rapid oral capsule 10 mg* | PG | |
| SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*) | NF | |
| *tazarotene external cream 0.1 %* | PG | PA; AL (Max 35 Years) |
| *tazarotene external gel 0.05 %, 0.1 %* | NF | |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*) | NF | |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*) | NF | |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*) | NF | |
| VTAMA EXTERNAL CREAM 1 % (*tapinarof*) | NF | |
| WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*) | NF | |
| ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*) | NF | |
| **DERMATOLOGY, ANTISEBORRHEICS** | | |
| *ketoconazole external shampoo 2 %* | PG | |
| **DERMATOLOGY, ATOPIC DERMATITIS** | | |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*) | NF | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*) | NF | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (*dupilumab*) | PSP | PA; QL (2 PENS per 28 Days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (*dupilumab*) | PSP | PA; QL (4 PENS per 28 Days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*) | PSP | PA; QL (2 SYRINGES per 28 Days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*) | PSP | PA; QL (4 SYRINGES per 28 Days) |
| **DERMATOLOGY, CORTICOSTEROIDS** | | |
| *alclometasone dipropionate external cream 0.05 %* | PG | QL (120 GM per 25 DAYs) |
| *alclometasone dipropionate external ointment 0.05 %* | PG | QL (120 GM per 25 DAYs) |
| *amcinonide external lotion 0.1 %* | NP | QL (120 ML per 25 DAYs) |
| *amcinonide external ointment 0.1 %* | NP | PA; QL (180 GM per 25 DAYs) |
| APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*) | NF | |
| *betamethasone dipropionate aug external cream 0.05 %* | PG | QL (120 GM per 25 DAYs) |
| *betamethasone dipropionate aug external gel 0.05 %* | PG | QL (120 GM per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *betamethasone dipropionate aug external lotion 0.05 %* | PG | QL (120 ML per 25 days) |
| *betamethasone dipropionate aug external ointment 0.05 %* | PG | QL (120 GM per 25 DAYs) |
| *betamethasone dipropionate external cream 0.05 %* | PG | QL (120 GM per 25 DAYs) |
| *betamethasone dipropionate external lotion 0.05 %* | PG | QL (120 ML per 25 DAYs) |
| *betamethasone dipropionate external ointment 0.05 %* | NF | |
| *betamethasone valerate external cream 0.1 %* | NP | QL (120 GM per 25 DAYs) |
| *betamethasone valerate external foam 0.12 %* | NP | QL (120 GM per 25 DAYs) |
| *betamethasone valerate external lotion 0.1 %* | NP | QL (120 ML per 25 DAYs) |
| *betamethasone valerate external ointment 0.1 %* | NP | 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*) | NF | |
| *clobetasol propionate e external cream 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *clobetasol propionate emulsion external foam 0.05 %* | NF | |
| *clobetasol propionate external cream 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *clobetasol propionate external foam 0.05 %* | NP | QL (120 GM per 25 days) |
| *clobetasol propionate external gel 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *clobetasol propionate external liquid 0.05 %* | NF | |
| *clobetasol propionate external lotion 0.05 %* | NP | QL (120 ML per 25 DAYs) |
| *clobetasol propionate external ointment 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *clobetasol propionate external shampoo 0.05 %* | NP | QL (120 ML per 25 DAYs) |
| *clobetasol propionate external solution 0.05 %* | NP | QL (120 ML per 25 DAYs) |
| CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*) | NP | PA; QL (180 ML per 25 DAYs) |
| CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*) | NP | PA; QL (180 ML per 25 DAYs) |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*) | NF | |
| *clocortolone pivalate external cream 0.1 %* | NF | |
| CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*) | NP | PA; QL (180 GRAMS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (*flurandrenolide*) | NF | |
| CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*) | NF | |
| CORDRAN EXTERNAL OINTMENT 0.05 % (*flurandrenolide*) | NF | |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*) | NF | |
| DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*) | NP | PA; QL (180 ML per 25 DAYs) |
| DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*) | NP | PA; QL (180 ML per 25 DAYs) |
| *desonide external cream 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *desonide external gel 0.05 %* | NF | |
| *desonide external lotion 0.05 %* | NP | QL (120 ML per 25 days) |
| *desonide external ointment 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| DESOWEN EXTERNAL CREAM 0.05 % (*desonide*) | NP | PA; QL (180 GM per 25 DAYs) |
| *desoximetasone external cream 0.05 %, 0.25 %* | NP | QL (120 GM per 25 DAYs) |
| *desoximetasone external gel 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *desoximetasone external liquid 0.25 %* | PG | QL (120 ML per 25 days) |
| *desoximetasone external ointment 0.05 %* | NF | |
| *desoximetasone external ointment 0.25 %* | NP | QL (120 GM per 25 DAYs) |
| *desonide* (Desrx External Gel 0.05 %) | NF | |
| *diflorasone diacetate external cream 0.05 %* | NF | |
| *diflorasone diacetate external ointment 0.05 %* | NF | |
| DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*) | NP | PA; QL (180 GRAMS per 25 days) |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*) | NF | |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*) | PB | |
| *fluocinolone acetonide body external oil 0.01 %* | PG | QL (120 ML per 25 days) |
| *fluocinolone acetonide external cream 0.01 %, 0.025 %* | NP | QL (120 GM per 25 DAYs) |
| *fluocinolone acetonide external ointment 0.025 %* | NP | QL (120 GM per 25 DAYs) |
| *fluocinolone acetonide external solution 0.01 %* | PG | QL (120 ML per 25 days) |
| *fluocinolone acetonide scalp external oil 0.01 %* | PG | QL (120 ML per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *fluocinonide emulsified base external cream 0.05 %* | PG | QL (120 GM per 25 DAYs) |
| *fluocinonide external cream 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *fluocinonide external cream 0.1 %* | NF | |
| *fluocinonide external gel 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *fluocinonide external ointment 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *fluocinonide external solution 0.05 %* | PG | QL (120 ML per 25 days) |
| *flurandrenolide external cream 0.05 %* | NF | |
| *flurandrenolide external lotion 0.05 %* | NF | |
| *fluticasone propionate external cream 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *fluticasone propionate external lotion 0.05 %* | NP | QL (120 ML per 25 days) |
| *fluticasone propionate external ointment 0.005 %* | PG | QL (120 GM per 25 DAYs) |
| *halcinonide external cream 0.1 %* | NF | |
| *halobetasol propionate external cream 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| *halobetasol propionate external foam 0.05 %* | NF | |
| *halobetasol propionate external ointment 0.05 %* | NP | QL (120 GM per 25 DAYs) |
| HALOG EXTERNAL CREAM 0.1 % (*halcinonide*) | NF | |
| HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*) | NF | |
| HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*) | NF | |
| *hydrocortisone butyr lipo base external cream 0.1 %* | NF | |
| *hydrocortisone butyrate external cream 0.1 %* | PG | QL (120 GM per 25 DAYs) |
| *hydrocortisone butyrate external lotion 0.1 %* | NF | |
| *hydrocortisone butyrate external ointment 0.1 %* | PG | QL (120 GM per 25 DAYs) |
| *hydrocortisone butyrate external solution 0.1 %* | PG | QL (120 ML per 25 DAYs) |
| *hydrocortisone external cream 2.5 %* | PG | QL (120 GM per 25 DAYs) |
| *hydrocortisone external lotion 2.5 %* | PG | QL (120 ML per 25 DAYs) |
| *hydrocortisone external ointment 2.5 %* | PG | QL (120 GM per 25 DAYs) |
| *hydrocortisone valerate external cream 0.2 %* | PG | QL (120 G per 25 days) |
| *hydrocortisone valerate external ointment 0.2 %* | PG | QL (120 G per 25 days) |
| IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (*clobetasol propionate*) | NF | |
| IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*) | NF | |
| KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*) | NF | |
| LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*) | NP | PA; QL (180 ML per 25 DAYs) |
| LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*) | NP | PA; QL (180 GM per 25 DAYs) |
| LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*) | NF | |
| *mometasone furoate external cream 0.1 %* | NP | QL (120 GM per 25 DAYs) |
| *mometasone furoate external ointment 0.1 %* | NP | QL (120 GM per 25 DAYs) |
| *mometasone furoate external solution 0.1 %* | PG | QL (120 ML per 25 DAYs) |
| OLUX EXTERNAL FOAM 0.05 % (*clobetasol propionate*) | NP | PA; QL (180 GRAMS per 25 days) |
| OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*) | NF | |
| PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*) | NP | PA; QL (180 GM per 25 DAYs) |
| *prednicarbate external ointment 0.1 %* | NP | QL (120 GM per 25 DAYs) |
| SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*) | NP | PA; STX; QL (120 ML per 25 DAYs) |
| SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*) | NP | PA; QL (180 GM per 25 DAYs) |
| SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*) | NP | PA; QL (180 GM per 25 DAYs) |
| SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*) | NP | PA; QL (180 ML per 25 DAYs) |
| TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (*calcipotriene-betameth diprop*) | PB | |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*) | PB | |
| TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*) | NP | PA; QL (180 ML per 25 DAYs) |
| TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*) | NP | PA; QL (180 GM per 25 DAYs) |
| TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*) | NP | PA; QL (180 GM per 25 DAYs) |
| TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*) | NP | PA; QL (180 GM per 25 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*) | NP | PA; QL (180 ML per 25 DAYs) |
| *clobetasol propionate emulsion* (Tovet External Foam 0.05 %) | NF | |
| *triamcinolone acetonide external aerosol solution 0.147 mg/gm* | NF | |
| *triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %* | PG | QL (120 GM per 25 DAYs) |
| *triamcinolone acetonide external lotion 0.025 %, 0.1 %* | PG | QL (120 ML per 25 DAYs) |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | PG | QL (120 GM per 25 DAYs) |
| TRIDESILON EXTERNAL CREAM 0.05 % (*desonide*) | NP | PA; QL (180 GM per 25 DAYs) |
| ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*) | NF | |
| VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*) | NF | |
| VERDESO EXTERNAL FOAM 0.05 % (*desonide*) | NF | |
| **DERMATOLOGY, LOCAL ANESTHETICS** | | |
| *lidocaine external ointment 5 %* | NP | QL (50 GM per 25 DAYs) |
| *lidocaine external patch 5 %* | NP | PA; QL (90 PATCHES per 25 DAYs) |
| *lidocaine hcl external solution 4 %* | PG | QL (50 ML per 25 DAYs) |
| *lidocaine hcl urethral/mucosal external gel 2 %* | PG | QL (60 ML per 25 days) |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | PG | QL (30 G per 25 days) |
| LIDODERM EXTERNAL PATCH 5 % (*lidocaine*) | NP | PA; QL (90 PATCHES per 25 DAYs) |
| PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*) | NF | |
| PRAMOX EXTERNAL GEL 1 % (*pramoxine hcl*) | NF | |
| SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*) | NF | |
| SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*) | NP | QL (2 PATCHES per 25 DAYs) |
| ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*) | NP | QL (90 PATCHES per 25 days) |
| **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE** | | |
| ABREVA EXTERNAL CREAM 10 % (*docosanol*) | PG | Select OTC |
| *acyclovir external cream 5 %* | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *acyclovir external ointment 5 %* | NP | |
| ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*) | NPSP | |
| AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*) | NF | |
| *bexarotene external gel 1 %* | PSP | PA |
| DENAVIR EXTERNAL CREAM 1 % (*penciclovir*) | NF | |
| *diclofenac epolamine external patch 1.3 %* | PG | STX; QL (30 PATCHES per 25 Days) |
| *diclofenac sodium external gel 3 %* | NP | PA; QL (100 G per 25 days) |
| *diclofenac sodium external solution 1.5 %* | PG | PA; QL (300 ML per 21 days) |
| *diclofenac sodium external solution 2 %* | NF | |
| *docosanol external cream 10 %* | PG | Select OTC |
| ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*) | NF | |
| EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*) | PB | |
| FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*) | NF | |
| HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*) | NF | |
| 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*) | NF | |
| PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*) | NF | |
| *pimecrolimus external cream 1 %* | NP | PA |
| *podofilox external solution 0.5 %* | PG | |
| PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (*tacrolimus*) | NP | PA |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*) | NP | PA |
| *tacrolimus external ointment 0.03 %, 0.1 %* | NP | PA |
| TARGRETIN EXTERNAL GEL 1 % (*bexarotene*) | NPSP | PA |
| VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*) | NPSP | PA; QL (2 GM per 30 days) |
| VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*) | NF | |
| ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*) | NF | |
| **DERMATOLOGY, ROSACEA** | | |
| *azelaic acid external gel 15 %* | NP | |
| *doxycycline oral capsule delayed release 40 mg* | NF | |
| EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*) | NF | |
| FINACEA EXTERNAL FOAM 15 % (*azelaic acid*) | PB | PA |
| FINACEA EXTERNAL GEL 15 % (*azelaic acid*) | NF | |
| *ivermectin external cream 1 %* | NF | |
| METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*) | NP | ST; QL (60 G per 25 days) |
| METROGEL EXTERNAL GEL 1 % (*metronidazole*) | NF | |
| METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*) | NP | QL (60 ML per 25 DAYs) |
| *metronidazole external cream 0.75 %* | PG | QL (60 G per 25 days) |
| *metronidazole external gel 0.75 %* | PG | QL (60 G per 25 days) |
| *metronidazole external gel 1 %* | NP | QL (60 G per 25 days) |
| *metronidazole external lotion 0.75 %* | PG | QL (60 ML per 25 days) |
| MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*) | NF | |
| NORITATE EXTERNAL CREAM 1 % (*metronidazole*) | NF | |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*) | PB | |
| RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*) | NF | |
| SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*) | PB | |
| ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*) | NF | |
| **DERMATOLOGY, SCABICIDES AND PEDICULICIDES** | | |
| CROTAN EXTERNAL LOTION 10 % (*crotamiton*) | PG | |
| *malathion external lotion 0.5 %* | PG | |
| *permethrin external cream 5 %* | PG | |
| *spinosad external suspension 0.9 %* | PG | |
| **DERMATOLOGY, WOUND CARE AGENTS** | | |
| *acetic acid irrigation solution 0.25 %* | PG | |
| REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*) | NP | PA; QL (30 G per 25 days) |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| *cevimeline hcl oral capsule 30 mg* | PG | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | PG | |
| *clotrimazole mouth/throat troche 10 mg* | PG | QL (90 LOZENGES per 25 days) |
| *lidocaine viscous hcl mouth/throat solution 2 %* | PG | |
| *nystatin mouth/throat suspension 100000 unit/ml* | PG | |
| ORAVIG BUCCAL TABLET 50 MG (*miconazole*) | NP | QL (14 TABLETS per 25 days) |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | PG | |
| *triamcinolone acetonide mouth/throat paste 0.1 %* | PG | |
| **OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR** | | |
| *acetic acid otic solution 2 %* | PG | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*) | NF | N10 (NP) |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*) | NF | |
| *ciprofloxacin hcl otic solution 0.2 %* | NP | |
| *ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %* | PG | |
| *ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %* | NF | N10 (NP) |
| *fluocinolone acetonide otic oil 0.01 %* | NP | |
| *hydrocortisone-acetic acid otic solution 1-2 %* | PG | |
| *neomycin-polymyxin-hc otic solution 1 %* | PG | |
| *neomycin-polymyxin-hc otic suspension 3.5-10000-1* | PG | |
| *ofloxacin otic solution 0.3 %* | PG | |
| OTIPRIO INTRATYMPANIC SUSPENSION 6 % (*ciprofloxacin*) | NF | |
| OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*) | NF | |

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